

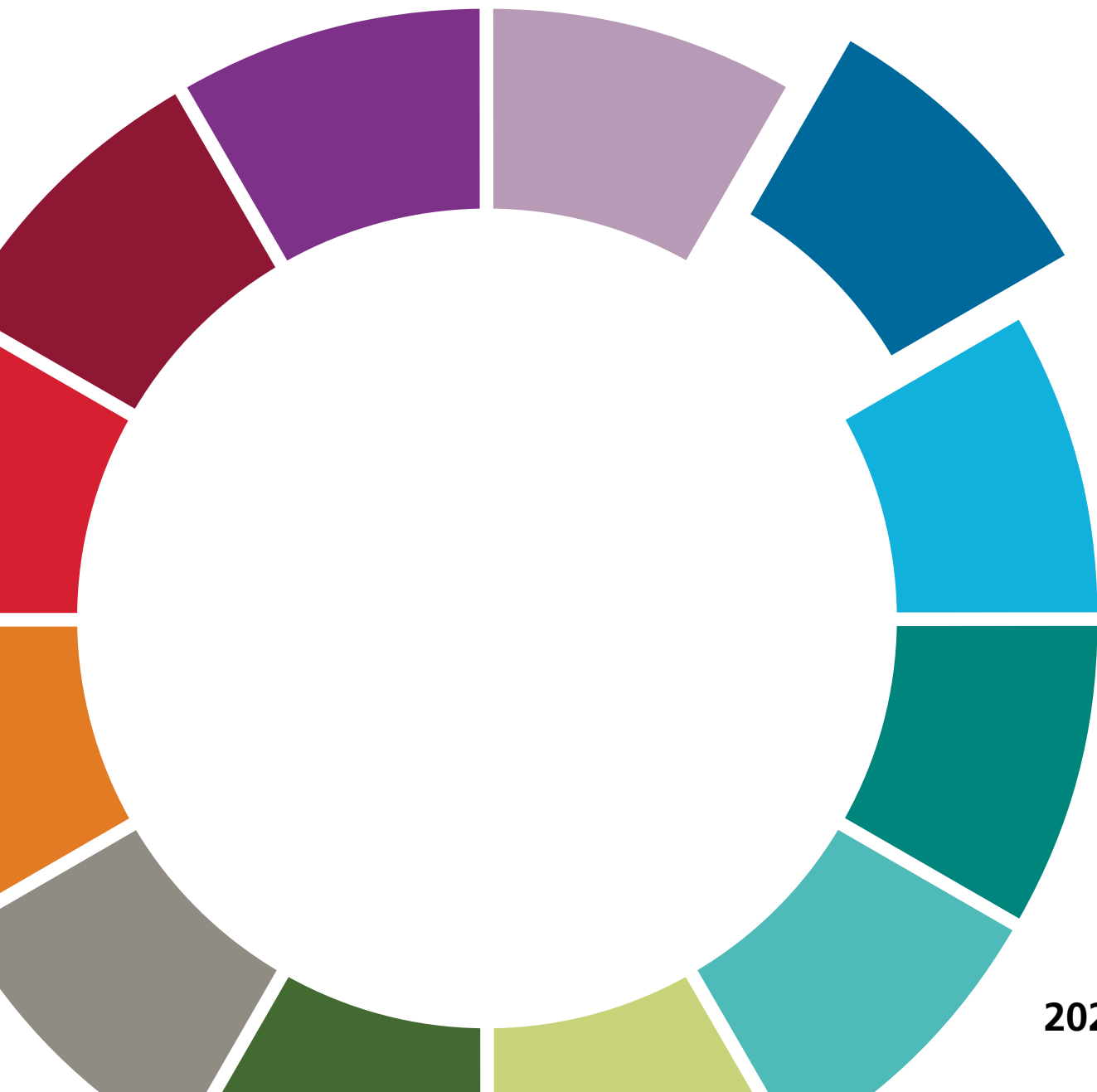


Llywodraeth Cymru
Welsh Government

WG24-31

Social Services and Well-being (Wales) Act 2014

Part 2 Code of Practice (General Functions)



2024 version

Part 2

Code of Practice and guidance on the exercise of social services functions and partnership arrangements in relation to part 2 (General Functions) of the Social Services and Well-being (Wales) Act 2014.

Issued under Sections 145 and 169 of the Social Services and Well-being (Wales) Act 2014

This Code revokes the Part 2 Code of Practice (General Functions) issued in 2015 - ISBN 978-1-4734-5494-1.

Part 2 Code of Practice (General Functions)

Chapter/Content

	Preamble	2
	Glossary	3
1	Well-being and overarching duties	6
2	Population needs assessment	23
	2A Undertaking a population assessment of needs for care and support and carers who need support	26
	2B Formation of a partnership arrangement for the purposes of undertaking population needs assessments	38
3	Integrated preventative and early intervention services	40
4	Promoting social enterprises, co-operatives, user led services and the third sector	50
5	Engagement, voice and co-production	57
6	Information, advice and assistance	64
7	Registers of sight-impaired, hearing impaired and other disabled people	78

This Code of Practice is issued under section 145 of the Social Services and Well-being (Wales) Act 2014.

This Code revokes the *Part 2 Code of Practice (General Functions)* issued in 2015 - ISBN 978-1-4734-5494-1.

Preamble

1. Chapters 1, 2A and 3 to 6 of this document (with the exception of Chapter 2B, as noted below) are a code of practice for local authorities issued under section 145 of the Social Services and Well-being (Wales) Act 2014 (“the Act”). Chapter 2B is statutory guidance issued under section 169 of the Act, to which local authorities and health boards **must** have regard.
2. This Code and statutory guidance comes into force on 1 September 2024. The Code revokes the *Part 2 Code of Practice (General Functions)* issued in 2015.
3. The Act is available at:
<http://www.legislation.gov.uk/anaw/2014/4/enacted>
4. Local authorities, when exercising their social services functions, **must** act in accordance with the requirements contained in this Code. Section 147 of the Act (Departure from requirements in codes) does not apply to any requirements contained in this Code. In addition, local authorities **must** have regard to any guidelines set out here.
5. In this Code and statutory guidance, a requirement is expressed as “**must**” or “**must not**”. Guidelines are expressed as “should” or “should not”.
6. Part 2 of the Act contains provisions relating to the general functions of a local authority, including assessment of the needs of a population for social care and other services such as those that promote well-being, and the promotion of social enterprises, co-operatives, user led services and the third sector. In addition, Part 2 covers how persons exercising functions under the Act should ensure they meet their duties to promote the well-being of people who need care and support and carers who need support; how local authorities **must** provide a range of preventative services; and how local authorities should discharge their duties in relation to the provision of a service for providing people with information and advice relating to care and support, and assistance in accessing care and support.
7. The revision of this Code and guidance has been undertaken as part of the Welsh Government’s Rebalancing Care and Support Programme, which has sought to improve social care through strengthening partnership working and integration of services in line with the Act.

Central to this programme has been a co-productive approach, including the establishment of technical and task and finish groups made up of a wide range of stakeholders, including people who need care and support and carers. This continues the process of engagement and co-production that the Welsh Government has adopted in relation to implementation of the Act.

Advocacy

8. The Act seeks to bring about a change in culture and approach to social care, where an individual who needs care and support is an equal partner in their relationship with professionals. It is open to any individual to invite someone of their choice to support them to participate fully and express their views, wishes and feelings. This support can be provided by someone's friends, family or wider support network.
9. The *Part 10 Code of Practice (Advocacy)* sets out when a local authority, in partnership with the individual, **must** reach a judgement on how advocacy could support the determination and delivery of an individual's personal outcomes; together with the circumstances when a local authority **must** arrange an independent professional advocate. Judgements about the needs for advocacy are integral to the relevant duties under this Code.

Glossary

The Act	The <i>Social Services and Well-being (Wales) Act 2014</i> .
Area	In this Code, area is used in the context of joint area plans, which local authorities and health boards must prepare under section 14A of the Act, following a joint assessment of needs. The area is equivalent to a region (see below).
Carers	In this Code, a person is a carer if they come within the definition of 'carer' in section 3 of the Act. A carer is typically a family member or friend who provides unpaid care for an adult or disabled child usually in their own home. For policy purposes the Welsh Government prefers the term 'unpaid carer', to distinguish them from paid care workers.

	<p>It is important to note that, for the purposes of the Act, a person is not a carer if they provide care under or by virtue of a contract, or as voluntary work.</p> <p>It should also be noted, however, that under section 3(8) of the Act, a local authority has the discretion to treat a person as a carer for the purposes of any of its functions under the Act if the authority considers that the relationship between the person providing (or intending to provide) care and the person for whom that care is (or is to be) provided is such that it would be appropriate for the former to be treated as a carer for the purposes of that function or those functions.</p>
Health boards	The seven Local Health Boards across Wales.
Region / regional	<p>In this Code, region / regional refers to the area covered by a regional partnership board, established under <i>The Partnership Arrangements (Wales) Regulations 2015</i>. These regions are on the same footprint as the seven health boards. Each health board area is coterminous with one or more local authorities. The local authorities and health board within a region are the partnership bodies which are required to set up partnership arrangements and a regional partnership board under Part 9 of the Act.</p>

References and hyperlinks

Hyperlinks are given to various documents or other resources mentioned in this Code, except for primary and secondary legislation.

Most primary and secondary legislation – including, for example, *Social Services and Well-being (Wales) Act 2014*, *Rights of Children and Young Persons (Wales) Measure 2011*, *The Partnership Arrangements (Wales) Regulations 2015* – may be found at:

<https://www.legislation.gov.uk/>

Codes of Practice and Statutory Guidance issued under the *Social Services and Well-being (Wales) Act 2014* may be found at:

[Social services codes of practice | GOV.WALES](#)

Disclaimer: All hyperlinks are correct at the time this Code is issued. However, the Welsh Government cannot be responsible if any such links become obsolete due to documents being updated or the linked pages being taken down during the lifetime of this Code.

1. Well-being and overarching duties

Introduction

10. Social services are at the heart of Welsh public life, supporting people at times of difficulty, as well as in the long term. They protect people from abuse and neglect and enable people to lead fulfilled lives and achieve well-being.
11. This Chapter sets the context for the implementation of the Act and its associated regulations and codes of practice. That context is a focus on the well-being of people who need care and support and carers who need support, on rights and entitlements, and on empowering people to have a new relationship with social services. It is about supporting people who deliver social services, empowering them to co-produce solutions with people who need care and support and carers who need support.
12. Co-production refers to a way of working whereby practitioners and people work together as equal partners to plan and deliver care and support. This parallels the prudent approach to healthcare and the Welsh Government's prudent healthcare principles (1).
13. This approach is about working with people to find appropriate solutions. Where an intervention is needed, it should always be proportionate and timely and support people who need care and support and carers who need support to achieve their personal outcomes.
14. Well-being underpins the whole system, linking through to the role that early intervention and prevention can play in promoting well-being, to how people can be empowered by information, advice and assistance and by being involved in the design and operation of services. This Code puts in place a system where people are full partners in the design and operation of care and support. It gives people clear and unambiguous rights and responsibilities.
15. People - children, adults and carers, their families and their communities are rich assets and are at the centre of this legal framework. Working with people will be key to delivering well-being and

(1) <https://www.gov.wales/prudent-healthcare>

unlocking the potential for creativity which will make better and more effective use of all the available resources.

16. The legal framework optimises everyone's opportunity for well-being and an appropriate level of independence. Everyone can be given a voice – an opportunity – a right – to be heard as an individual, as a citizen, to have control over their day to day lives.
17. In defining what is meant by well-being, providing clarity and transparency about rights and responsibilities, securing an approach based on co-production at an individual and at organisational and strategic levels, this Chapter sets in place a strong framework for all the codes and regulations.
18. This Chapter covers:
 - definition of well-being
 - the well-being duty
 - promoting well-being
 - other overarching duties: general
 - meaning of "have regard"
 - other overarching duties: United Nations Principles and Conventions
 - monitoring well-being
19. This Chapter applies to local authorities in relation to their social services functions. However, there will be implications for partner bodies, including health boards, the third and private sectors and for people who need care and support and carers who need support in Wales.

Context and purpose of this Chapter

20. This Chapter provides guidance on the following sections under Part 2 of the Act:
 - section 5, in setting out how local authorities should ensure they meet their duty to seek to promote the well-being of people who need care and support and carers who need support
 - section 6, in relation to how local authorities should comply with the general overarching duties set out in the Act
 - section 7, in relation to how local authorities should comply with other overarching duties set out in the Act: United Nations Principles and Conventions.

21. There are no regulations made under these sections of the Act, however a statutory statement of the personal outcomes was issued by the Welsh Ministers under section 8. This statement is an essential part of the statutory framework that sets out the outcomes that are to be achieved, in relation to the well-being of people who need care and support and carers who need support.
22. This Code should be read alongside the other codes of practice issued under the Act.

Definition of well-being

23. Section 2 of Part 1 of the Act provides a clear definition of well-being that applies to:
 - a) people who need care and support
 - b) carers who need support.
24. Reference to well-being in the Act means the well-being of a person who needs care and support and carers who need support in relation to any of the following aspects:
 - a) physical and mental health and emotional well-being
 - b) protection from abuse and neglect
 - c) education, training and recreation
 - d) domestic, family and personal relationships
 - e) contribution made to society
 - f) securing rights and entitlements
 - g) social and economic well-being
 - h) suitability of living accommodation.

In relation to a child, “well-being” also includes:

- a) physical, intellectual, emotional social and behavioural development
- b) “welfare” as that word is interpreted for the purposes of the *Children Act 1989*.

In relation to an adult, “well-being” also includes:

- a) control over day to day life
- b) participation in work.

The well-being duty

25. Section 5 of the Act requires any person exercising functions under the Act to seek to promote the well-being (as defined in section 2) of:

- a) people who need care and support
 - b) carers who need support.
26. This overarching duty to seek to promote well-being of people who need care and support and carers who need support applies to all persons and bodies exercising functions under the Act, including the Welsh Ministers, local authorities, health boards and other statutory agencies.
27. In order to discharge this duty, responsibility for well-being **must** be shared with people who need care and support, and carers who need support. Persons exercising functions under the Act **must** empower people to contribute to achieving their own well-being with the appropriate level of support and service. Agencies and organisations cannot deliver a personal outcome for a person, but they can support them to achieve that outcome. Working in partnership with people will be key to securing their well-being and preventing the development of people's needs for care and support.
28. In order to seek to promote the well-being of people who need care and support and carers who need support, local authorities need to understand what matters to people and the personal outcomes they wish to achieve. Local authorities **must** take account of the well-being outcome statements that underpin the definition of well-being, under each aspect of well-being. These statements set out the national outcomes that people who need care and support and carers who need support should expect to achieve in order to lead fulfilled lives.
29. People who need care and support and carers who need support have rights and responsibilities in achieving their personal outcomes. When people co-produce their personal outcomes with social services and their partners, people can expect to achieve personal outcomes which reflect the outcomes set out in *The national outcomes framework for people who need care and support and carers who need support (2)*.

