ADSS Cymru
Leading Social Services in Wales
Yn arwain Gwasanaethau
Cymdeithasol yng Nghymru

Delivering Transformation Grant (DTG) Prevention and Early Intervention Workstream

Engaging the Third Sector to identify proposals to Build Community Resilience

Contents

1.   Introduction and Overview

1.1   Welsh Government and ADSS Cymru identified the following objective as a priority for the 2017/18 DTG programme:

"To build community resilience, engaging the third sector to consider what outcomes we need to deliver for people, reducing the need for statutory services"

1.2   The specified activity for this objective was the development of a national plan with agreed outcomes to show how we can expand the range of options to people needing community based solutions, reducing the reliance on statutory services.

1.3   The description of the product stated, "Investing in different non - statutory services to give people more choice and control, supporting statutory services and the third sector to agree a plan to expand the range of community services, and new models" The product required working with the third sector to produce a plan by March 2018 with proposals for building community resilience.

2.   Methodology

2.1   This objective required significant consultation with the third sector to seek their views on what can be achieved in partnership to build community resilience, reducing or eliminating reliance on the statutory sector.

2.2   Invitations were sent to a wide range of third sector representatives followed by telephone conversations to encourage attendance at one of two workshops held in South and North Wales. Appendix 1 contains an outline of a briefing note prepared and circulated in advance of the workshops so that all attendees had a common understanding of the preventative approach and the purpose of the workshop so that they would be prepared to actively participate in discussions on the day.

2.3   The briefing note specified that there is no definition or consensus as to what constitutes prevention, although helpfully the Code of Practice for Part 2 of the Act attempts to clarify the term:

"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."

2.4   One of the key areas for the workshop was to explore 'what constitutes prevention outside of the traditional social care arena'. The following topics/questions were circulated in advance of the sessions and considered by attendees at the workshops:

- Examples of organisations and programmes delivering a preventative approach, including those that can demonstrate a reduction in the use or avoidance of statutory services and improved outcomes for service users.

- How the Third Sector contributes to the Social Services and Well-being (Wales) Act requirement to provide an Information, Advice and Assistance (IAA)Service and the use of Dewis Cymru and infoengine.

- The role of assistive technologies in preventative approaches and how the third sector can assist.

- Regional Population Assessments and emerging issues that need to be addressed e.g. social isolation.

- Other issues that need to be addressed to give people more choice and control?

- Successful examples of different models of working, social enterprises, co-operatives, etc

- Whether the Third Sector is able to take forward the challenge of expanding the range of Community services?

- What the Third Sector needs to build community solutions to expand a preventative approach?

2.5   Attendees at the workshops were mainly from the third sector with a smaller number of service user and statutory sector representatives. A total of 45 people, including 2 sign language interpreters, contributed to the 2 workshops, and there were a number of further comments from people who were not able to attend the sessions but wished to contribute. The following organisations have taken part in this process:

Co-Production Network for Wales, Wales School for Social Care Research, AnHeddau, Bridgend VO, DVSC & Denbighshire Learning Disability Forum (also parent Carer), WLGA, Social Care Wales, Denbighshire (Strategic Planning and Performance Officer) RCT 50+ Forum, Chief Officer Gwynedd CVA, Older People's Commission, Children's Commission, Wrexham AVOW, Carers Wales, Wales Co- operative Centre, Denbighshire Parent, Citizens Advice (North and South Wales), Vision Support, Cardiff C3SC, Royal Voluntary Services (North and South Wales), Torfaen Regional Co-ordinator, Camau Cadarn Positive Steps, RCT VO, Denbighshire Housing, Eden Project, Centre of Sign-Sight-Sound (Conwy), Building Communities Trust, Pembrokeshire VO, Community Engagement & Development Manager "Your Place or ours", Ceredigion VO, Grow for it RCT, Wrexham Dewis Cymru, Carmarthen VO, Mental Health Services Wales, Powys VO, Welsh Government, Wales Data Unit, Pensioners Convention Group, WCVA, Neath Port Talbot CVS, Age Connects, Assistive Technologies LIN, Care and Repair, Dementia Care Matters, Cymru Older People's Alliance, Young Wales.

2.6   The discussions were lively and robust with a rich source of information and ideas shared. Informal notes of these sessions were taken and these were analysed. It was found that the comments made could be collated into the following themes:

- Governance/Resourcing;
- Information, Advice and Assistance Services;
- Enablers, including on- line directories of service, assistive technologies, creating the right environment;
- Social Isolation;
- Different Models of Working, and
- Intergenerational Projects.