What well-being means	National well-being outcomes
Securing rights and entitlements	I know and understand what care, support and opportunities are available and use these to help

(2) Social Services: The national outcomes framework for people who need care and support and carers who need support (February 2019) - WG36877, ISBN 978-1-78964-729-7. <https://www.gov.wales/sites/default/files/publications/2019-05/the-national-outcomes-framework-for-people-who-need-care-and-support-and-carers-who-need-support.pdf>

<p>Also for adults: Control over day to day life</p>	<p>me achieve my well-being. I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being. I am treated with dignity and respect and treat others the same. My voice is heard and listened to. My individual circumstances are considered. I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.</p>
<p>Physical and mental health and emotional well-being</p> <p>Also for children: Physical, intellectual, emotional, social and behavioural development</p>	<p>I am healthy and active and do things to keep myself healthy. I am happy and do the things that make me happy. I get the right care and support, as early as possible.</p>
<p>Protection from abuse and neglect</p>	<p>I am safe and protected from abuse and neglect. I am supported to protect the people that matter to me from abuse and neglect. I am informed about how to make my concerns known.</p>
<p>Education, training and recreation</p>	<p>I can learn and develop to my full potential. I do the things that matter to me.</p>
<p>Domestic, family and personal relationships</p>	<p>I belong. I contribute to and enjoy safe and healthy relationships.</p>
<p>Contribution made to society</p>	<p>I engage and make a contribution to my community. I feel valued in society.</p>
<p>Social and economic well-being</p> <p>Also for adults: Participation in work</p>	<p>I contribute towards my social life and can be with the people that I choose. I do not live in poverty. I am supported to work. I get the help I need to grow up and be independent.</p>

	I get care and support through the Welsh language if I need it.
Suitability of living accommodation	I live in a home that best supports me to achieve my well-being.

30. Well-being means different things to different people. People who need care and support and carers who need support will want to achieve personal outcomes that are personal to them and their individual circumstances. Local authorities **must** consider people's personal outcomes and co-produce solutions with people themselves. Ensuring that responses are proportionate and timely **must** underpin this process.
31. It is likely that a person may wish to achieve several personal outcomes, covering more than one aspect of well-being. All of these aspects of well-being have equal importance. Every person is different, and some aspects may be more important to some people and they may require care and support in helping them to achieve these.

There may be instances where personal outcomes cannot be achieved through an equal relationship between people and practitioners and where local authorities **must** consider whether there are grounds for carrying out an enquiry or investigation either under section 126 of the Act or under section 47 of the *Children Act 1989*.

Promoting well-being

32. Promoting well-being means that local authorities **must** be proactive in seeking to improve those aspects of well-being when exercising social services functions for a person who needs care and support, and carers who need support. The meaning of well-being is set out in section 2 of the Act and the well-being statement set out in *The national outcomes framework for people who need care and support and carers who need support*.
33. A local authority **must** promote well-being for people who need care and support and carers who need support when carrying out any of its functions in relation to a person who has needs for care and support. This includes those people who do not have needs which meet the eligibility criteria but who do have needs for care and support which may be met in other ways, for example, by the provision of information, advice and assistance and preventative well-being services.

34. The Act requires local authorities to make arrangements to promote co-operation between the local authority and its “relevant partners” with a view to improving the well-being of adults in their area with needs for care and support and with a view to improving the well-being of children in their area. A relevant partner (in relation to the arrangements to promote co-operation for adults) is listed in section 162(4) of the Act. In individual cases, a relevant partner **must** comply with a request by the local authority to co-operate in the exercise of its social services functions, which may include supporting people to achieve their personal outcomes, unless this is considered to be incompatible with the relevant partner’s own duties or otherwise have an adverse effect on the exercise of the relevant partner’s functions.

Inform the population needs assessment

35. In promoting the well-being of people who need care and support and carers who need support, local authorities **must** use information on people’s well-being and the barriers to promoting people’s well-being to inform the population needs assessment. The purpose of the population needs assessment is to identify the range and level of services required to meet and prevent the care and support needs of the population, and the support needs of carers. Further information on the requirement to undertake a population needs assessment is set out in Chapter 2 of this Code.

Delay and prevent need for care

36. Promoting people’s well-being **must** include a focus on delaying and preventing the need for care and support to stop people’s needs from escalating. The range and level of preventative services that local authorities provide or arrange **must** also seek to promote the well-being of people who need care and support and carers who need support as well as achieve the purposes contained in section 15 of the Act.

Provide information, advice and assistance

37. In order for people to determine the outcomes they wish to achieve and make informed decisions about how best to manage their well-being, information and advice relating to care and support and assistance in accessing care and support **must** be made available at the right time in the right place. Local authorities **must** put in place a system that provides people with the information, advice and assistance that they need to take control over their day to day lives and achieve what

matters to them (see Chapter 6 of this Code on information, advice and assistance).

Promote social enterprises, co-operatives, user led services and the third sector

38. People should be involved in designing and operating services at all levels, from individual to population. Local authorities **must** seek to empower people to produce innovative solutions for delaying, preventing and meeting the need for care and support through local networks and communities. Chapter 4 of this Code sets out an approach to achieving the duty under section 16 of the Act to promote social enterprises, co-operatives, user led services and the third sector.
39. The duty under section 16 of the Act also means putting robust arrangements in place to secure the involvement of people in the design and operation of services. This involves putting into practice the values of co-production, with a clear focus on outcomes and supporting more arrangements designed with and led by people who need care and support and carers who need support. Encouraging local people and businesses to be more actively involved in communities can support people to achieve their well-being. Chapter 5 of this Code sets out requirements relating to engagement, voice and co-production.

Assess people's needs

40. People are best placed to determine the personal outcomes they wish to achieve based on their own values and what matters to them. Local authorities **must** ensure that people have greater voice and control over the care and support that they receive by actively involving individuals in making decisions about their lives. This approach will strengthen the requirement for people centered services including involving people in contributing directly to their own well-being. (See the *Part 3 Code of Practice (assessing the needs of individuals)* and the *Part 4 Code of Practice (Meeting Needs)*.)
41. In carrying out an assessment of need, local authorities **must** work with people to identify what matters to them. People will wish to achieve different aspects of well-being, dependent on their circumstances, and these make up personal outcomes. Local authorities **must** consider the personal outcomes that an individual wishes to achieve, the resources available and how the local authority may support them to achieve these. Central to this will be understanding the barriers that a person may face in achieving their personal outcomes.

42. There will be occasions when individuals will require support from family, friends, carers or their wider support network in order to ensure that they are actively involved in planning their care and support. There will be occasions when it is not possible or not appropriate for family, friends, carers or their wider support network to provide that support. In such circumstances local authorities **must** arrange an independent advocate to facilitate the involvement of an individual where that individual can only overcome the barrier(s) to fully participating in the process of determining, reviewing and meeting their care and support needs if there is an appropriate individual available to support and represent that individual's views, wishes and feelings. Detailed guidance is set out in the *Part 10 Code of Practice (Advocacy)*.
43. An assessment of the needs of an individual for care and support, or support in the case of a carer, may include providing advice and assistance or developing a care and support plan, or a support plan for carers. In all circumstances, local authorities **must** work openly and transparently in a genuine partnership with people to promote people's well-being and be flexible in the approach to securing those aspects of well-being that are more important to a person. The purpose of the assessment is to ensure that individuals and families receive a proportionate and timely response that enables them to achieve their personal outcomes (see the *Part 3 Code of Practice (assessing the needs of individuals)*). This will require individual solutions identified in partnership by professionals and people.
44. Children should be supported to identify what matters to them by a range of practitioners and other people involved with them including their family and friends. Support should be appropriate to their age and understanding.
45. Local authorities **must** consider carers' needs for support, and take action to arrange provision, through a carer's assessment where appropriate. In carrying out an assessment of a carer's needs for support, local authorities **must** consider the personal outcomes that the carer wishes to achieve (see the *Part 3 Code of Practice (assessing the needs of individuals)*).

Meeting needs

46. In developing a care and support plan or support plan for carers, local authorities **must** work with people to identify personal outcomes and agree realistic, observable and achievable milestones to be reached in

order to realise each outcome and monitor and track progress towards achieving personal outcomes (see the *Part 4 Code of Practice (Meeting Needs)* and the *Code of practice in relation to the performance and improvement of social services in Wales*).

47. Well-being is everyone's right and everyone's responsibility. Local authorities **must** look at what people and their communities can contribute to achieving their well-being, and their roles and responsibilities **must** be recorded in a care and support plan. This will involve building on people's resources, including people's strengths, abilities, families and communities (see the *Part 4 Code of Practice (Meeting Needs)*).
48. The integration of services **must** be based around people to secure personal outcomes. Services make distinctive contributions to support people to achieve well-being. A local authority **must** work with all of its departments within that local authority and other relevant partners that are identified as essential to help people to achieve their well-being (see sections 162 and 163 of the Act in relation to the duties on local authorities to promote co-operation).

Overarching duties

49. Where a local authority arranges for a third party to provide social services on their behalf, the overarching duties in sections 6 and 7 of the Act remain with the authority. The authority **must** take steps to ensure that all services are delivered in a way which complies with these overarching duties.

Other overarching duties: general

50. Section 6 of the Act sets out a number of overarching duties which apply when persons are exercising functions under the Act in relation to:
- a) an individual who has, or may have, needs for care and support
 - b) a carer who has, or may have, needs for support, or
 - c) looked after and accommodated children.
51. The general overarching duties set out in section 6 of the Act apply when the individual may have needs for care and support or a carer may have needs for support, even if it has not been established that the individual has such needs, or if it has been determined that those needs

do not meet the eligibility criteria but the individual does have needs for care and support which may be met in other ways.

52. A person exercising functions under the Act in relation to an individual **must** comply with the overarching duties. Certain of these overarching duties apply in all cases, whether functions are being exercised in relation to an adult or a child. These are set out in section 6(2) of the Act. There are other overarching duties which apply in addition, either when functions are being exercised in relation to adults (as set out in section 6(3)) or in relation to children (section 6(4)). These overarching duties are:

- **The overarching duty to ascertain and have regard to the individual's views, wishes and feelings, in so far as is reasonably practicable (section 6(2)(a)).**

This is an integral process in understanding and assessing personal outcomes, what matters to people and their needs for care and support. Local authorities **must** take people's views, wishes and feelings into account when identifying, assessing and supporting people to achieve well-being, particularly where these impact on the decisions about care and support and where people have previously expressed any views, wishes and feelings and are no longer able to do so.

- **The overarching duty to have regard to the importance of promoting and respecting the dignity of an individual (section 6(2)(b)).**

Key to supporting people to achieve what matters to them and putting people at the centre of their care and support will be promoting and respecting the dignity of a person. Local authorities **must** have regard to promoting and respecting the dignity of an individual.

- **The overarching duty to have regard to the importance of providing appropriate support to enable the individual to participate in decisions that affect him or her to the extent that is appropriate in the circumstances, particularly where the individual's ability to communicate is limited for any reason (section 6(2)(d)).**

Paragraph 42 above sets out the roles of family, friends, carers, wider support networks or independent advocates in providing appropriate support to ensure individuals are actively involved in their care and

support. Detailed guidance is set out in the *Part 10 Code of Practice (Advocacy)*.

In relation to children this will depend on their age and understanding, and they should be supported in this by a range of practitioners and other people involved with them, including their family and friends. In addition to this, any persons providing care and support to a child under the age of 16 **must** ascertain the views of persons providing parental responsibility for the child. This will be crucial in determining how personal outcomes can be achieved.

- **The overarching duty to have regard to the characteristics, culture and beliefs of an individual (including, for example, language) (section 6(2)(c)).**

This will be individual to each person. For example, some people may have spiritual or religious beliefs, which may be of significant importance to them. Local authorities **must** consider people's individual circumstances and ensure that these are reflected when promoting their well-being.

The Act defines well-being. This definition includes "securing rights and entitlements". For many people, language is an integral element of achieving their care, and securing rights and entitlements will be about being able to use their own language to communicate and participate in their care as equal partners.

Local authorities should particularly make sure Welsh language services are built into planning and delivery and that Welsh language services are offered to Welsh speakers without them having to request it. The Welsh Government has established a strategic framework for Welsh language services in health, social services and social care (*More than just words*) (3).

More than just words outlines six key objectives that all organisations (including local authorities) need to work towards. This includes the objective of implementing a systematic approach to Welsh language services as an integral element of service planning and delivery.

- **The overarching duty (in relation to adults) to have regard to the importance of beginning with the presumption that the**

(3) See the *More than just words Five Year Plan 2022-27* (2022), WG44857 Digital ISBN 978-1-80364-581-0. <https://www.gov.wales/more-just-words-welsh-language-plan-health-and-social-care>

adult is best placed to judge the adult's well-being (section 6(3)(a)).

Local authorities **must** have regard to the importance of beginning with the presumption that the adult is best placed to judge the adult's well-being. This **must** be embedded in practice so that people are equal partners in the design and delivery of their care. This will include determining what matters to them and what they want to achieve. Local authorities **must not** make any judgments based on preconceptions of a person's circumstances.

- **The overarching duty (in relation to adults) to have regard to the importance of promoting the adult's independence, where possible (section 6(3)(b)).**

53. Local authorities **must** have regard to the importance of promoting the adult's independence where possible.
54. Well-being is defined in relation to all aspects of a person's life. For a person who needs care and support and a carer who needs support it is intended that well-being includes key aspects of independent living, as expressed in the United Nations Convention on the Rights of Persons with Disabilities, in particular, Article 19 of the Convention (4).
55. The approach to promoting people's well-being by identifying the personal outcomes that they wish to achieve in all aspects of their everyday lives, and the barriers that they may face in achieving these outcomes, is one that recognises that care and support can contribute to the removal of such barriers in line with the social model of disability. It recognises that disabled people can achieve their potential and fully participate as members of society.
56. The Welsh Government's *Action on disability: the right to independent living* framework and action plan expresses the rights of disabled people to participate fully in all aspects of life (5).
 - **The overarching duty (in relation to children) to have regard to the importance of promoting the upbringing of the child by the child's family, in so far as doing so is consistent with**

(4) <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>

(5) *Action on disability: the right to independent living* framework and action plan (2019), WG38772 Digital ISBN 978-1-83933-101-5. <https://www.gov.wales/action-disability-right-independent-living-framework-and-action-plan>

promoting the well-being of the child (section 6(4)(a)).

When exercising functions under the Act in relation to a child who has or may have needs for care and support (or if the child is a carer, has or may have needs for care and support), or when exercising functions under Part 6 of the Act in relation to looked after children, local authorities **must** have regard to the importance of promoting the upbringing of the child by the child’s family, in so far as doing so is consistent with promoting the well-being of the child. Local authorities **must** develop their preventative and well-being services to support the overarching duties.

- **The overarching duty (in relation to children under the age of 16) to ascertain and have regard to the views, wishes and feelings of the persons with parental responsibility for the child, in so far as doing so is a) consistent with promoting the well-being of the child and b) reasonably practicable (section 6(4)(b)).**

Local authorities **must** have regard to the views, wishes and feelings of persons with parental responsibility for a child under the age of 16, in so far as this is consistent with promoting the well-being of the child and in so far as this is reasonably practicable. In assessing and delivering care and support, local authorities **must** work with children’s parents to develop a care and support plan that promotes a child’s upbringing with their family, consistent with safeguarding needs and the child’s wishes and feelings.

Meaning of “have regard”

57. The overarching duties in section 6 of the Act require persons exercising functions under the Act to “have regard” to particular matters. In the context of these overarching duties, a requirement to “have regard” to a particular matter is similar to a requirement to “consider” or “take into account” that matter.
58. A local authority **must** demonstrate that it has complied with the overarching duties in a meaningful way. A local authority **must** determine how compliance could be achieved. Arrangements such as the training of staff and the introduction of procedural safeguards are examples of ways in which compliance can be achieved.

59. To ensure compliance with the overarching duties local authorities should bear the following in mind when exercising functions in relation to individuals:
- a local authority should be able to demonstrate that they have complied with the overarching duties to have regard to the particular matters which are relevant to the decision at the time a particular decision is taken in relation to an individual who needs care and support
 - a local authority should keep an accurate record of the manner in which they have had regard to those particular matters when making decisions about identifying an individual's needs and providing services to meet those needs
 - a local authority should give the weight that is appropriate in all the circumstances, balancing this against any other countervailing factors that are relevant to the decision in question.
60. Individuals have a right to make a complaint directly to a local authority if they feel that the local authority has not complied with the overarching duties when exercising their functions under the Act, for example when making decisions about identifying an individual's needs and providing services to meet those needs. A guide to handling complaints and representations by local authority social services was published in August 2014. This sets out details of the two-stage process local authorities **must** follow in responding to any complaints about the exercise of any of their social services functions [\(6\)](#).

Other overarching duties: United Nations Principles and Convention

61. Section 7 of the Act places duties on persons exercising functions under the Act to have due regard to the United Nations Principles for Older Persons and the United Nations Convention on the Rights of the Child [\(7\)](#). These duties apply when a person is exercising functions in relation to an individual. The meaning of having “due regard” to the United Nations Principles and the Convention set out in section 7 of the Act is the same as the meaning of “have regard” to the particular matters in section 6 of the Act. To ensure compliance with the duty to have due regard to the United Nations Principles and the Convention, local authorities should consider the guidelines stated in paragraphs 57

(6) A guide to handling complaints and representations by local authority social services (August 2014), Digital ISBN 978 1 4734 1467 9. <https://www.gov.wales/social-services-complaints-procedure>

(7) [United Nations Principles for Older Persons | OHCHR/ https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child /](https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child/)

to 60 of this Code. These guidelines have been developed to be in line with the 'Brown principles' (8).

62. When exercising functions under the Act in relation to adults who need care and support and adult carers who need support, any persons exercising functions under the Act **must** have due regard to the United Nations Principles for Older Persons as adopted by the General Assembly of the United Nations on 16 December 1991. There are 18 principles, grouped into 5 themes: independence, participation, care, self-fulfillment and dignity.
63. When exercising functions under the Act in relation to children who need care and support, young carers who need support, and persons in respect of which functions are carried out under Part 6 of the Act (looked after and accommodated children), any persons exercising functions under the Act **must** have due regard to Part 1 of the United Nations Convention on the Rights of the Child. This duty does not apply to Welsh Ministers as they already have a duty to have due regard to the United Nations Convention on the Rights of the Child in accordance with the *Rights of Children and Young Persons (Wales) Measure 2011*.
64. In addition to those United Nations Principles and the Convention set out in section 7 of the Act, when exercising social services functions in relation to disabled people who need care and support and disabled carers who need support, local authorities **must** have due regard to the United Nations Convention on the Rights of Persons with Disabilities.

Monitoring well-being

65. Section 8 of the Act provides that the Welsh Ministers **must** also specify outcome measures by reference to which the achievement of personal outcomes is to be assessed.
66. The *National outcomes framework for people who need care and support and carers who need support* will evidence whether well-being is achieved. It will provide evidence on whether care and support services are improving well-being outcomes for people in Wales using consistent and comparable indicators.

(8) In *R. (Brown) v. Secretary of State for Work and Pensions* [2008] EWHC 3158 the court considered what a relevant body has to do to fulfil its obligation to have due regard to the aims set out in the general equality duty. The equality duty in *Brown* was the Disability Equality Duty in section 49A of the *Disability Discrimination Act 1995*. Later cases have confirmed that the principles in *Brown* also apply to the duty in section 149 of the *Equality Act 2010*.

67. A performance and improvement framework for care and support services will underpin the *National outcomes framework for people who need care and support and carers who need support* and evidence the contribution that services are making in supporting people to achieve well-being.
68. The performance and improvement framework for local authorities is contained within the *Code of practice in relation to the performance and improvement of social services in Wales*. Local authorities **must** comply with the quality standards and the performance measures set out in that Code.

2. Population needs assessment

Introduction

69. The purpose of this Chapter is to set out:
- the requirement on local authorities and health boards to undertake an assessment of the extent to which there are people who need care and support and carers who need support
 - the requirement that the local authorities within a health board area form a single partnership arrangement with that health board for the purposes of undertaking this assessment.
70. Chapter 2A of this Code applies to local authorities in relation to their social services functions. Chapter 2B is statutory guidance issued under section 169 of the Act and this guidance applies to both local authorities and health boards. There will also be implications for partner bodies such as the third and private sectors and for people who need care and support and carers who need support in Wales.

Context

71. This Chapter covers section 14 and regulations made under section 14 and under section 166 of the Act. Section 14 of the Act requires that local authorities and health boards **must** jointly carry out an assessment of the needs for care and support, and the support needs of carers in the local authority's area. This assessment **must** also identify:
- the extent to which those needs are not being met
 - the range and level of services required to meet those needs
 - the range and level of services required to deliver the preventative services required in section 15 of the Act
 - how these services will be delivered through the medium of Welsh.
72. Section 14 of the Act also provides the Welsh Ministers with the power to bring forward regulations in relation to how these assessments are undertaken, such as in relation to their timings and review.
73. Section 166 of the Act provides the Welsh Ministers with regulation making powers to require specified partnership arrangements for

carrying out social services or health board functions. These could be partnership arrangements by one or more local authorities and one or more health boards. To provide for more effective population needs assessments under section 14 of the Act partnership arrangements **must** be put in place, so that each health board and the local authorities in the area of each health board coordinate the assessment exercise to allow for the production of a combined population needs assessment report for the health board area.

Purpose

74. The purpose of the population needs assessment is to ensure that local authorities and health boards jointly produce a clear and specific evidence base in relation to the needs of people who need care and support and of carers, to underpin the delivery of their statutory functions and inform planning and operational decisions. This will ensure services are planned and developed in an efficient and effective way by public sector partners to promote the well-being of people with care and support needs.
75. A population needs assessment will drive change, including by enabling both local authorities and health boards to focus on preventative and long-term approaches to care and support needs. It will provide the information required to support resource and budgetary decisions, ensuring services and outcomes are targeted, sustainable, effective and efficient. It will underpin the integration of services and particularly support the duties set out in Part 9 of the Act.
76. Population needs assessments **must not** be viewed as an exercise to satisfy the Welsh Government. They are key instruments to inform the integrated planning and delivery of health and care and support services across the region, and require clear leadership and buy-in from the regional partnership board. Local authorities and health boards **must** ensure that the population needs assessment report meaningfully informs integrated planning and delivery. They **must** regularly review and refresh its evidence against any changes or anticipated changes over the course of the reporting cycle.
77. Population needs assessments should be considered part of an ongoing journey, building on, refining and adding to established intelligence including that amassed in previous population needs assessment rounds and intelligence gathered elsewhere, where relevant.

78. The population needs assessment links to and supports other requirements on local authority social services under the Act. For example, the assessment will inform local authorities in meeting the requirement contained within section 16 of the Act to promote social enterprises, co-operatives, user led services and the third sector. It will support the requirement to identify the care and support and preventative services these alternative service models should provide. It will similarly inform the nature of the information, advice and assistance service required.
79. The Act makes clear that the population needs assessment **must** be taken into account in the production of health and well-being strategies as provided for by *The National Health Service (Wales) Act 2006* and children and young people's plans as required by the *Children Act 2004*. The population needs assessments **must** have well-being at the forefront of its considerations and align with the Five Ways of Working enshrined in *The Well-being of Future Generations (Wales) Act 2015*. The Welsh Government will ensure that there continues to be a statutory link to any further legislation relating to the strategic planning function of public authorities. The expectation is that the population needs assessment set out in this Code will contribute significantly to the development of the elements of any current or future plans and strategies relating to health and social services.
80. The Integrated Medium-Term Plans produced by health boards over a rolling three-year period, as required by *The National Health Service Finance (Wales) Act 2014*, set out how resources will be used to address areas of population health need and improve health outcomes, improve the quality of care, and ensure best value from resources. Population needs assessments carried out under section 14 of the Act will inform and be informed by these plans.
81. Part 2 of the *Housing (Wales) Act 2014* requires local authorities to produce a homelessness strategy for the purposes of preventing and responding to homelessness. Given those affected, or at risk of being affected, by homelessness will likely have care and support needs, the population needs assessment should inform the production of a homelessness strategy.
82. Care Inspectorate Wales and Healthcare Inspectorate Wales will take population needs assessments into account when carrying out inspections of local authority social services departments and health boards respectively.

2A. Undertaking a population assessment of needs for care and support and carers who need support

Production of a population needs assessment report

83. A population needs assessment report **must** be produced. Chapter 2B of this Code sets out the requirement for the formation of a partnership arrangement for the purposes of undertaking a population needs assessment. Local authorities and the health board in a partnership arrangement should combine their population needs assessments into a single report. Therefore a total of seven combined population needs assessment reports should be published in accordance with the partnership arrangements set out in Chapter 2B of this Code.
84. Population needs assessments are focused on health and social care needs. They should also reflect wider intelligence including the well-being assessments undertaken by Public Services Boards and the work of Regional Collaborative Committees (housing) and primary care clusters, including pan-cluster planning. Local authorities and health boards, in a partnership arrangement, may wish to consider combining their population needs assessments with the Public Services Boards' well-being assessments into one regional assessment report.
85. Ongoing review, assessment and planning is vital to ensure services remain current and effective in delivering better outcomes for people. Population needs assessments are a living resource, rather than a one-off exercise, and should be regularly reviewed, analysed against readily available evidence, and refreshed as necessary.
86. The local authority and health board are required formally to approve the population needs assessment report.
87. Upon completion, the population needs assessment reports **must** be published on the websites of all local authorities and health boards involved in their production. A copy of the population needs assessment report **must** also be sent to Welsh Ministers at the time of publication. This function can be delegated to the lead co-ordinating body (see Chapter 2B of this Code).
88. The population needs assessment report should be drafted using accessible language so that it can be considered by members of the public. It is important that the report explains clearly how the local authorities and the health board have arrived at their decision in relation

to the needs identified and the level of services required to meet those needs.

Timetable for undertaking a population needs assessment

89. Local authorities and health boards **must** produce one population needs assessment report per local government electoral cycle.
90. Population needs assessment reports should be produced within a timeframe that will inform any wider integrated planning system in a meaningful way. They should align with the timescales for producing the Public Services Boards' well-being assessments and the market stability reports produced under section 144B of the Act. The evidence from the population needs assessments and market stability reports should help inform the joint area plans produced under section 14A of the Act.

Equality Impact Assessments

91. As set out in Chapter 1 of this Code, local authorities **must** have due regard to the United Nations Convention on the Rights of Persons with Disabilities, United Nations Convention on the Rights of the Child, and the United Nations Principles for Older Persons in relation to an individual who needs care and support and carers who need support. In addition, the Public Sector Equality Duty contained in section 149 of *The Equality Act 2010* requires all public authorities to have due regard to protected characteristics when exercising their functions.
92. Local authorities and health boards **must** therefore undertake an Equality Impact Assessment as part of the process of undertaking a population needs assessment, which **must** include impact assessments on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and beliefs, sex and sexual orientation.

Review of population needs assessment reports

93. In producing a population needs assessment report local authorities and health boards **must** be forward looking and consider the needs for care and support and the needs of carers for the whole period up until the next population needs assessment is due for publication.

94. However, given that circumstances may change, the partnership arrangement established to carry out the population needs assessment **must** keep the population needs assessment report under review. The report should be reviewed as required, but at least once mid-way through the population needs assessment period. If this review identifies a significant change in the needs for care and support or the needs of carers, an addendum should be produced and similarly be published and sent to the Welsh Ministers.

Structure of a population needs assessment report

95. A population needs assessment report should comprise two sections:
- the assessment of need
 - the range and level of services required.

Section 1: Assessment of need

96. Local authorities and health boards **must** jointly assess:
- the extent to which there are people in the area of assessment who need care and support
 - the extent to which there are carers in the area of assessment who need support
 - the extent to which there are people whose needs for care and support (or, in the case of carers, support) are not being met.
97. To carry out this assessment, local authorities and health boards will need to make use of a number of sources of information. This information should be obtained with a view to identifying not only the extent of need at the time the population needs assessment is carried out but also to enable an analysis of future need over the duration of the population needs assessment period.
98. Local authorities and health boards **must** ensure their population needs assessment reflects the current needs, future trends and associated multi-generational policy challenges. This may include exploring future trends and using futures-techniques to consider connections between them, identifying the implications and impact on your region, its people and the services that support them. The Welsh Government's *Future Trends* reports identify the key social, economic, environmental and cultural trends that could affect Wales in the future and some of the factors that could influence the direction of those trends (9).

(9) <https://www.gov.wales/future-trends-2021>

99. The Welsh Government requires that local authorities and health boards provide an extensive range of statistical information in relation to care and support services. These statistics, as well as statistics that local authorities and health boards produce for their own needs, will be of use in carrying out a population needs assessment. Existing data repositories, such as Public Health Wales and Data Cymru may also be useful or relevant. Registers of sight-impaired, hearing-impaired and other disabled people held by local authorities could help inform the population needs assessment (and be themselves informed by the population needs assessment). However, local authorities and health boards should not solely rely on registers in relation to disabled people and those with sensory loss.
100. The *Code of practice in relation to the performance and improvement of social services in Wales* sets out the performance measurement framework requirements that are part of the *National outcomes framework for people who need care and support and carers who need support*. Particular attention should be given to these performance measurements as part of the population needs assessment so as to ensure that the care and support needs identified align with the requirements of the *National outcomes framework*. The performance measures will evidence the shift in service provision to support people to remain in their community and children to remain with their families.
101. Local authorities and health boards should be innovative in identifying local data sources, research and statistics that could contribute to an assessment, including making use of technology. They should also consider the findings of existing assessments such as those undertaken as part of the delivery of the Families First Programme.
102. Qualitative information is also essential in informing these assessments. Any population needs assessment should be a balance of qualitative information that is underpinned by quantitative information. Local authorities should not undertake a population needs assessment as a purely statistical exercise. In obtaining qualitative information, universities and other local organisations may have undertaken research that may be of use in identifying local need. In addition, national research should be considered that may be relevant to local circumstances. For example, reports by the Joseph Rowntree Foundation, the National Society for the Prevention of Cruelty to Children and other similar organisations may raise issues or themes that local authorities and health boards may wish to be aware of and apply to their own assessment area.

103. Practitioners, professionals and other members of staff within local authorities and health boards, as well as within partner agencies such as the police and education, are likely to have informed views on the extent of needs for care and support and the needs of carers in the area. Their experience and expertise should prove an excellent source of information in undertaking an assessment.

Citizen engagement

104. The contribution of a wide range of citizens, stakeholders and partners in the population needs assessment is integral to the production of a population needs assessment report that is meaningful and well informed.
105. People play a vital role in securing the best quality of services designed around needs. We all expect to make our own decisions; to control the key issues in our lives. Where decisions involve others, or where the matter is not entirely within our control, we still expect our voice to be heard. This could include opportunities for family, friends or others to advocate on our behalf. Care and support services **must** act in a way that strengthens our voice.
106. A broad range of individuals, groups and organisations **must** be involved in the process of undertaking the population needs assessment and have an opportunity to articulate what they perceive the needs in an area are, including the needs of carers, and what services are needed to meet those needs, including preventative services. Chapter 5 of this Code, on engagement, voice and co-production, sets out how local authorities **must** involve people in the co-production of the design and operation of services.
107. The personal health and well-being of carers is integral to their ability to provide care and support to others. Carers themselves may require a level of support to live their own lives as independently as possible. It is therefore important to also engage with carers to ensure their health and well-being needs are identified and addressed.
108. Engagement **must** take place with people, including children, who have experience of using care and support services, the parents of children who have care and support needs, and carers. Local authorities and health boards should consider special arrangements to engage with children directly and successfully. The views of those whose voices are seldom heard, including those of minority groups such as homeless

people and travellers, **must** also be considered as part of the population needs assessment. Engagement should also reflect the diversity of people in the community including different levels of care and support needs. Local authorities and health boards **must** establish and publicise a procedure for obtaining people's views. Section 1 of a population needs assessment report **must** set out how the local authorities and health board have engaged with people in its production.