2.7   Appendix 2 contains an analysis of the comments from the workshops. These comments together with email correspondence and telephone discussions from people unable to attend one of the workshops were used to prepare a plan. This Plan (Appendix 3) summarises the key points raised by the third sector and sets out areas for ADSSC and the third sector to consider as they further build community resilience.

2.8   The Plan was circulated to all contributors and 16 sets of feedback comments were received. These have been incorporated into Appendix 3.

3.   Findings

3.1   The term community means different things to different people and the attendees at both workshops stressed the importance of having a broad definition for this term: *A community can be where you live i.e. a defined geographical location, or people can choose the community they belong to. This can be defined by a specific common factor such as culture, age, race, religion, sex, language or a shared activity perspective.*

3.2   The overarching outcome outlined through the workshop discussions was for:

"*All sectors working in partnership to establish a fully integrated preventative strategy that meets local needs and provides better outcomes for citizens, reducing the reliance on statutory services*"

3.3   Appendix 3 summaries the discussions and contributions from third sector and service user representatives. The Plan sets out the views of the third sector on what needs to be delivered in partnership to expand the range of options for people needing community based solutions.

3.4   Appendix 3 is the key product required for this objective and the findings are clearly set out in this Plan for ADSS Cymru to consider.

4.   Recommendation

4.1   For ADSSC to consider the areas outlined in the Plan contained in Appendix 3 with a view to further building community resilience in partnership with the third sector.

Appendices

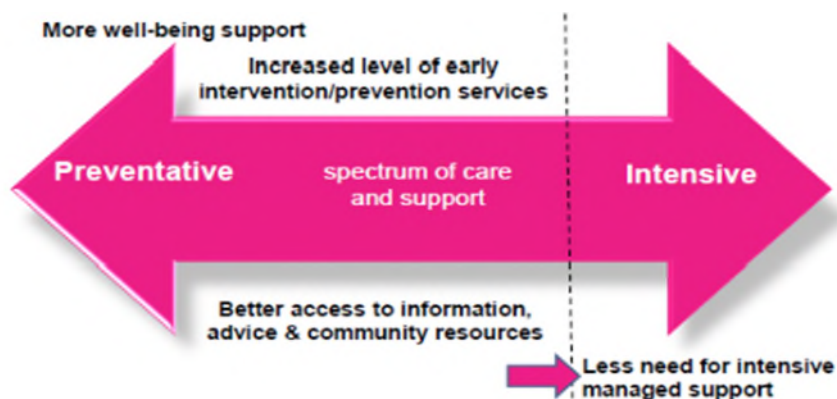**Appendix 1: Briefing Note for the Building Community Resilience Workshops**

Purpose of Briefing Note

The purpose of this paper is to provide background for the workshop participants in advance of the sessions on Monday 15th January 2018, 10am to 12.30pm in the Sports Wales, Sophia Suite 2, Cardiff and on Thursday 18th January 2018, 1.30pm to 4pm in the Glyndwr University, Room B07, Wrexham. It sets out some key areas to structure discussions so that actions can be identified which will form part of an overarching Action Plan to build community resilience.

Introduction

The Association of Directors of Social Services Wales (ADSSC) working with Welsh Government have identified Prevention and Early Intervention as one of their key priorities for 2017/18. This is in line with the requirements of the Social Services and Well-being (Wales) Act 2014 (The Act) which requires a shift in emphasis of Social Care from acute and intensive services towards prevention, health promotion and community services. The Act encourages investment in a preventative approach to improve people's well-being and wherever possible to prevent hospital admissions, reduce the need for care packages and the use of institutionalised care. It aims to refocus care and support to put greater emphasis on prevention and earlier intervention approaches within the community to minimise the escalation of needs, help to maintain independence and improve outcomes for individuals. Diagram 1 sets out this approach. The Act recognises carers' vital contribution as the major providers of care and aims to help them maintain their caring role and their own well-being, which, in turn will often help the people they care for to postpone or avoid the need for more managed, complex care.

Diagram 1 – Care and Support Spectrum

ADSS Cymru has developed a number of objectives for the Prevention and Intervention Work stream to support the good work already being carried out across Wales. This workshop is focusing on Objective 1 which aims to:

Build community resilience, engaging the third sector to consider what outcomes need to be delivered for people to reduce the need for statutory services. An Action Plan will be developed to show how the range of options for people needing community based solutions can be expanded.