109. Local authorities and health boards should be innovative in obtaining the engagement of people and may consider questionnaires and interviews. The quality of the input people make to the population needs assessment will likely be improved by a discussion. A formal panel of people who have experience of using care and support services or care for someone who uses care and support services may therefore be desirable to discuss key issues in the social care sector and the way forward. This could be a new panel established specifically for this task or an existing panel or forum that can be utilised. Local authorities and health boards may wish to consider specific activities to engage children with care and support needs or who act as carers.
110. When carrying out reviews of the population needs assessment reports, local authorities and health boards should continue to be mindful of the views expressed by the people they engaged with when developing the initial assessment reports. Additional engagement may also be required at the review stage.
111. Local authorities and health boards should ensure that language used when engaging with people is accessible and not overly technical in order to encourage meaningful public engagement.

Service provider engagement

112. Third sector organisations and private sector organisations, such as care home and domiciliary care providers, will also have knowledge and expertise that will significantly inform a population needs assessment. In undertaking an assessment, local authorities and health boards **must** therefore engage with the third and private sector. The third sector and private sector organisations may be able to help in identifying people who are not known to local authorities or health boards but have unmet care and support needs.

113. Given that the nature of third sector and private sector organisations varies significantly across Wales, local determination on the form of this engagement is necessary, however effective engagement will be mutually beneficial in delivering the requirements of the Act.
114. Section 1 of a population needs assessment report **must** also set out how the local authorities and the health board have engaged with service providers in its production.

Individual assessments

115. Local authorities and health boards should also be informed by the individual assessment process of care and support needs, or the support needs of carers (as set out in the *Part 3 Code of Practice (assessing the needs of individuals)*) to understand the extent of care and support needs and carers' needs in an area. Information gathered while undertaking an assessment, as well as the individual care and support plans, and the support plans of carers, will provide a source of information about need in the area. Management information collected by the information, advice and assistance service on the range and types of care and support queries dealt with, will also provide evidence on which local authorities and health boards can draw. Whilst there will always be a need to deliver certain bespoke services to achieve an individual's personal outcomes, consideration of individual assessments as part of a strategic population needs assessment may identify patterns of need that can be met without individual care and support plans.
116. Population needs assessments undertaken in line with this Code will be strategic exercises. However, in gaining a strategic understanding, local authorities and health boards may have to consider some personal information. Organisations are increasingly reliant on anonymisation techniques to enable wider use of personal data. The *Anonymisation: managing data protection risk code of practice* issued by the Information Commissioner's Office explains the issues surrounding the anonymisation of personal data, and the disclosure of data once it has been anonymised (10). It describes the steps an organisation can take to ensure that anonymisation is conducted effectively, while retaining useful data.

(10) *Anonymisation: managing data protection risk code of practice* (ICO, November 2012).
[Anonymisation: managing data protection risk code of practice \(ico.org.uk\)](https://ico.org.uk/Anonymisation-managing-data-protection-risk-code-of-practice)

Presenting the assessment findings

117. The evidence gathering exercise will be likely to identify a significant range of care and support needs across the assessment area. Whilst all care and support needs are important and require services to address those needs, to ensure the population needs assessment report is a helpful strategic tool local authorities and health boards should structure the evidence around general core themes identified.
118. The reports **must** also inform broader long-term planning requirements. The evidence set out in the population needs assessments and market stability reports will help inform and shape the joint area plans which local authorities and health boards **must** produce under section 14A of the Act.
119. Local authorities and health boards are able to decide what the core themes of the assessment findings are. However, section 1 of the population needs assessment report **must** include assessments of the health, care and support needs of the following priority population groups:
- babies, children and young people
 - older people
 - people who are disabled or who have long-term health conditions
 - people with a learning disability
 - people who are neurodivergent
 - people with mental health needs, including those living with dementia
 - people with sensory impairments
 - carers who need support
 - people who have experienced violence against women, domestic abuse and sexual violence
 - people experiencing homelessness.

Secure estate

120. Population needs assessments **must** also take account of the care and support needs of populations within the secure estate. Part 11 of the Act makes provision for adults and children in prison, youth detention accommodation, approved premises and bail accommodation, and ordinary residence. See also the *Part 11 Code of Practice (Miscellaneous and General)*.

Welsh language

121. When undertaking their population needs assessments, local authorities and health boards **must** establish the extent to which there are people who need care and support and carers who need support in Welsh, and the range and level of services that they will need to provide in order to meet that need. This includes identifying where there are gaps in provision. This should be reflected in the population needs assessment report.

Impact of COVID-19 and wider systemic pressures on the health and social care landscape

122. Each population needs assessment should take into account the impact of wider systemic pressures placed on the wider health and social care system. This may include those stemming from the COVID-19 pandemic, including 'long-COVID' and related health and well-being impacts across aspects of the regional population. This is not an exhaustive list. Local authorities and health boards should also refer to any supplementary guidance from the Welsh Government prior to the commencement of each assessment round.

123. In relation to each core theme, section 1 of the population needs assessment report should:

- analyse evidence spatially in order to develop an understanding of where and to what extent the core themes are concentrated or diffused across the assessment area
- set out the differences in relation to the core themes across local authorities and NHS cluster areas in the assessment area
- analyse evidence in terms of age groups where appropriate
- set out the extent to which these needs are not being met.

Section 2: The range and level of services required

124. Local authorities and health boards **must** jointly assess:

- the range and level of services required to meet the care and support needs of the population and the support needs of carers
- the range and level of services required to prevent needs arising or escalating
- the actions required to provide these services through the medium of Welsh.

Meeting needs for care and support and support needs of carers

125. In section 2 of the population needs assessment report local authorities and health boards **must** assess the range and level of services required to meet the care and support needs identified in the needs assessment, including support for carers. The population needs assessment report should specifically include this information in relation to each of the core themes identified in section 1 of the population needs assessment report.
126. Section 2 of the population needs assessment report should include an assessment of the extent to which needs identified in relation to the core themes could be met by providing services in partnership with the health board for the area of the local authority and other local authorities within the area of that health board. So, for example, it may be that needs of people with learning disabilities in one local authority area could be met with the provision of a service which would serve the needs of people with a learning disability in the areas of two or more local authorities. Potentially, services could be provided in collaboration with local authorities and/or health boards outside the partnership arrangement. Services should not necessarily be confined solely to social services departments and could be provided across local authority functions. Similarly, the third sector and other providers can also help in meeting need through the services they provide.
127. In considering how needs will be met, local authorities **must** build on their duty to promote social enterprises, co-operatives, user led services and the third sector. People themselves may design and operate their own services, and these alternative models of care and support may provide additional opportunities in meeting people's care and support needs. We expect more alternative models of care and support to be developed over time.
128. Identifying assets at an individual, community and population level will be essential to understand the existing and potential contributions people, communities and organisations make.

National outcomes framework for people who need care and support and carers who need support

129. In identifying the range and level of services necessary to meet need, local authorities and health boards **must** be informed by the *National outcomes framework for people who need care and support and carers*

who need support. The *National outcomes framework* is made up of the well-being statement, which articulates what the Welsh Government expects for people who need care and support, and outcome indicators to measure whether well-being is being achieved. The *National outcomes framework* will assist in identifying the range and level of services necessary to meet need by describing success in meeting needs for care and support and the needs of carers for support. The population needs assessment report should seek to ensure that in identifying the level of services necessary to meet need, it is describing a range and level of service required to reach the standards of the *National outcomes framework*.

Citizen engagement

130. Local authorities **must** engage citizens in the process of identifying the range and level of services that will be necessary to meet need. This engagement can take place at the same time as identifying the level of need for care and support including support for carers. Local authorities **must** take steps to empower and enable citizens to engage in this process, and to overcome any barriers to effective engagement.

Service provider engagement

131. The services necessary to meet the identified need will be delivered by local authorities and health boards as well as other organisations in both the private and third sectors. It is therefore necessary for other service delivery organisations to be involved in this work as they will be able to assist in ensuring the range and level of services identified are realistic and sustainable, and based on a clear understanding of the scope and quality of services available.
132. This engagement can also take place at the same time as identifying the levels of need for care and support and needs of carers with other service delivery organisations.
133. In order for local authorities to fulfil their duty to promote social enterprises, co-operatives, user led services and the third sector they should actively consider how value-based organisations can deliver the required services.

Procuring services

134. The population needs assessment report will inform the way services are planned and delivered by local authorities and partners and ensure services are appropriately procured to meet identified need.

Preventative services

135. When identifying levels of service necessary to meet need, local authorities **must** always have regard to the need to provide or arrange preventative services, as required by section 15 of the Act. Section 2 of the population needs assessment report **must** set out the assessment of the range and level of preventative services required to achieve the purposes of section 15(2) of the Act. In doing so, it should be borne in mind that advocacy can be a preventative service in itself and should be considered as part of the range and level of services required to meet identified need. The assessment should include the extent to which a preventative approach can be delivered in partnership with the health board for the area of the local authority and other local authorities within the area of that health board (potentially, services could be provided in collaboration with local authorities and/or health boards outside the partnership arrangement). In considering preventative approaches, local authorities, working with health boards, should ensure that they identify what matters to people who need care and support and carers who need support. This will help identify what works for people in their particular situation. They should also ensure that there is a clear understanding of the resources available from people and communities.
136. Guidance on the provision of a preventative approach is contained in Chapter 3 of this Code. The nature and level of preventative services provided or arranged **must** be designed to meet the needs for care and support and needs for support of carers identified in the population needs assessment report.

Welsh language

137. Section 2 of the population needs assessment report **must** identify the actions required to deliver the range and level of services identified as necessary through the medium of Welsh. The Welsh language strategic framework *More than just words* aims to improve frontline health and social services provision for Welsh speakers, their families and carers. In keeping with the principles in that framework, planning systems **must** include reference to the linguistic profile of their communities and ensure this is reflected in their service delivery.

2B. Formation of a partnership arrangement for the purposes of undertaking population needs assessments

138. All local authorities in a health board area **must** form a partnership arrangement with that health board to undertake the population needs assessment and should produce a combined population needs assessment report.
139. Local authorities and health boards **must** produce one population needs assessment per local government electoral cycle. For the duration of each population needs assessment period the bodies within the partnership **must** form a joint committee, as part of the wider partnership board set out in the *Part 9 Statutory Guidance: Partnership Arrangements*, to take responsibility for the management of the partnership arrangement. Through the joint committee, and with due regard to existing expertise, knowledge and relevant resources, partners **must** nominate a lead co-ordinating body. That body will be responsible for co-ordinating and managing the production of the population needs assessment, but all other bodies **must** participate in the exercise as required by the lead co-ordinating body. The nominated lead coordinating body can be reviewed when the partnership sees fit.
140. Local authorities and the health board in a partnership arrangement should combine their population needs assessments into a single report. A joint population needs assessment report **must** contain the population needs assessment for each of the local authority areas but also combine these assessments to produce an assessment of the needs of the people in the whole of the health board's area and an assessment of the range and level of services required to meet those needs.
141. The lead co-ordinating body should ensure that the combined population needs assessment report has a consistent format and demonstrates clearly the extent to which core themes are concentrated or diffused across the partnership arrangement area and specifically in relation to each local authority area in the partnership arrangement.
142. It is the responsibility of the lead co-ordinating body to resolve issues that may hinder the production of a combined population needs assessment report. Partnership boards, provided under section 168 of the Act and set out in the *Part 9 Statutory Guidance: Partnership Arrangements*, may also serve to help in resolving conflicts in undertaking a population needs assessment report. In exceptional circumstances, it may not be possible for a local authority or health board to agree to a particular aspect of the combined population needs assessment report. That local authority or health board retains its duty for meeting the statutory requirements set out in section 14 of the Act.
143. The population needs assessment report **must** be submitted to Welsh Ministers at the time of publication.

144. Local authorities and health boards **must** keep population needs assessment reports under review and revise them if required. The lead co-ordinating body is responsible for managing this review and for submitting any subsequent addendums to the Welsh Ministers.
145. The following seven partnership arrangements for the purposes of undertaking an assessment of needs for care and support, support for carers and preventative services **must** therefore be established:
- a) Aneurin Bevan University Health Board and the following local authorities: Monmouthshire, Newport, Caerphilly, Torfaen and Blaenau Gwent.
 - b) Betsi Cadwaladr University Health Board and the following local authorities: Flintshire, Wrexham, Anglesey, Gwynedd, Denbighshire and Conwy.
 - c) Cardiff and Vale University Health Board and the following local authorities: Cardiff and the Vale of Glamorgan.
 - d) Hywel Da Health University Health Board and the following local authorities: Pembrokeshire, Carmarthenshire and Ceredigion.
 - e) Swansea Bay University Health Board and the following local authorities: Swansea and Neath Port Talbot.
 - f) Cwm Taf Morgannwg University Health Board and the following local authorities: Rhondda Cynon Taff, Merthyr Tydfil and Bridgend.
 - g) Powys Teaching Health Board and Powys local authority.
146. The partnership arrangements are purely to achieve the purposes of section 14 of the Act in undertaking the assessment described in Chapter 2A of this Code.
147. All bodies in the partnership arrangement **must** contribute to any costs involved in the exercise. (Costs should be minimal and mostly consist of staff time, although some costs might be incurred for printing or carrying out citizen engagement).
148. All bodies in the partnership arrangement **must** share information required to undertake the population needs assessment. Any personally identifiable information should be shared within the principles of the Wales Accord on the Sharing of Personal Information (WASPI). All health boards and local authorities in Wales are signatories to WASPI.

3. Integrated preventative and early intervention services

Introduction

Context

149. The purpose of this Chapter is to set out the requirements on local authorities and partners to provide or arrange a range of integrated preventative and early intervention services to achieve the various purposes set out below.
150. Section 15 of the Act requires that local authorities **must** provide or arrange for the provision of a range and level of preventative and early intervention services which they consider will achieve the following purposes:
- a) contributing towards preventing or delaying the development of people's needs for care and support
 - b) reducing the needs for care and support of people who have such needs
 - c) promoting the upbringing of children by their families, where that is consistent with the well-being of children
 - d) minimising the effect on disabled people of their disabilities
 - e) contributing towards preventing people from suffering abuse or neglect
 - f) reducing the need for:
 - proceedings for care or supervision orders under the *Children Act 1989*
 - criminal proceedings against children
 - any family or other proceedings in relation to children which might lead to them being placed in local authority care, or
 - proceedings under the inherent jurisdiction of the High Court in relation to children
 - g) encouraging children not to commit criminal offences
 - h) avoiding the need for children to be placed in secure accommodation
 - i) enabling people to live their lives as independently as possible.
151. A local authority **must** have regard to the importance of achieving these purposes in relation to the exercise of all its functions, not just in relation to social services functions. Section 15(5) of the Act requires a health board to also have regard to the importance of achieving these purposes in the exercise of its functions.
152. Section 14 of the Act requires that local authorities and health boards jointly carry out a strategic assessment of needs for care and support and support needs for carers. That assessment **must** also assess the range and level of care and support necessary to deliver preventative services. Chapter 2 of this Code sets out the requirements on local authorities for undertaking this population needs assessment.

153. The five-year Health and Social Care Regional Integration Fund (the RIF) (2022 to March 2027) (11) has a strong emphasis on prevention and early intervention. Section 15 of the Act places a statutory duty on local authorities to provide and arrange the provision of services to prevent or delay the development of care and support needs. The RIF builds on this through providing the means to support partner organisations to develop individual and community resilience and mitigating the need for acute or critical health and social care provision. A key aim of the RIF is to develop and deliver six integrated national models of care. The six models of care are:
- community based care: prevention and community co-ordination
 - community based care: complex care close to home
 - home from hospital
 - promoting good emotional health and well-being
 - supporting families to stay together safely, and therapeutic support for care experienced children
 - accommodation based solutions.
154. All the models have a preventative approach. However, the ‘community-based care: prevention and community co-ordination’ model of care has a prime role in developing preventative and early intervention activities which are important to the overall model of care and across the priority population groups.
155. Communities of practice have been established that mirror the six models of care. Their key function is to bring together interested parties to be involved in proactive and productive discussions and to share good practice in activity which will contribute to the delivery and implementation of the six integrated models of care at a regional level.