This workshop will examine best practice examples already delivering a preventative approach using innovative solutions to improve peoples' well-being and explore what can be done to build community resilience to increase a preventative approach. Participants will have the opportunity to contribute to the discussions and shape the development of the Action Plan.

A Preventative Approach

There is no definition or consensus as to what constitutes prevention, although helpfully the Code of Practice for Part 2 of the Act attempts to clarify the term:

"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."

One of the key areas for the workshop to explore is 'what constitutes prevention outside of the traditional social care arena'. Local Authorities are required to work collaboratively and with a variety of partners and stakeholders to develop and deliver a range of preventative activities. The link between health and social care and between social care and wider community services such as housing, leisure, education and transport, etc. provide many approaches to prevent or delay the development of care and support needs. Perhaps one of the most tangible is the building of a stronger community infrastructure in neighbourhoods/localities and providing accessible services for vulnerable adults to reduce, delay or prevent them from becoming socially excluded.

The Act brings in new duties for local authorities to promote not for profit organisations to provide a preventative approach which include social enterprises, co-operatives, user-led services and the third sector.

Three stage Preventative Approach
It may be helpful to think of Prevention as a three-stage approach:

1. Prevent
2. Reduce
3. Delay

Prevent: Promoting wellbeing
These are activities and services for individuals and wider communities who either have no current specific health or care and support needs, or where there is some identified risk that their wellbeing or quality life isn't as good as it could be. Promoting wellbeing services are often provided outside of the scope of traditional health and social care settings and often through voluntary groups or not for profit organisations. These services are for people who are basically healthy but require some form of low level support or intervention to maintain their health, to be safe or get the most out of their lives.

Reduce: Early intervention

These are more targeted interventions to help individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down any further deterioration or prevent other needs from developing. Examples of early interventions are:

- Tackling social isolation in vulnerable people to prevent loneliness through community navigators, befriending, social interaction through community involvement and hobbies;
- Falls prevention such as minor adaptations to housing which improve accessibility or provide greater assistance for those at risk of a fall;
- Assistive technology including Telecare services; helping people to feel safe at home, signalling wen something starts to go wrong and ensuring that help arrives promptly when needed
- Supporting carers to develop the knowledge and skills to care effectively and look after their own health and wellbeing;
- Support for children, young people and families.

Delay: Tertiary Prevention

Tertiary prevention is aimed at minimising disability or deterioration in people who already have an established health condition/s or complex social care need/s and are at risk of needing further or more intensive services in the future. This could be because of normal deterioration of a progressive condition or an adverse or trigger event which if not responded to effectively could be triggered into emergency care or residential and/or nursing care. These interventions include supporting people to regain skills and reduce need for intensive services wherever possible. Examples of tertiary prevention include:

- Post discharge support to reduce the risk of someone being readmitted to hospital;
- Hospital at home services to prevent unnecessary hospital admissions;
- Reablement and rehabilitation services which support both help to prevent hospital admissions and enable people to recover confidence and function after a stay in hospital.
- Family support services that prevent the need for alternative care for Children

Areas for the Workshops to consider:

1. Examples of Organisations and Programmes delivering a Preventative Approach, including those that can demonstrate a reduction in the use or avoidance of statutory services and improved outcomes for service users.

2. How the Third Sector contributes to the Act requirement to provide an Information, Advice and Assistance Service and the use of Dewis Cymru and InfoEngine.

3. The role of Assistive Technologies in preventative approaches and how the third sector can assist.

4. Regional Population Assessments and emerging issues that need to be addressed e.g. social isolation. What other issues need to be addressed to give people more choice and control?

5. Successful examples of new models of working, social enterprises, co-operatives, etc

6. Is the Third Sector able to take forward the challenge of expanding the range of Community services?

7. What does the Third Sector need to build community solutions to increase the preventative approach?

Nichola Harrison
ADSS Cymru - Delivering Transformation Workstream Lead
12th January 2018

Appendix 2: Analysis of comments from the Workshops

IAA Services

What we know

- Lack of consistency across Wales
- Third Sector not part of SPOA in all LA's
- Best IAA services – build relationships
- Community connectors are key
- "What matters" question is asked at right time
- A good website forms an essential part of IAA service
- Best IAA services are made up of many sectors

Gaps?