Purpose

156. Prevention is at the heart of the Welsh Government’s programme of change for social services, health boards and partner organisations. There is a need to focus on prevention and early intervention to ensure that care and support services across social services, health and partner organisations are sustainable into the future. It is vital that care and support services do not wait to respond until people reach a crisis point. An integrated preventative approach includes promoting children being brought up by their families and preventing children becoming looked after. Local authorities, health boards and their partners will need to develop a strategic approach to delivering preventative and early intervention services locally and where appropriate regionally and in line with intentions of the RIF.
157. There is a need to strengthen the preventative and early intervention approaches that are already available across programmes such as the RIF, the Strategic

(11) See *Health and Social Care Regional Integration Fund Revenue Guidance 2022-27* (February 2022): <https://www.gov.wales/health-and-social-care-regional-integration-fund>

Programme for Primary Care (12) and the Six Goals for Urgent and Emergency Care (13), in order to build and extend the activity base so that services are available when people need them and at a community level or as close to home as possible.

158. From a preventative perspective it is also about people and communities having the information and support they need to identify what matters to them and how they can best put in place arrangements to deliver an approach that meets local need and is delivered in the community.
159. There is no one definition for what constitutes preventative activity. It can be anything that helps meet an identified need and could range from wide-scale measures aimed at the whole population to more targeted individual interventions, including mechanisms to enable people to actively engage in making decisions about their lives.
160. In considering how to achieve the purposes of preventative services set out in section 15(2) of the Act and to promote well-being, local authorities should consider the range of options available. This is likely to vary between local authorities depending on need. However, the required prevention and early intervention should be identified as part of the population needs assessment.
161. The assessment of the range and level of preventative and early intervention services required to achieve the purposes set out in section 15(2) of the Act **must** be set out in section 2 of the population needs assessment report as described in Chapter 2 of this Code. This ensures that preventative and early intervention services provided or arranged **must** be informed by the care and support needs identified by the population needs assessment. To identify the range and level of services required, local authorities need to establish and assess what is currently being delivered/available, taking account of capacity levels and quality of service.
162. Local authorities should co-operate and work collaboratively with a variety of partners and stakeholders, including health boards and the third sector, to develop and deliver the required range and level of integrated preventative and early intervention services. Whilst local authorities may choose to provide some types of preventative and early intervention services themselves, others may be more effectively provided or arranged in partnership with other local partners including the third sector to ensure integrated provision. The additional benefits of working outside existing arrangements and partnerships to deliver services should be explored to integrate preventative and early intervention services. Local authorities should also seek to develop and enable community resources to contribute to a preventative and early intervention approach taking into

(12) <https://primarycareone.nhs.wales/topics1/strategic-programme/>

(13) <https://www.nhs.wales/sa/six-goals-for-urgent-emergency-care/>

consideration regionality and the development of the six integrated national models of care.

163. Social enterprises, co-operatives, user led services and the third sector are a valuable resource and important in delivering the community resource element including through the six integrated national models of care. Chapter 4 of this Code sets out the requirements for local authorities in relation to their duty under section 16 of the Act to promote social enterprises, co-operatives, user led services and the third sector.
164. In order to provide or arrange preventative and early intervention services, social services **must** work across the local authority to ensure the community leadership role is put to best use through proactive co-operation and partnership working.
165. Within the local authority, preventing or delaying the development of care and support needs should be closely aligned to other local authority responsibilities, such as housing, leisure and education, including adult education. Local authorities **must** have regard to the importance of achieving the purposes described when carrying out their other functions.
166. Local authorities **must** make arrangements to promote co-operation in relation to the exercise of functions relating to people with needs for care and support. This includes meeting the obligations in section 15 of the Act to provide preventative services. A relevant partner, such as a health board, **must** comply with a request to co-operate in relation to the delivery of preventative services, unless to do so is incompatible with their own duties.
167. People in rural communities often face specific challenges. It is important to recognise the need to deliver or arrange preventative and early intervention services in a different way to overcome these barriers.
168. Local authorities may decide that it is more practical to deliver or arrange preventative and early intervention services jointly. This might also aid in the delivery of preventative and early intervention services with other agencies, such as a health board, and deliver on a regional footprint and in line with the intentions of the RIF.
169. Section 15(5) of the Act also requires health boards to have regard to the importance of achieving the purposes described when carrying out their health functions. Health boards will also need to consider the principles of prudent health care. Effective integration across public services and adopting a multi-agency approach to meeting people's needs in a preventative and early intervention manner will benefit and support all citizens especially those requiring care and support services.

Within the organisation

170. Although there are numerous good examples of preventative and early intervention services taking place across social services and together with partner organisations, the requirements in the Act represent an overarching cultural change to the way services are to be delivered. Local authorities should ensure staff are aware of the benefits of preventative and early intervention services and are encouraged to consider how they can be delivered. Staff should feel empowered to work with service users and carers to deal with issues preventatively, and to actively engage with family, friends, and others to identify and secure identified outcomes.
171. As well as providing benefits to people, preventative and early intervention services provide better value for money for the local authority and partners and result in improved sustainability. While it is sometimes difficult to track the financial benefits of delivering preventative and early intervention services, developing a business model that tracks investments and monitors the financial returns of preventative services could reinforce the preventative approach.
172. Ensuring this culture of delivering preventative and early intervention services is embedded across the local authority and within its social services department so that statutory requirements are met, will require leadership across the local authority from all Chief Officers, and principally from the Director of Social Services.
173. Local authorities will need to be innovative in their approach to preventative and early intervention services, making best use of resources, achieving value for money, and proactively engaging with citizens and the third sector and other providers to meet identified needs.

Principles

174. The provision of preventative and early intervention services, for all citizens, whether an adult or child (including looked after children), **must** be provided or arranged in an appropriate and timely manner. However, the pathway to preventative and early intervention services is not always linear as people's needs fluctuate. For example, someone may need more than one type of support from preventative and early intervention services and should be able to gain support from relevant preventative and early intervention services at the same time to achieve different personal well-being outcomes.
175. Similarly, people should not be excluded from any preventative and early intervention services because they have a care and support need that they might not 'recover' from. For example, someone may need support for a short period of time so that they can meet their personal well-being outcomes but might need further support in the future. It should not matter that a person might need support again if their condition changes or is likely to deteriorate further. A local authority should always look to provide preventative and early intervention services to individuals at every stage of that person's pathway.

176. Preventative and early intervention services can be:

- universally provided to help people avoid developing needs for care and support
- targeted at individuals who have an increased risk of developing care and support needs
- aimed at minimising the effect of an existing care and support need on a service user.

177. People usually know what will help them. Users **must** be fully engaged in identifying what preventative measures could assist them to achieve their well-being and in planning their delivery. These can be from within their own and their communities' resources. The information, advice and assistance service, described in Chapter 6 of this Code, will play a key role in this engagement. Where an individual is not able to express their views, wishes or feelings, local authorities **must** ensure the individual is supported to do so. If it is not possible for family or friends to provide this assistance and there is no wider support available, local authorities **must** ensure the individual is supported by an independent advocate at no cost to the individual.

178. Low level preventative and early intervention services will have a significant impact. For example, social skills support, developing life skills and befriending can result in substantial improvements to an individual's quality of life. They can also help keep families together by supporting families in caring for their children. Those types of support and activities are likely to be valuable components of the models of care. Social prescribing can be an effective way of connecting people with their communities for support with their health and well-being, especially for those who are experiencing loneliness or social isolation, or who may not engage with mainstream services. The Welsh Government published a *National framework for social prescribing* in December 2023 (14).

179. Accessibility should be a key principle when planning for preventative and early intervention services. Particular attention should be given to ensuring the needs of disabled people are properly considered when planning for preventative and early intervention services in an area.

Identifying those who may benefit from preventative and early intervention services

180. Prevention and early intervention should be a consistent focus for a local authority, health boards and partner organisations in meeting people's care and support needs and support needs for carers. However, there may be key points in a person's life or in the care and support process where a preventative and early intervention service may be particularly appropriate. Local authorities should put in place arrangements to identify and target those individuals particularly through the information, advice and assistance service and the assessment and care

(14) National framework for social prescribing (January 2024). <https://www.gov.wales/national-framework-social-prescribing-html>

planning process. Part 3 of the Act includes sections 19(4)(b)(ii), 21(4)(c)(ii) and 24(4)(e)(ii), which require the local authority to assess whether, and if so to what extent, the provision of preventative and early intervention services could contribute to the achievement of personal outcomes or otherwise meet the needs of an adult, child or carer. Further information about the assessment process is available in the *Part 3 Code of Practice (assessing the needs of individuals)*.

181. People in the following circumstances may benefit from preventative and early intervention services. This is not an exhaustive list:

- hospital admission / discharge to home or as close to home as possible
- contact with / use of independent or community-based support
- looked after children, children in need and children in transition especially into adulthood
- recently bereaved
- application for benefits such as Attendance Allowance, or Carer's Allowance
- recently disabled.

Helping people access preventative and early intervention services

182. Chapter 6 of this Code sets out the requirements on local authorities to deliver an information, advice and assistance service. To support the effectiveness of the preventative and early intervention services being delivered people will need to get access to information about these services, and how to access them, through the information, advice and assistance service.

183. Some people, including children, will require appropriate support to enable them to meaningfully engage with preventative and early intervention services. Local authorities should ensure that such support is provided while making sure that people are fully engaged with their own solutions. Family and friends will play a primary role in supporting individuals to secure this engagement and for ensuring their views, wishes and feelings are reflected in the development of their individual solutions. There will however be occasions where the only mechanism to achieve this will be through independent advocacy. Local authorities **must** in these circumstances ensure the individual is supported by an independent advocate at no cost to the individual.

Advocacy

184. Advocacy has an important role to play in relation to voice and control and underpinning the wider requirements of the Act in terms of well-being, safeguarding and prevention. It can greatly assist people to express their views and make informed choices, thereby ensuring they have access to relevant services. Local authorities should take account of this in helping people access preventative services for the purposes set out in section 15 of the Act. The *Part 10 Code of Practice (Advocacy)* clarifies local authorities' duty to arrange advocacy services for people with care and support needs.

Reablement and habilitation

185. Reablement can be a key element of preventative services, intervening early with the right and assessed care package. Timely, direct access to targeted reablement services helps people, including children, to maintain ability in the long term.
186. Reablement is about helping people to do things for themselves to maximise their ability to live life as independently as possible with an appropriate level of support to avoid deterioration and the need for a more intensive intervention.
187. The overall intention of reablement is to restore and re-able a person to achieve skills and abilities they previously had to return to maximum independence. It is an outcome-focused, personalised approach where the person using the service sets their own goals and is supported by a reablement team to achieve them over a limited period. It supports a person's physical, sensory, social and emotional needs and aims to reduce or minimise the need for ongoing support after reablement. Reablement seeks to improve the skills and resilience of an individual in their specific situation.
188. To be effective, reablement support should be co-produced between citizens and skilled practitioners. Together they should calculate accurately the potential of the person and the barriers to improvement to draw up a programme to achieve that person's well-being outcomes.
189. Habilitation is central in enabling disabled children and adults to live as independently as possible with the right level of support as it is key to acquiring and developing skills that otherwise would have been learnt incidentally. It is vital where an individual has been unable or delayed in developing those skills. Identifying preventative services that help people to learn, keep or improve skills and functional ability is integral to promoting well-being. As with reablement, effective habilitation should support physical, sensory, social and emotional needs and be delivered in partnership between the local authority and the health board. Habilitation support may differ from standard reablement services and require a different approach, one that focuses on the specific needs of the individual and their family. As a result, a more structured programme of support may be required, and for a longer period.
190. Effective reablement and habilitation should be delivered in partnership between the local authority and the NHS.

Carers

191. Carers have a key role in the preventative and early intervention approach within a local authority area and regionally. Carers themselves provide a form of preventative service, as well as identifying the need to intervene early when a caring situation changes, for example.

192. Local authorities should therefore help ensure that carers are able to live their own lives as independently as possible. This includes being aware of carers' own health and well-being needs and outcomes, and the services available locally to support those needs and outcomes, in order to support and maintain the carer's preventative role in respect of care and support of others.

Preventative and early intervention services for children and families

193. The Act draws heavily on the children in need and well-being elements of the *Children Act 1989* and the *Children Act 2004*. There has been no diminution in the rights and entitlements of children. The Act reinforces the principle of supporting families in caring for children with an emphasis on helping parents develop their own ability to identify and manage problems, keeping families together in a safe, supportive, and stable environment. Local authorities **must** embed this principle in their planning and service delivery.
194. Statutory Guidance issued in relation to Part 7 of the Act sets out the requirement for a multi-agency approach to safeguard and promote the well-being of children. This includes ensuring that work is undertaken to prevent children suffering from abuse or neglect and being placed in local authority care.
195. People living in poverty face particular challenges and local authorities should take account of this in helping to meet identified need. Early intervention can be critical in this regard. The Welsh Government funds and contributes to several initiatives designed to help individuals and families receive appropriate help at the earliest possible opportunity and stop families escalating towards crisis. For instance, Families First is designed to improve outcomes for families, particularly those living in poverty. Local authorities identify the ways in which they can deliver Families First and provide evidence of a contribution to achieving the programme outcomes. This means placing families at the centre of planning and delivery to support families and build resilience. Activities such as this contribute to the discharging of statutory duties in relation to providing preventative and early intervention services to children and families.
196. Preventative and early intervention services have a key role to play in meeting the needs of children, including looked after children, by preventing or delaying circumstances that might lead to a child or young person being looked after by a local authority. The *Part 6 Code of Practice (Looked After and Accommodated Children)* will also assist local authorities discharge their duties in relation to section 15 of the Act. The development of the six models of care under the RIF (in particular the models on supporting families to stay together safely and therapeutic support for care experienced children) provides the opportunity to consider the core components of these models in:

- preventing the need for children to enter the care system
- providing local authorities, health boards and partner organisations through the auspices of regional partnership boards the opportunity to integrate care and support services across social care, health and education for care experienced children with complex emotional and behavioural needs.

Charging for provision of preventative services

197. The *Care and Support (Charging) (Wales) Regulations 2015*, the *Care and Support (Financial Assessment) (Wales) Regulations 2015*, and the *Part 4 and 5 Code of Practice (Charging and Financial Assessment)* set out arrangements for financial assessment and charging. This includes charging for the provision or arrangement of preventative services and assistance.
198. Local authorities may apply a flat rate charge to help provide a service. A local authority **must** consider both the level of the flat rate charge it proposes to make, and its potential financial effect on the person required to pay. Local authorities should avoid a situation where the flat rate charge they set discourages take up of the preventative services and therefore inhibits the local authority's ability to achieve the purposes of section 15 of the Act.
199. A local authority **must not** charge for the first six weeks of reablement services provided for the purpose of providing assistance to an individual to maintain or regain the ability to live independently.
200. Local authorities **must not** charge for preventative services for children.

Evaluating the effectiveness of preventative and early intervention services

201. Local authorities should put in place arrangements to monitor and evaluate the effectiveness of the preventative and early intervention services provided or arranged for the purposes of section 15 of the Act. A population needs assessment will provide the opportunity to review both population needs and the effectiveness of those preventative and early intervention services currently provided. As part of its inspection process, Care Inspectorate Wales will consider the effectiveness of the provision of preventative and early intervention services.
202. The *Code of practice in relation to the performance and improvement of social services in Wales* sets out the performance measurement framework for local authorities in relation to their social services functions. This framework can inform and underpin the planning and development of preventative and early intervention services and enable local authorities to target resources to continuously improve.