- Clarification on role of Community Connectors?
- Third Sector input in SPOA
- Info for Carers in SPOA
- Info sharing across sectors
- Monitoring of effective IAA against N.O.F
- Emergency Duty teams need to feel/be part of IAA service (SPOA)

What's planned?

- Training/Development for all who deliver IAA Services so that they are able to effectively ask "What matters" - Quality Standard? as in CAB
- SCW - IAA competency framework is being finalised

Recommendations

- Guidance on guiding principles for good IAA services & how 3rd sector is part of this
- T&D for all who provide IAA services (SCW) & ask "What matters " question
- Review of Websites, link to DEWIS
- Establish Community Co-ordinators
- Include carers info in IAA service
- Info sharing protocols
- National Position on E.D.T & how this links to SPOA

Social Isolation

What we know

- Social isolation affects many sectors not just older people
- Increasing problems across all regions in Wales

Gaps?

- National Strategy for loneliness
- Lack of intergenerational activities

What's planned?

- W.G. - S.I Strategy - March 2019 ? Govt Strategy on loneliness & Isolation Consultation
- Commission work to assess the impact of loneliness & isolation on H&WB & shelter people experiencing these issues, make increased use of public services
- Identify areas of work across the govt that could be accelerated to tackle the issue

Recommendations

- Increase awareness of loneliness& SI and the role the community has to prevent this
- Develop curriculum on community values & respect
- Build on projects such as circles of support to target S.I
- Develop intergenerational activities/projects eg. co-housing models/homeshare
- Public awareness on positive role of people with disabilities in society

Assistive Technologies

What we know

- LA's focus on what can be easily done within budget
- Lack of A.T Strategies to assist with preventative approaches
- Inconsistencies across Wales with A.T Strategy
- Simple Solutions most effective
- Effective use of A.T - help service users & give families peace of mind
- Use of A.T must be people-centered
- Young People good advocates for A.T

Gaps?

- Lack of A.T Strategies to assist with preventative approaches
- Should provision of A.T's be on a National basis - not L.A - centralised/pooled budgets?

Recommendations

- More use of Direct Payments to fund A.T's
- Increase publicity of D.P's & their usage
- A.T must support other P & EI Strategies & not exacerbate social isolation
- Simple processes developed for A.T take-up. Remove social services steps so streamlined lean process
- Awareness raising in 3rd sector of what A.T is available & how it improves outcomes
- Pooled budgets for A.T provision at Regional Level to support A.T Strategies
- New Models of working plans should include A.T
- Community Connectors - important role to play

What's planned?

- Re-invigorating A.T Lin - 3rd sector input to this

Governance / Involving third sector/ Resourcing

What we know

- National lists of P&EI org's/prog's not helpful
- Older people org's are keen to engage & contribute to find solutions
- It is not about more resources, but about how can resource be used more effectively
- Many small/local projects are doing great things eg. spowa?
- Collaborative working is most effective when 3rd sector involved at planning stage
- 3rd Sector not as ? as statutory sector and can be more responsive & creative
- Having a central role of community connector is very effective
- Need to move away from annually funded projects
- Public Sector is reluctant to change funding ?
- All work carried out by 3rd Sector is delivering a preventative approach
- Short Term funding can be counter productive
- Preventative approaches must be people centered
- No one Org. can achieve changes needed on their own - massive gains if work collaboratively. Evidence that 3rd sector powerful when working together & not alone

Gaps?

- Greater integration needed - too many silo's still
- Mapped P&EI activity at a svb-LA/Cluster level to identify gaps and sign posting.
- Not all Regions/areas have Community Connectors
- Awareness of new EDPR Reg's
- Short term community based support leads to inc. in demand for stat. services - needs to be resourced
- RPB's dont always recognise good work, P&EI being carried out locally
- Lack of co-ordination of P&EI approach at regional level

Recommendations

- Env factors eg. infrastructure transport/ wc's key to people realising potential
- Provide incentives for communities to develop ????
- Community anchor organisations delivery P&EI activities/approaches need to be identified & properly resourced
- Better representation & engagement with 3rd Sector on RPB's & carers - find out more
- Awareness of what we mean by "Community"
- Community Connectors (aka) should be resourced by each Region with a clear remit consistent across Wales)
- Review of funding arrangements for 3rd Sector (short term grants) leave gaps when funding removed, time wasted in re-inventing projects
- RPB's to map P&EI ? initiatives/activities at cluster level as this is more meaningful - 3rd sector must be actively involved in this - Report Gaps
- Need for whole system review with 3rd sector input before decision on where Resources are needed
- Develop list of fundamental principles of what makes good P&EI approaches (check What Matters principles)

What's planned?