4. Promoting social enterprises, co-operatives, user led services and the third sector

Introduction: aim and scope

203. Under section 16 of the Act, local authorities have a duty to promote:

- the development in their area of social enterprises to provide care and support and preventative services
- the development in their area of co-operative organisations or arrangements to provide care and support and preventative services
- the involvement of persons for whom care and support or preventative services are to be provided in the design and operation of that provision
- the availability in their area of care and support and preventative services from third sector organisations (whether or not the organisations are social enterprises or co-operative organisations).

204. The section 16 'duty to promote' is a key component of the Act's concern to transform the way in which care and support is designed and delivered.

205. Section 16 of the Act is mainly concerned with the provision of services, and the overall aim of the duty to promote is to increase the proportion of care and support and preventative services provided by social enterprises, co-operatives, user led services and the third sector. In these delivery models and approaches, any surplus is usually reinvested back into the business or the community.

206. The section 16 duty to promote also seeks to ensure that those who need care and support or preventative services are fully involved in designing and delivering those services, in line with the principles of the Act – particularly co-production, voice and control. Guidance on this aspect of the section 16 duty can be found in Chapter 5 of this Code.

207. In fulfilling its duty to promote under section 16 of the Act, a local authority **must** work in partnership with the other local authorities, the health board and other partners represented on the regional partnership board, particularly in relation to planning and commissioning co-produced, integrated care and support. Further guidance on taking a regional partnership approach to market rebalancing and co-production may be found in the *Part 9 Statutory Guidance: Partnership Arrangements*.

208. This Chapter **must** be read in conjunction with the Act and the following documents:

- *The Social Services and Well-being (Wales) Act 2014 (Social Enterprise, Co-operative and Third Sector) (Wales) Regulations 2015*

- *The Care and Support (Population Assessments) (Wales) Regulations 2015*
- *The Partnership Arrangements (Amendment) and Regulated Services (Market Stability Reports) (Wales) Regulations 2021*
- *The Market Stability Reports: Code of Practice (March 2021)*
- *The Part 9 Statutory Guidance: Partnership Arrangements*
- The other Chapters in this Code, in particular Chapter 2 (population needs assessment), Chapter 3 (preventative services), and Chapter 5 (co-production).

Context

209. The Welsh Government's public services policy is for greater diversity in the delivery of services through mutuals, in-sourcing, joint commissioning and community ownership. It is about empowering people and communities.
210. Within social care Welsh Government policy is to rebalance the provision of care and support by growing the number of social enterprises, co-operatives and third sector providers, supporting local authorities that are seeking to develop new in-house services, and promoting new and emerging service delivery models.
211. In adult services the aim is to create a more diverse and mixed economy of care that is more stable and sustainable in meeting local need. This mixed economy will include a range of providers from across the public, private and third sectors, as well as social enterprises and co-operatives, and user led services. Private sector provision will include large providers who bring economies of scale, and small and medium sized enterprises (SMEs) such as family-run care home businesses which are more community focused. Each bring different strengths to the market and contribute to a diverse and sustainable pattern of services.
212. In children's services, the intention is for a more radical shift which will see the market move to not-for-private-profit provision within the next few years, in order to deliver better experiences and outcomes for children and young people and be both needs and values based.
213. The section 16 duty to promote will also be undertaken within the context of the strategic planning and commissioning of care and support as set out in other sections of the Act. This includes the requirement to produce population needs assessments (section 14), market stability reports (section 144B) and joint area plans (section 14A). Each of these will be produced regionally through the regional partnership boards.

Definitions

214. Section 16 of the Act contains broad definitions of a social enterprise and a third sector organisation. *The Social Services and Well-being (Wales) Act 2014 (Social Enterprise, Co-operative and Third Sector) (Wales) Regulations 2015* specify in more detail which organisations are considered to be social enterprises, co-operative organisations and third sector organisations.

Social enterprises

215. Business Wales describes a social enterprise as a business with primarily social objectives. Surplus is mostly reinvested in the business or in the community, rather than maximising profit for shareholders and owners. Social enterprises also compete in the marketplace and need to be well run to make money and achieve their social aims. They can vary from small community owned village shops to large organisations delivering public services. *The Social Services and Well-being (Wales) Act 2014 (Social Enterprise, Co-operative and Third Sector) (Wales) Regulations 2015* include the following examples of organisations which are to be treated as social enterprises for the purposes of section 16 of the Act:

- a community interest company
- a community benefit society
- community enterprises
- credit unions
- housing associations.

216. Further information and guidance on social enterprises is available at:

- Cwmpas – <https://cwmpas.coop>
- Social Business Wales – <https://businesswales.gov.wales/socialbusinesswales/>
- Social Firms Wales – <https://www.socialfirmswales.co.uk/>
- Social Enterprise UK - <https://www.socialenterprise.org.uk/>

Co-operatives

217. *The Social Services and Well-being (Wales) Act 2014 (Social Enterprise, Co-operative and Third Sector) (Wales) Regulations 2015* specify that an organisation or arrangements may be treated as a co-operative for the purposes of section 16(1) of the Act, whether or not it meets all the requirements for registration under the *Co-operative and Community Benefit Society Act 2014*, if the organisation (or the organisation making the arrangements) conform sufficiently to five specified co-operative principles – namely that the organisation:

- is autonomous
- has voluntary membership
- has the purpose of meeting common economic, social and cultural needs and aspirations
- is jointly owned
- is democratically controlled.

218. Further information and guidance on co-operative organisations is available at:

- The International Co-operative Alliance – <https://ica.coop/>
- Cwmpas – <https://cwmpas.coop>

Third sector

219. Section 16 of the Act says that third sector organisation means an organisation which a person might reasonably consider to exist wholly or mainly to provide benefits for society. The Welsh Government Third Sector Scheme (15) states that third sector organisations are widely accepted to be:
- independent, non-governmental bodies
 - established voluntarily by people who choose to organise themselves
 - value-driven and motivated by social, cultural or environmental objectives rather than simply to make a profit
 - committed to reinvesting their surpluses to further their social aims and for the benefit of people and communities in Wales.
220. Further information and guidance on third sector organisations is available at:
- The Welsh Government Third Sector Scheme
 - The Wales Council for Voluntary Action – <https://wcva.cymru>
221. Further guidance, support and sources of information on social enterprises, co-operatives and the third sector can be found on the Social Care Wales Information and Learning Hub: <https://socialcare.wales/resources-guidance/information-and-learning-hub>

User led services

222. Section 16 of the Act places a duty on local authorities to promote the involvement of persons for whom care and support or preventative services are to be provided in the design and operation of that provision. Some of these services may be delivered by organisations that are run and controlled by individuals who use the service (user led organisations), but the duty under section 16 of the Act also embraces a variety of models and approaches to service user and carer involvement. This is explored further in Chapter 5 of this Code, on engagement, voice and co-production.

Social and added value

223. Social enterprises, co-operative organisations and approaches, user led services and the third sector are particularly well placed to deliver social and added value within social care, as they are democratic membership organisations with strong roots in their local communities and committed to reinvesting any surplus directly back into the organisation or the wider community.
224. Social value is a broad term which is used to describe the social, environmental and economic impacts of actions taken by communities, organisations, governments and individuals. More specifically, in terms of service provision, it refers to the wider financial and non-financial value created by an organisation through its day to day activities in terms of the well-being of individuals and

(15) <https://www.gov.wales/third-sector-scheme>

communities, the social capital created and the environment. A social value approach requires those who commission and procure public services to look beyond the financial cost of a contract and consider how the services they commission and procure might improve the economic, social, cultural and environmental well-being of an area. In Wales, social value needs specifically to be viewed through the lens of the well-being goals and ways of working set out in the *Well-being of Future Generations (Wales) Act 2015*.

225. Providing quality care and support for individuals in line with the principles of the Act (as set out in Chapter 1 of this Code) is itself a source of social value, as it has a clear focus on well-being outcomes for individuals, families and communities, and promotes approaches rooted in real co-production and partnership. In addition, local authorities should also be seeking to invest in models of care and support which deliver added social, economic, cultural and environmental value that goes above and beyond the delivery of great social care. This added value benefits the wider community and also benefits future generations. It makes social care sustainable.
226. The aim should be for all providers of care and support and preventative services, from across all sectors, to be providing great social care and added value. Local authority commissioners should be working with providers to ensure this is reflected in all aspects of service design and delivery. Social enterprises, co-operatives, user led services and the third sector have a particularly important role to play in achieving this, and the section 16 duty to promote seeks to expand and consolidate this contribution to shaping the social care market.

Shaping the social care market

227. The section 16 duty to promote requires local authorities to take and demonstrate a proactive approach to shaping the social care market following the population needs assessment (section 14 of the Act) and market stability report (section 144B of the Act). Having assessed the needs of the local population for care and support, local authorities are also required to identify the range and level of services required to meet those needs. The market stability report contains an assessment of the sufficiency of care and support provision, and an assessment of the stability of the market for regulated services. In undertaking these various assessments, local authorities are required to consider the place of social enterprises, co-operative organisations and arrangements, user led services and the third sector within the overall provision of care and support; and how they can promote and increase this type of provision within the local and regional social care market. This should cover both wider care and support, including preventative services, and regulated services as defined under the *Regulation and Inspection of Social Care (Wales) Act 2016*.
228. The section 16 duty to promote is intended to increase the diversity of provision available, recognising that there is no 'one size fits all' approach. It is also aimed at facilitating an environment where people are better enabled to support themselves, where appropriate. Taking a proactive approach to promoting the

organisations and models set out in section 16 of the Act will support innovation and creativity, increase community resilience, and reduce the risk of reliance on one single form of service delivery.

Engagement with providers

229. To fulfil the section 16 duty to promote, local authorities **must** put in place arrangements to support and encourage social enterprises, co-operatives, user led services and the third sector, so that they are able and willing to fulfil service delivery opportunities. This should include bringing these providers together for mutual support, shared learning and promotion of good practice.
230. How this is done will depend upon what works best in the region, but local authorities should work together to facilitate a regional 'section 16 forum' (or, where appropriate, more than one forum) to bring together social enterprises, co-operatives, user led services and third sector providers with health, social care and housing commissioners, to promote and grow this segment of the social care market. Local authorities should take appropriate steps to ensure that these forums are inclusive and representative of the different types of organisations and approaches that fall under section 16 of the Act within their region.
231. Local authorities **must** provide leadership for these forums, ensure that they have clear terms of reference, and provide secretariat support for meetings. The forums will help facilitate dialogue between commissioners and social enterprises, co-operatives, user led services and third sector providers about the challenges, risks and opportunities for the sector within local communities and across the region. Local authorities and health boards are required to engage with these regional forums when drawing up their population needs assessments and market stability reports.
232. Local authorities **must** arrange to publish a joint report every three years on the ways they have promoted social enterprises, co-operatives, user led services and the third sector providers across the area covered by the regional partnership board, including the activities of the regional forum/s. This should include the steps they have taken to actively engage and involve all relevant organisations in the work of the section 16 forums. Local authorities should also provide and publish an annual update on this activity. This can form part of the regional partnership board's annual report as set out in the *Part 9 Statutory Guidance: Partnership Arrangements*.
233. The development of these forums should be seen within the wider context of engagement with all providers of care and support and preventative services, whatever sector they belong to. Local authorities should consider what arrangements will work best across their regions for engaging with providers across all sectors, and how they can bring providers and commissioners together at all levels to foster a common understanding of what good looks like and how the principles of the Act can be implemented in practice. This will include developing a shared understanding of co-production and added value. Opportunities should

be provided for shared learning and promotion of good practice. The format these arrangements take will largely be determined by local and regional need.

5. Engagement, voice and co-production

234. The Act requires a culture change from the way in which services have previously been provided, to an approach based on partnerships and an equal relationship between practitioners and people who need care and support and carers who need support. The Act places the focus on well-being and how services can help people achieve what matters to them. This will include a new emphasis on innovative models of services to support well-being, designed and co-produced with citizens.
235. People - children, young people, adults and carers, their families and their communities - are rich assets and have skills, expertise and capabilities. They are at the centre of this legal framework. Working with people will be key to delivering well-being and unlocking the potential for creativity which will make better and more effective use of all of the available resources.

Involvement of people

236. Under section 16(1)(c) of the Act, local authorities **must** promote the involvement of persons for whom care and support or preventative services are to be provided in the design and operation of that provision.
237. The main focus of section 16 of the Act is on promoting the delivery of services by social enterprises, co-operatives, user led services and third sector organisations. However, section 16(1)(c) goes beyond how services are delivered, and requires local authorities to promote the involvement of service users and carers at every stage of the commissioning cycle, from assessment of need through design and delivery to monitoring and evaluation, in line with the Act's commitment to genuine co-production and partnership.
238. Local authorities **must** put in place robust arrangements for encouraging and enabling the involvement of people at all stages of the design and operation of care and support and preventative services. This will involve a clear focus on well-being outcomes, rather than processes and outputs, in order that organisations and arrangements are designed with, and led by, people who need care and support, and carers who need support.

Co-production

239. There will be a range of ways of involving people, but essential to fulfilling this duty will be an approach which is based on co-production values and principles.
240. Co-production occurs when statutory bodies work in partnership with people who have lived experience, to develop solutions to challenges in public services and communities. The Co-production Network for Wales defines co-production as an

asset-based approach to public services that enables people providing and people receiving services to share power and responsibility, and to work together in equal, reciprocal and caring relationships. It creates opportunities for people to access support when they need it, and to contribute to social change.

241. Co-production is a mindset and a way of working, based on these five values:

- value people and build on their strengths
- develop networks that operate across organisational and other boundaries
- focus on what matters for the people involved
- build relationships of trust and shared power
- enable people to be change makers.

242. This means that co-production is an approach which:

- recognises people as assets, and as having a positive contribution to make to the design and operation of services
- supports and empowers people to get involved with the design and operation of services
- empowers people to take responsibility for, and contribute to, their own well-being
- ensures that practitioners work in partnership with people to achieve personal outcomes at an individual and service level
- involves people in designing outcomes for services.

243. A co-productive approach will bring a wide variety of experience, skills and knowledge to the design and operation of services. The principles and practices of co-production are intended to build the local core economy of people exchanging their skills, knowledge, interests and time. They will help to shift the emphasis towards support which is created through the shared interests and common commitment of people with an investment in it, now or in the future. Citizens (service users and carers), professionals and care workers, commissioners and planners – all will have a role to play in co-production and be able to bring different perspectives, skills and expertise to the table.

244. Local authorities **must** put in place transparent arrangements where people are equal partners in designing, operating, reviewing and evaluating care and support and preventative services.

245. In doing so, local authorities **must** adopt an approach to co-production which promotes equality, values diversity and supports inclusion. Co-production means seeing all people as assets and equal partners in designing and delivering services, and ensuring that people of all ages, backgrounds and ability are included and their voices heard. Different approaches will be appropriate for different groups, and innovative and creative ways will need to be found to bring seldom heard voices to the table. The Resources section at the end of this Chapter gives links to various tools that will help local authorities do this.

246. Local authorities **must** report on what they are doing to support co-production in the Director's Annual Report. Regional partnership boards are also required to report on how they have engaged with people in their annual reports.

Embedding co-production

247. Co-production works at an individual, organisational and strategic level.

248. At an individual level, the Act sets out overarching duties in relation to well-being. Fundamental to the whole approach and system is that practitioners co-produce with people who need care and support, carers and their families, solutions which meet their well-being needs and support them in achieving their personal well-being outcomes. These outcomes are co-produced on the basis of the 'what matters to me?' conversations that are fundamental to determining and meeting an individual's care and support needs. It is a principle of the Act that a local authority should respond in a person-centred, co-productive way to each individual's particular circumstances, and an individual must feel that they are an equal partner in their relationship with professionals. The framework for assessing and meeting individual need in a co-productive way is set out in the *Part 3 Code of Practice (assessing the needs of individuals)* and the *Part 4 Code of Practice (Meeting Needs)*.