- Action plans from P.N.A's should provide more info on gaps in P&EI
- Parlimentary review outcomes
- Better Govt for older people papers??
- Bright life project Cheshire allocating funding to 3rd Sector

Standard Portal / Database DEWIS Cymru / InfoEngine

What we know

- DEWIS Cymru & Info Engine now 1 view (linked)
- The Standard Database is an essential tool for all IAA Officers to access to respond to I&A requests
- The Citizen doesn't need to be aware of "behind the system workings" - just simple access to I point (web)

Gaps?

- Not all preventative activities are stored on DEWIS
- Not every citizen is able to access DEWIS - but they will be able to "go to" a person/contact who can

What's planned?

- Development of virtual directory sitting above 111 & DEWIS - one view for Citizen
- Report for LA's showing gaps in P&EI categories by Region
- S.C.W - IAA Competency framework

Recommendations

- No funding for databases - only requirements to go through? Data Unit
- Assess/Review report on mapping/gappping in Categories/location & act on this
- R.P.B's to use the "gap" report to improve preventative activities
- Community Co-ordinators to be able to access Dewis as a tool to help them

Intergenerational Projects

What we know

- OPC and Children Commisioners working in partnership on Intergenerational proposals

Gaps?

- Mechnism s to engage with Young people

What's planned?

- Review of Older People Strategy

Recommendations

- Young People given a stronger voice
- Work with Young Wales Project Board
- Contribute to the review of the strategy for Older People
- wider use of time banking

Different Models of Working Social Enterprises / Co-operatives

What we know

- Third Sector & already working successfully with different models
- Social ent/co-ops seem to work better on a local level - can take into account local needs/strengths
- Large is not always best - good examples of micro-enterprises
- New Models not always best need to continue to invest in existing models that work well.
- Community based Social Services are often better delivered by 3rd sector (not as
- intimidating) eg.
- Newport/Barnardos

Gaps?

- Lack of validated New Models - it is not always possible to geet Validation for smaller projects
- No list of S/E & Co-op moved?

What's planned?

- Co-op Wales looking at Direct payment options
- S.C.W - literature review of Building resilient communities

Recommendations

- Each Region should look at the whole service approach before investing in new models to identify gaps.
- Explore more creative use of Direct payments to buy activities/services for local area
- Identify examples of welsh good practice social enterprise/co-ops eg. Solva, me myself & I

Appendix 3: Collaboration with the Third Sector - Building Community Resilience

Summary of comments and proposed areas for consideration

No.	Summary	Areas for Consideration
GOVERNANCE/RESOURCING		
1.	All Regional Partnership Boards (RPB) are required to have third sector and carer representatives who take an active role in decision making. The input from these representatives is not consistent across regions with variations in the way the third sector representatives feedback to colleagues and in the way the attendees are included in the decision-making process. It was suggested that the best results are achieved through collaborative working and when there is consistent and genuine engagement with the third sector especially in the development of the overarching strategy. More effective outcomes are delivered when the third sector are involved at the early planning stage	• All partners to actively engage in the decision-making process of the Regional Partnership Boards' (RPB) and to have a mechanism for feedback to their colleagues as appropriate. One example of good practice is the West Wales Care Partnership that holds debrief and pre-meetings with third sector, service user and carer representatives to ensure active participation. • At each RPB level the role of the non- statutory organisations' representatives should be reviewed to ensure their views are taken into account in decisions the Board is making. • Assessments should be made on whether additional training/development is required so that each representative is able to participate actively in decision making. However, consideration must be given to the fact that the service user and carer representatives attend on a voluntary basis and must receive any out- of –pocket expenses for travel and respite care costs.
2.	Discussions focussed on resources and there was a general view that we need to use the resources that are available more effectively. Those projects/activities/initiatives able to demonstrate a good social return on investment should be prioritised and supported. There are finite resources available from the statutory sector for third sector organisations delivering prevention and early intervention. This can sometimes result in organisations focusing on competing for resources to the detriment of service provision. The short-term nature of	• The Regional Area Plans and Area Action Plans will identify key needs and priority areas for action. They are being developed in response to the findings from the regional Population Assessments. These Plans should set out the preventative approach being developed for each region. If it is not clear what this approach is there may need to be a whole system review of prevention and early intervention approaches/ activities/initiatives, including resourcing arrangements. • Consideration should be given to establishing a Preventative Board with cross sector representation and the development of a Preventions Framework for the Region. • Consideration could be given to these Boards having responsibility for