Creating the right environment

249. Local authorities have a vital role in creating the right environment through which people with an interest in meeting the care and support needs of the local population can come together to co-produce the support they need. This should include:

- creating an environment locally to ensure that service user and carer voices are heard and that they can exercise control over the services they receive
- working proactively with care and support providers to ensure people who use services, or who will potentially use services, are fully engaged and involved in the design, delivery and evaluation of those services - this includes providers across all sectors and regulated services, as well as preventative services as set out in Chapter 3
- engaging with the social care workforce and representative bodies
- raising awareness about the role that social enterprises, co-operative models and arrangements, user led services and the third sector can play in achieving the policy objectives of the Act, as set out in Chapter 4.

250. Leadership is crucial in creating a positive environment in which co-production can flourish, and local authorities may want to consider creating roles which champion these approaches. They should consider the strategic role of the regional partnership board in driving good co-productive practice throughout the regional partnership.

251. Local authorities **must** create opportunities to enable people to share good practice and explore ideas, approaches and issues in a creative and constructive way. This could include the creation of local or regional forums, bringing together local authorities and other statutory partners with citizens and providers to work together to shape services – but a variety of approaches will be needed, to reach out to and engage as many and as diverse a range of people as possible.
252. Local authorities **must** take steps to encourage the participation of Welsh speakers in the design and delivery of care and support and preventative services, in line with the principles of *More than just words*, the Welsh Government's framework for embedding the Welsh language in health and social care.

Engaging the local population

253. At the strategic level, local authorities **must** engage with a wide range of people in the production of the regional population needs assessments, market stability reports, and joint area plans.
254. The requirements in relation to population needs assessments are set out in section 14 of the Act and Chapter 2B of this Code. In preparing their assessments, local authorities are required to work with the health boards to engage with their citizens (including adults and children with care and support needs, carers, and the parents of children with care and support needs) in assessing care and support needs and the range and level of services they need to provide in order to meet those needs.
255. Local authorities are also required to involve people in preparing the regional market stability reports under section 144B of the Act, and in line with the *Market Stability Reports: Code of Practice*. They should be involved in both the assessment of the sufficiency of care and support, which links back to the range and level of services set out in the population needs assessment, and (as appropriate) in the assessment of the stability of the market for regulated services.
256. The *Statutory Guidance in relation to area plans under section 14A (16)* also requires local authorities to involve people in the preparation of the joint area plans which local authorities and health boards produce under section 14A of the Act.
257. Citizens are also represented on the regional partnership boards. Membership of these boards includes at least one person to represent people with needs for care and support in the region, and at least one person to represent carers in the region. These members help ensure that co-productive values and approaches are integrated into the work of the boards. Further information on the role of the regional partnership boards can be found in the *Part 9 Statutory Guidance: Partnership Arrangements*.

(16) Statutory Guidance in relation to area plans under section 14A (April 2017).
<https://www.gov.wales/joint-area-plans-guidance-local-authorities-and-health-boards>

Planning and delivering services

258. Co-production means adopting a more open approach to identifying common opportunities, and more flexible arrangements for planning, promoting and delivering services. Local authorities will use the evidence base provided by the population needs assessments and market stability reports to make informed decisions about the most appropriate approaches to market development and procurement in their local area. Co-production will ensure a greater emphasis on outcomes that matter to people, as well as promoting the right balance of resource efficiency and community benefit. It will also help ensure a clearer focus on the preventative and early intervention services already available within the community, in line with section 15 of the Act.
259. Getting this right is vital to ensuring a shift in culture, systems and practice. It is as much about how planning, promoting and delivering is done as what is done. How things are done is crucial to ensuring the quality of what is done.
260. Care and support can come from many sources, for example, from people who use services themselves as active contributors, friends, families, supporters, carers, services provided by the private or third sector, business models such as social enterprises, co-operatives, co-operative arrangements and user led services.
261. Local authorities **must** ensure that providers from whom they commission or procure services encourage and enable the involvement of people in designing the shape of services and how they will operate to deliver personal outcomes, and that providers involve people in evaluation and review. Local authorities **must** also involve people in the design, delivery, evaluation and review of their own in-house provision.
262. Social enterprises, co-operatives, user led services and third sector organisations lend themselves well to applying co-production principles because they are often democratic, membership organisations; but all providers, including those within the private sector, can and should embed co-production principles into the design and delivery of their services. Local authorities **must** work with private providers to ensure that is so across all commissioned services.
263. Local authorities **must** also strengthen the involvement of people who need care and support in the design of tender specifications to ensure services are appropriate to citizen need, and help ensure that the services provided are fit and appropriate in line with the principles of the Act. They should also refer to the principles and standards set out in the *Code of Practice on the National Framework for the Commissioning of Care and Support in Wales*.

Measuring success

264. Co-production requires a new approach to measuring success that includes gathering information about whether support is achieving the things that matter to

people. Measurements need to look both at population level well-being and at personal outcomes for individuals and be able to track progress over time. This is encapsulated in the overall approach to personal outcomes, in the well-being statement and the *National outcomes framework for people who need care and support and carers who need support*. The role of Care Inspectorate Wales will be crucial in measuring success.

265. Local authorities **must** work with people to identify and monitor progress that people make towards achieving and maintaining personal outcomes. Focusing on personal outcomes means that local authorities should look beyond formal service provision and work with people and communities to identify and plan for support and opportunities that can help people achieve what matters to them. This requires an emphasis on new, innovative models of service to support well-being.
266. The *Code of practice in relation to the performance and improvement of social services in Wales* sets out a performance measurement framework for local authorities in relation to their social services functions. It also details the importance of using information on personal outcomes to understand performance.
267. Qualitative data will include asking people about their experience of social services and whether this has contributed to improving their well-being. This data should be understood in the context of the performance of local authorities to see the actual effect that services have on people's lives. Where services are provided to children and young people, local authorities **must** find an appropriate balance between involving the child or young person in the design and delivery of a service through giving them the opportunity to express their views, wishes and feelings, whilst ensuring that the best interests of that child or young person are met.

Resources

268. The Co-production Network for Wales website contains many useful resources and links about all aspects of co-production.
[Co-production Network for Wales \(copronet.wales\)](http://copronet.wales)
269. The Children and Young People's National Participation Standards help organisations measure and improve the quality of the process of children and young people's participation. These standards are based on the core principles of participation and are approved by young people. The seven standards make sure that children and young people are part of the design, delivery and evaluation of services.
<https://gov.wales/children-and-young-peoples-participation-standards-factsheet>
270. The Welsh Government has published a good practice guide to support implementation of the participation standards.
<https://gov.wales/children-and-young-peoples-participation-standards-good-practice-guide>

271. The Disability Wales *Enabling Wales Toolkit* sets out the barriers to involvement and how these barriers can be overcome. Local authorities and their partners should use this toolkit as a basis for securing meaningful involvement.

[Enabling Wales Toolkit - Disability Wales](#)

6. Information, advice and assistance

272. This Chapter sets out the duties on local authorities in relation to the provision of a service for providing people (children and adults) with:

- information and advice relating to care and support, and assistance in accessing care and support.

273. The information, advice and assistance service **must** include, as a minimum, the publication of information and advice on:

- how the care and support system operates in the local authority area
- the types of care and support available
- how to access the care and support that is available
- how to raise concerns about the well-being of a person who appears to have needs for care and support.

274. Health boards, or an NHS Trust providing services in the area of a local authority, **must** provide that local authority with information about the care and support it provides in the local authority's area. Other partner organisations, including third and private sector organisations, and citizens of Wales, including those in prison, youth detention and bail accommodation, will have an interest in its content and delivery.

The information, advice and assistance service

275. The information, advice and assistance service ("the service") is central to the success of the transition to the care and support system under the Act. It is an opportunity to change the perception of social care and support services in Wales. It **must** promote early intervention and prevention to ensure that people of all ages can be better supported to achieve their personal outcomes, and explore options for meeting their care and support needs. It should be considered to be a preventative service in its own right through the provision of high quality and timely information, advice and assistance.

276. The service will be evidence based, developing its range and focus on the basis of the findings from the population needs assessment that the local authority will undertake periodically, through its regional partnership arrangements (see Chapter 2 of this Code). In a reciprocal manner the population needs assessment process will draw on the service to understand what needs people in its region present with, and what information, advice and assistance they are seeking.

277. The service will be easy to use, welcoming and informative to create a service which reaches people before crisis point and offers early intervention and prevention.

Core requirements

278. Local authorities **must** provide a service which includes the provision of:

- a) a proportionate response to the enquiry and empowers the individual to access early intervention and preventative services
- b) information on care and support, or support in the case of a carer, that is accurate and up to date, without the need for core data to be recorded in the National Assessment and Eligibility Tool - as set out in the *Part 3 Code of Practice (assessing the needs of individuals)* - and without an assessment having been undertaken
- c) advice on care and support, or support in the case of a carer, that is appropriate to the individual, following a proportionate assessment
- d) advice which is comprehensive, impartial, and in the best interests of the individual having been given by staff who are trained and skilled in the assessment process
- e) assistance which enables the individual to access the appropriate care and support services, including early intervention and preventative services
- f) accessible information, advice and assistance on care and support through a variety of media (including online, social media, telephone, face-to-face, outreach, posters and publications)
- g) accessible information, advice and assistance on care and support matters tailored to meet the needs of different groups (including Welsh versions, easy read versions and child friendly versions)
- h) accessible information, advice and assistance to specific groups including one-to-one support workers if this is required, for example deafblind children and adults
- i) a written or oral response to web-based enquires within three working days
- j) advocacy support so that individuals can engage and participate fully in decisions that affect them
- k) local safeguarding protocols that ensure immediate action is taken if an individual's safety is in doubt
- l) a clear process for staff to follow in the case of an emergency or urgent care and support request
- m) mechanisms that ensure that consent to share information is obtained when core data is recorded and an assessment is undertaken.

Definitions

Information

Information will be quality data that provides support to a person to help them make an informed choice about their well-being. This will include information about how the care system works, the availability of preventative well-being services, financial information, information on direct payments, information on charges, and other matters that would

enable someone to plan how to meet their care and support needs, or support needs if they are a carer.

Those operating the service should capture information about the nature of the enquiry and which type of service the enquirer was signposted or referred to, for their own management information purposes and to feed into population needs assessments. **Personal data is not needed.** In this way the person accessing the service for information could remain anonymous for recording purposes.

Advice

Advice will be a way of working co-productively with a person to explore the options available. This will require staff to undertake a proportionate assessment through a discussion and analysis of the five elements of the National Assessment and Eligibility Tool. It is imperative that the enquirer understands what is available to them, and that they are actively involved in making decisions about what matters to them and the personal outcomes they wish to achieve.

The provision of advice will require the service provider to use the National Assessment and Eligibility Tool to record the assessment. Staff should record as much of the basic personal data for the Core Data set that is appropriate for that assessment, and to record the advice given and outcome of the enquiry.

Assistance

Assistance, if needed, will follow the provision of information and advice. Assistance will involve another person taking action with the enquirer to access care and support, or a carer to access support.

Responsibility for the activity undertaken is shared between the assistant and the recipient of the assistance. The provision of assistance will also require an assessment and the service to record any additional personal data for the core data set and details of the assistance offered and accepted on the National Assessment and Eligibility Tool. Through the process of offering assistance a proportionate assessment will be undertaken.

279. The service will offer a first point of contact with the care and support system, and for many people this will be their first encounter with social services. Those operating the service **must** make this a positive response. The response **must** be informative, knowledgeable and re-assure the individual that the advice given is in their best interest.
280. There will be other ways that people seek help, but the service **must** be the most public facing way in which individuals, or those that care for them, obtain information and advice about their care and support needs.

What will the service be like for those receiving it?

281. The service should aim to ensure that those using the service feel like they have reached someone who first and foremost listens to them, and that they have had an opportunity to explain what matters to them, to explore what options are available, and to find the help that they feel is right for them to achieve their personal outcomes.
282. The service will focus on people and their personal outcomes, and especially on early intervention and prevention. It will give individually focused information and advice, signposting to appropriate preventative and well-being services in the community, and provide assistance, where appropriate, to enable people to better help themselves and others.
283. The social model of disability provides a useful point of reference for local authorities designing and developing the service.
284. Signposting and referring will provide individuals with choices about the support and services available in their region, an opportunity to talk through the options and be advised on what is most likely to meet the particular care and support needs that the individual has, as well as discussing what resources the individual has available to secure this support. The service is open to everyone, whatever their circumstances, including if they choose to fund their own care.
285. The service should be thought of as a preventative service, offering early intervention through quality information, advice and assistance. However, it **must** also act as a central link to preventative services which are available in the community and promote the opportunity to access these services. These will range from universal services to more targeted support. When appropriate, the service **must** support people to access these services, referring them or assisting them to make contact, rather than solely offering basic contact.
286. The approach **must** be open, welcoming and simple, seeking to support everyone to find ways to meet their care and support needs, whatever the level of those needs.
287. The approach **must** be proactive – empowering staff to encourage people to seek help earlier and supporting them to help themselves to retain their independence in a proportionate way.
288. The service **must** ensure that staff respond appropriately and promptly where any issues of safeguarding or protection are raised or suspected. The service **must**

have a safeguarding protocol in place and staff **must** be fully trained in implementing the protocol.

How will assessment operate within the service?

289. An individual may need quick access to an assessment of their care and support needs. Staff working within the service will need to fully understand how to identify when an assessment is required, be trained and skilled to undertake that assessment and ensure it can be undertaken quickly.
290. The assessment will vary from individual to individual in terms of what is required. Staff working within the service **must** recognise the nature and scale of the enquiry and seek to provide a proportionate response. It is only the provision of information that does not require some sort of assessment. If advice and /or assistance are given an assessment of a person's needs will have taken place.
291. The balance between an individual having all their concerns addressed in the first approach to the service, and subsequently being referred to others who may have more appropriate knowledge or expertise, **must** be a pragmatic one.
292. People **must** finish their contact with the service with a feeling that they have been dealt with fairly and appropriately. Most importantly they **must** know what the outcome of their contact is, and what, if any, action will subsequently be taken and by whom.
293. Staff working within the service will conduct assessments. Staff will have conducted an assessment when they have explored the five elements of the National Assessment and Eligibility Tool with the individual set out in the *Part 3 Code of Practice (assessing the needs of individuals)*. Staff conducting assessments **must** use the National Assessment and Eligibility Tool, however proportionate that approach may be. The requirements of the tool are detailed in the Part 3 Code.

Accessibility for everyone

294. The service **must** be easy to access for all people in a variety of ways so that people have a choice about how they use the service and what format is right for them. The local authority **must** ensure that the service will offer support and guidance to people and professionals through a range of media e.g. web, telephone, face to face, social networks and publications.
295. The structural components of the service can vary. Whatever model is adopted, local authorities **must** ensure that the service they put in place is planned and delivered on the basis of the population needs assessment and that it is accessible for everyone, regardless of age, disability or need.
296. Local authorities **must** seek to ensure that information, advice and assistance is offered in a manner which is accessible and suits the needs of their population.

The *Equality Act 2010* requires that reasonable adjustments are made to ensure that people have equal access to the service. Local authorities **must** also ensure that people have the appropriate support to enable them to access the service.

297. The service **must** be available through the medium of English and Welsh – many Welsh speakers can only communicate their care needs effectively through the medium of Welsh. For many Welsh speakers, using Welsh is a requirement not an optional extra. The service **must** be mindful of the need to be accessible to all people and **must** align with the principles set out in *More than just words*, the Welsh Government strategic framework for Welsh language services in health, social services and social care.
298. The local authority **must** ensure that information and advice is accessible in a variety of formats including easy read and material especially for children and young people and others in need of additional support.
299. Local authorities **must** promote and publicise the service throughout the region. The service **must** be advertised in such a way that those across the diverse communities will know what the service can offer and can understand how they can access it.
300. People **must** find it easy to access the service, and be treated with dignity and respect at all times by staff that are well trained to deliver the service. This is particularly relevant for children and young people who will need to feel confident and re-assured the service will provide relevant, accurate and up to date information and advice for them and be accessible in ways that they prefer to use.
301. In all cases, local authorities should involve adult, children and young people and carers to design and implement the service in their local area. This way the service will be seen to be owned and valued by the local population.
302. It is imperative all individuals, whatever their accessibility needs, understand what is available to them and they are actively involved in making decisions about what matters to them and how to achieve their personal outcomes. Reasonable adjustments could include the provision of information and advice in accessible formats and /or with communication support to ensure that no-one who faces challenges is excluded.
303. Local authorities **must** provide children and adults with information, advice and assistance in formats and mediums accessible to them, bearing in mind, for example, the needs of people with sensory impairments (including deafness/blindness), people with learning disabilities, and people who are neurodivergent. Local authorities **must** also ensure they have access to specifically trained one-to-one support workers, if this is required.

Advocacy

304. An individual **must** feel that they are an equal partner in their relationship with professionals. It is open to any individual to invite someone of their choice to support them to participate fully and express their views wishes and feelings. This support can be provided by someone's friends, family or wider support network.
305. Ensuring that everyone is able to participate fully in processes that affect their lives is vital. Some people will also require support to be able to make initial contact. Local authorities **must** consider how best to support individuals to ensure that the service is accessible and that appropriate assistance including advocacy is given.
306. A key role of the service will be to provide individuals with information about the range of advocacy services in their area and to assist them to access it.
307. An individual's need for advocacy **must** be identified from the moment of first contact. Local authorities **must** ensure that staff within the service are suitably skilled to identify individuals who need an advocate and the service takes action to ensure those individuals are supported.
308. The *Part 10 Code of Practice (Advocacy)* sets out when a local authority, in partnership with the individual, **must** reach a judgement on how advocacy could support the determination and delivery of an individual personal outcomes; together with the circumstances when a local authority **must** arrange an independent professional advocate. Professionals and individuals **must** ensure that judgements about the needs for advocacy are integral to the relevant duties under this Code.

Safeguarding

309. Where it appears that the needs of the individual are such that there is a duty on the local authority to exercise its function in order to protect and safeguard the person from abuse or neglect or the risk of abuse or neglect (and in the case of a child: harm or the risk of harm) the local authority **must** act on this information immediately and without delay. A local authority **must** determine whether the needs of the individual require the exercise of any function it has under Part 4 (Care and Supervision) or Part 5 (Protection of Children) of the *Children Act 1989* or under the Act and if this is the case the local authority should act on this immediately and without delay.
310. Local authorities **must** therefore reflect these duties and the parallel duties to report suspicions that an adult or child is at risk when designing and developing the service to ensure that staff understand and exercise the safeguarding protocol.

Charging for assistance

311. In line with Part 5 of the Act, on Charging and Financial Assessment, local authorities may apply a flat rate charge for assistance. These charges will go

towards meeting the costs of providing the assistance. Local authorities should avoid a situation where the flat rate charge they set discourages take up of assistance, which might therefore inhibit the local authority's ability to achieve the purposes of the service under section 17 of the Act.

312. Local authorities **must not** charge for assistance provided to children.

What is available and how to access it?

313. The service **must** provide access to relevant, accurate, high quality and timely information, advice and assistance and **must** provide people in the region with an easy entry point into the care and support system.

314. This will be about ways people can meet their care and support needs, or the care and support needs of others they may care for, both now and in the future. The service **must** provide information and advice on how to raise concerns about the well-being of another person who appears to have care and support needs.

315. The service **must** provide information about the preventative well-being services available in the community, and advice on what would be most appropriate for people and their individual circumstances. The service **must** ensure people recognise they have received impartial advice in their best interests. The service will provide assistance to those who need it, to help them access the information and advice. Further information about preventative services is available in Chapter 3 of this Code.

316. The service is a resource accessible to practitioners, whether they are working for the local authority or another organisation / agency. Staff operating the service will need to recognise the needs of other practitioners and make the information and advice accessible in a format that suits their needs as they in turn seek to assist those they are supporting.

317. If an individual has financial means above the capital limit for residential care (as set out in *The Care and Support (Charging) and (Financial Assessment) (Wales) (Miscellaneous Amendments) Regulations 2019*), also known as a self-funder, the local authority should ensure they continue to have access to good quality information, advice and assistance that enables them to make informed decisions about their care and support needs. This is particularly true for people making critical decisions about their ability to live independently and are therefore considering the requirement for residential care.

318. The service should make connections with its wider partners to ensure that they are familiar with how the system works and able to report issues and raise concerns – for example the fire service who come into contact with individuals and families in the course of their preventative work such as fire safety checks.

319. The service **must** provide information on direct payments, charges for care and support and other information and advice on matters that would enable people to

plan for meeting their own care and support needs, or support needs of carers that may arise. Further information about direct payments is available in the *Part 4 Code of Practice (Meeting Needs)* and information about charging is available in the *Part 4 and 5 Code of Practice (Charging and Financial Assessment)*.

320. The service **must** be provided to those in the secure estate, although the way in which this is delivered may be subject to the specific requirements of the criminal justice system. Further information on the duties to those in the secure estate is available in the *Part 11 Code of Practice (Miscellaneous and General)*.

Measuring performance

321. The service will support people to access the right information, when they need it, in the way they want it. People will expect to know and understand what care, support and opportunities are available to them and to be able to use this information, advice and assistance to help manage and achieve their well-being.

The effectiveness of the service **must** be measured and reported. The *Code of practice in relation to the performance of social services in Wales* sets out a series of quality standards for local authorities, and a performance and improvement framework to support local authorities to evidence their progress against the quality standards. The quality standards aim to ensure that all people who need care and support and carers who need support are able to access the right support at the right time from the right place, and that there are appropriately experienced and / or qualified professionals in place to deliver this. This specifically includes the support provided to people accessing information and advice.

Recording information

322. Local authorities **must** record data from their service for the following purposes:

Monitoring performance

The recording of information is important to support service performance and improvement. Recording the information exchange (calls and web logs) can be analysed to provide a better understanding of the nature of the enquiry and the customer profiles. Management data will also assist in the audit and inspection of the service, and for this purpose local authorities should consider obtaining feedback from service users and from carers.

Planning services

It is important for local authorities to record information about the nature of enquiries and responses, as well as the type of information and advice offered by their service to support the population needs assessment and planning of preventative well-being services (see Chapter 2 of this Code).

Service improvements

Recording personal data when advice and assistance are provided so that an individual does not have to repeat the same information if they access a service again or proceed through the care and support system. This will also make the system more efficient.

Personal information

323. When information is offered a record of the enquiry **must** be made but personal data does not need to be collected/ recorded.
324. When advice is offered the assessor **must** record as much personal data in the core data set as possible and record the nature and outcome of the enquiry. Recording **must** be done using the National Assessment and Eligibility Tool, albeit in a manner proportionate to the enquiry. The obligation to complete the core data set in its entirety is only required to be met when an individual's needs are deemed to be eligible and a care and support plan, or support plan in respect of a carer, is required.
325. Using the National Assessment and Eligibility Tool to record personal data will enable staff to identify quickly if the enquirer has a care and support plan in place or has received information, advice or assistance previously. In addition, it will enable any future enquiries about the same person to be progressed quickly and avoid repeating personal information at each point of contact.
326. Staff operating the service **must** be trained and skilled in undertaking assessments and have a good understanding of the National Assessment and Eligibility Tool so that an enquiry can be processed quickly.
327. Further details about the National Assessment and Eligibility tool are available in the *Part 3 Code of Practice (assessing the needs of individuals)* and the *Part 4 Code of Practice (Meeting Needs)*.
328. When personal information is captured in the core data set within the National Assessment and Eligibility Tool, the consent of the individual to share their information with relevant partners **must** be sought.
329. Local authorities **must** work in partnership with NHS partners to ensure that any personally identifiable information should be shared within the principles of WASPI. All health boards, NHS Trusts, and local authorities in Wales are signatories to this protocol.

Governance arrangements

Regional partnership working

330. The service should offer an integrated health and social care approach. The service **must** signpost or refer individuals efficiently to ensure that they receive the right response to achieve their personal outcomes.
331. Regional partnership boards have a key role to play in relation to bringing together health and social care partners to determine where the integrated provision of services, care and support will be most beneficial to people within their region. Regional partnership boards will need to ensure that information, advice and assistance is offered across the region in a manner which is accessible and suits the needs of their population. Local authorities should lead on agreeing, with regional partners, what service components should be developed on a national, regional and local basis.
332. Each local authority **must** take its lead from the regional partnership board on how to design, plan and develop the model for the service that will ensure people find information easy to access even if they are wanting information and/or advice about care and support in another area of Wales. This will be of direct relevance to those who may be living close to the boundaries of the neighbouring local authority, and for individuals who may be approaching the service on behalf of someone else who lives in a different area.
333. Local authorities working in partnership through the regional partnership board should produce a communications strategy to promote the service. Local authorities should lead the process, but develop the communication strategy jointly with partners. The strategy should consider the different target audiences and how to reach them, with priority given to the most vulnerable.

Population needs assessment

334. The regional partnership boards will also be responsible for ensuring the partnership bodies work effectively together to respond to the population needs assessment carried out under section 14 of the Act.
335. Local authorities **must** use information gathered through the population needs assessment to design, develop and continually improve the service. This will ensure that the service is appropriately designed and accessible to different client groups within the region, and consider what aspects of the service are best provided at a national, regional or local level.
336. Local authorities **must** consider and apply *The Care and Support (Population Assessments) (Wales) Regulations 2015* and Chapter 2 of this Code on population needs assessment.

Duty on health partners

337. Health boards and/or NHS Trusts **must** provide local authorities, within the regional collaborative, with information about the care and support it provides in the area. This information should be relevant and accurate and provided in a format which is agreed and accessible to the service.

Third party providers

338. If elements of the service are delivered through a third party the duty remains on the local authority and delivery of the service **must** be monitored closely. In all cases, feedback from people who have used the service **must** be collected and contribute to service improvement.

Accountability

339. The Director of Social Services has overall responsibility for the service. The Director **must** report annually to the local authority on the delivery, performance, and risk, as well as plans for improvement of the whole range of social services functions. This report should include setting out the progress made by the service and its effectiveness in allowing people to achieve their personal outcomes.

Information, advice and assistance to those in the secure estate

340. Local authorities **must** have regard to the *Part 11 Code of Practice (Miscellaneous and General)* which sets out the duties in relation to care and support for adults and children in prison, youth detention accommodation and bail accommodation. Local authorities are responsible for providing information, advice and assistance to those adults in prison, youth detention accommodation and bail accommodation where these establishments fall within their boundaries. They **must** work together with the relevant agencies and establishments to identify how this service will operate.

341. For adults the responsibility falls to the local authority in which the prison is located. For children and young people in youth detention accommodation or Youth Offender Institutions, these responsibilities fall to their home local authorities where they were living prior to sentence or on remand.

342. Local authorities **must** consider how to provide information, advice and assistance to those in the secure estate, ensuring that it is accessible both in terms of information content and delivery of service. The service and the provision and accessibility of preventative and well-being services needs to be seen as a means of supporting those individuals while they are in the secure estate and in preparation for their release and resettlement.

343. Local authorities should ensure that the service is linked into the provision of information and advice and the provisions for resettlement of prisoners under the

Housing (Wales) Act 2014 and that a comprehensive and integrated service is developed.

Delivery models

344. The service will build over time through the cycle of information provided through the population needs assessments and customer feedback.
345. Local authorities **must** make links with other information and advice services at a local, regional and national level, particularly those that are publicly funded, such as the Family Information Service.
346. All efforts should be made to reduce duplication and ensure the information and advice is offered by the most appropriate and skilled staff. Local authorities **must** ensure that they take account of what other information, advice and assistance services are available when designing and developing their service. Other information and advice services should not be duplicated and should either be integrated with the service or easily accessible via the service. Local authorities, working with their regional partners, **must** ensure that extant advice services and helplines, such as MEIC (the information, advice and advocacy helpline for children and young people: <https://www.meiccymru.org>) and the local Family Information Service, are linked and used effectively to develop reliable coverage for all people.
347. There will be some aspects of the service which may be more appropriate to design and deliver at a national level. For example, a single point of online access would ensure consistent access for the public and avoid duplication of national information. This is more accessible for the citizen and a more economic and efficient method of delivery.
348. The service **must** be underpinned by an accurate and up to date directory of services. Local authorities **must** consider how this is managed and resourced to ensure it is maintained with information about local services that are correct at point of access. Local authorities should consider how to approach the maintenance of the directory with their partners at a regional and national level.
349. Whilst the service **must** offer a consistent service regardless of where a person lives the individual **must** also be provided with easy access to local information and advice.

Availability of the service

350. The service is not an emergency service and therefore there is no expectation that it would require a staffed resource 24/7. However, a 9-5 staffed service may not be sufficient and local authorities should identify what the needs of the population are and keep this under review. The existence of an easily accessible website should mean that people are able to source information and advice themselves out

of hours and should expect to receive a response to their queries within three working days.

351. There will be times when people contact the service and do in fact need an emergency response either from the local authority or another partner organisation. The service needs to be able to respond quickly by transferring or re-routing the enquirer to the correct service. Protocols to enable this to happen should be in place and regularly reviewed.

Complaints

352. All local authorities are required to put in place an arrangement for responding to complaints about any aspect of their social services functions. Where an individual is dissatisfied or concerned with the service that they have received from the service, they are able to make a complaint using the local authority social services complaints procedure.
353. Local authorities **must** put in place arrangements for making information about their complaints process available to the public, including via the service.
354. The Welsh Government issued new complaints guidance: *A guide to handling complaints and representations by local authority social services* which was effective from 1 August 2014.

Workforce implications

355. Local authorities **must** establish a team which reflects a mix of skills and experience from a range of professionals and sectors. Local authorities **must** ensure that those that are deafblind are able to access specially trained one-to-one support workers for those people they assess as requiring one.
356. Local authorities **must** develop a workforce training plan which should cover front line staff working within the service and the wider workforce. The individual training plans for staff within the service should be regularly reviewed and maintained.
357. Staff **must** have received training in the National Assessment and Eligibility Tool and **must** be able to determine the need for family, friends or other individuals to advocate on the individual's behalf.
358. It is important that this training is offered to staff working in partner organisations to ensure that the integrated holistic approach to the care and support system is communicated through a wide range of professionals. Local authorities should also consider access rights for the wider workforce delivering information, advice and assistance.

7. Registers of sight-impaired, hearing impaired and other disabled people

359. Section 18 of the Act requires local authorities to establish and maintain registers of people who are ordinarily resident in their area who are sight impaired, severely sight impaired, hearing impaired, severely hearing impaired or have both sight and hearing impairments which in combination have a significant effect on their day to day lives. For the register of both sight and hearing impairment, an individual does not need to be separately registered on the sight or hearing impairment registers.
360. Local authorities **must** also establish and maintain a register of children who are within the local authority's area and who are disabled, have a physical or mental impairment which gives rise, or may in the future give rise to, needs for care and support. Local authorities may also maintain a register of adults within their area to whom these same criteria apply.
361. In discharging their duties under section 18 of the Act local authorities **must** identify and make contact with all people who have both sight and hearing impairment including those who have multiple impairments including dual sensory loss. A local authority **must** also identify the linguistic circumstances of all those people in the relevant register. This would include individual preferences for communication, for example British Sign Language or Braille, or through the medium of Welsh.