No.	Summary	Areas for Consideration
	funding for many third sector organisations can be counterproductive and often leaves a gap in a much-needed service when funding ceases. Time is often wasted reinventing projects purely to satisfy new grant funding models which do not support existing projects. It was recognised that no one organisation can achieve the desired outcomes alone and that huge gains can be made by working together to build community resilience. There is evidence that better outcomes are delivered when a number of organisations come together. The point was also made that the third sector are able to work more creatively and at a faster pace than the statutory sector as they aren't subject to the same constraints and have access to different funding streams, not available to the statutory sector e.g. Lottery grants. There seems to be limited understanding at a regional level of the full range of prevention and early intervention approaches including initiatives and activities available. This makes it difficult for RPB's to understand where the gaps are and where best to focus resources. It is widely recognised that all activities carried out by the third sector provide a preventative approach, helping to reduce the pressure on statutory services and these approaches should be valued on this basis. Information on preventative approaches may be more useful if it is provided at a sub Local Authority level. The Primary Care Cluster level could provide a good basis for producing information relevant to different geographical communities, as all will have specific requirements and	mapping all preventative activities/initiatives at a sub Local – Authority level to give a comprehensive picture of what is available and identify gaps. This would help encourage the creation of active and connected community programmes. • This whole system review, including the mapping of what funding is available for preventative services and how is it being used could be completed so that each RPB has a better understanding of what is available in their area. This will show how people are working together to deliver people centred community based preventative approaches. The review could form the basis of future resource allocation for prevention and early intervention activities focussing on those that give the best outcomes to reduce the reliance on statutory services. Projects that can demonstrate the best social return on investment should be prioritised for resources. • When services are commissioned, consideration could be given to adopting an approach that encourages different agencies working together to provide solutions in partnership in a co-productive way. There are some examples that already work effectively e.g. the Denbighshire Families First Programme has been commissioned on a consortium basis with increased opportunities for shared learning.

No.	Summary	Areas for Consideration
	facilities available to them at this local level. The third sector has a wealth of information/intelligence on the local position and some CVC's already have this information mapped. They could be more actively involved in sharing or mapping all locality preventative approaches as part of the work of the RPB's. Some areas have already established County Preventative Boards which are starting to map preventative approaches and these Boards have a remit to oversee an active and connected community programme.	
3.	A preventative approach must be people centred and it would be helpful if a set of fundamental principles which describe what makes a good preventative approach/ activity/initiative could be agreed across Regions. This would ensure that resources could be targeted to those approaches that delivered the most effective outcomes.	• Identify fundamental principles that describe what makes a good preventative approach/activity/initiative.
4.	The role of the Community Coordinator also known as Community Connectors, Community Navigators, Local Community Coordinators in different Local Authorities has been highlighted as being a positive and powerful resource in helping people access preventative approaches, reducing the impact on statutory services. Many of the Regions employ one or more of these posts and it is recognised that there will be local variations to meet local need but a consistent or common understanding that this role is central to the preventative agenda is key.	• Consider the resourcing of more Community Coordinator (CC) roles in each Region, resourced jointly through the RPB's one sector taking responsibility for employment terms and conditions. • The CC role should have a national general preventative role profile and common skill set which can be adapted to take on any specific local requirements. The posts may operate more effectively in a defined geographical area (Cluster level), working with people in a consistent way across Wales with a key remit to build resilience in local communities through the development of networks and local solutions. • The CC's would focus on people who have been referred from the IAA Service to improve individual well-being and help people achieve their

No.	Summary	Areas for Consideration
	Some posts are managed and employed by the third sector and others by the Local Authority or Local Health Board. It does not seem to matter who the employing body is, what is important is that the post is fully integrated and has the support of the RPB organisations and that they have a clear preventative remit.	personal outcomes. They would be trained in the 'What Matters' principle and be able to quickly identify what is important to the individual. If successfully applied this would reduce the need for dependence on statutory services (prevention and demand reduction/avoidance). • Consideration should be given to developing a set of training modules for all CC roles co-ordinated by Social Care Wales and linked to the Social Care Workforce Development Plans. • Build on the already established shared learning network for Community Co-ordinators across Wales.
5.	It is informally recognised that there are some key organisations in regions that deliver preventative and early intervention approaches. These are sometimes referred to as *Community Anchor Organisations or Community Hubs and they provide an essential service often on an informal basis in coordinating activities. Each one is different as they are designed to meet the needs of the local area. An example of an effective Community Hub is the Valleys Task Force in RCT which provides an open, accessible and welcoming venue for the community to meet and socialise and incorporates a high level of volunteering.	• Identify the key Community Anchor Organisations /Community Hubs for each Region and where they provide a good social return on investment ensure they are adequately resourced and provide an overview of all prevention and early intervention activities they support. *Community Anchors are independent community led organisations with multi- purpose function, which provide a focal point for local communities and community organisations, and for community services. They often own or manage community assets and support small community organisations to reach out across the community. (Definition – Scottish community Alliance)*
6.	The General Data Protection Regulations come into force in May 2018 and some attendees at the workshops were concerned that this will impact on their ability to share information that helps them achieve better outcomes for people	• Provide more clarity for the third sector on the impact of these Regulations and the impact they will have on sharing data in particular through the IAA Service. • Clear information sharing protocols should be provided between the statutory and third sectors providing preventative approaches. Information sharing is key to enable better planning and commissioning of services, consideration should be given to developing a national model Information Sharing Protocol to reduce the need for duplication of effort

No.	Summary	Areas for Consideration
		across the sectors.

INFORMATION, ADVICE AND ASSISTANCE SERVICES

No.	Summary	Areas for Consideration
7.	The Information, Advice and Assistance (IAA) Service has a key role in promoting 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. The IAA Service is considered as a preventative service in its own right through the provision of high quality and timely information, advice and assistance. A good start has been made by Local Authorities on providing a front door service that is delivering information, advice and assistance to contacts from citizens via a contact centre or the LA's website. However, the inclusion of the third sector in this first point of access is inconsistent across Wales and there is still work to be done in fulfilling the spirit and aspirations of the Social Services and Well-being (Wales) Act in terms of a universally available IAA function. One of the areas discussed was Welsh Government's National Advice Network and the commitment to working with partners to establish a comprehensive network of quality assured information and advice providers from the public, private and third sectors by 2026. An Information and Advice Action Plan (IAAP) was developed in 2016 which aims to ensure there is a co-ordinated, cost effective, and sustainable provision of Information and Advice Services throughout Wales. This action plan supports the continued development of the prevention agenda, through embracing programmes which promote	• IAA Services have been developing for 2 years and there is evidence that good practice examples are emerging. Some areas are still finding the provision of holistic IAA services challenging. ADSSC produced guiding principles on what makes good IAA Services in January 2017, making a distinction between the principles governing the overarching delivery of the IAA Service (What) and the operating principles (How) that govern day-to-day delivery of the service. These principles should be considered in collaboration with the third sector as the First Point of Access for the IAA Service is further developed as this will assist with the well-being of individuals and help to reduce or eliminate the reliance on statutory services. • The IAA Competency Framework developed by Social Care Wales is a useful tool and will assist with the training and development of those at the front door who should be asking the 'What Matters' question to people accessing information, advice and assistance. This framework should be applied to all who provide this first point of contact, regardless of which sector they represent. This already happens in some First Points of Contact and is considered best practice. There may be opportunity to work with the CVC's to further deliver this training for third sector representatives. It is important that training on information for carers and understanding carers rights for an assessment under the Act is included in this development. • Community Coordinator posts should take an active role in the First Point of Access for IAA Services so that they are able to provide preventative advice and support at the earliest opportunity and should be included in any development through the IAA Competency Framework. • All staff providing information, advice and assistance through the IAA Service should complete the framework by a certain date and there should be an assessment to evaluate how effective this has been

No.	Summary	Areas for Consideration
	financial and digital education, literacy, and inclusion of people in Wales and is linked to an information and Advice Quality Framework (IAQF)	following implementation. Handling of specialist issues such as mental health, learning disability, sensory disability, etc should also be included. • There is a target in Welsh Government's IAAP for all information and advice providers delivering services in Wales to be accredited to the IAQF appropriate level by March 2020. Consideration should be given to applying the principles contained in this Plan to the work being carried out by IAA Services and to the further development of the IAA Services Competency Framework.. • The national position on how Emergency Duty Teams link to the IAA Services first point of contact needs to be clarified as this is not clear in all areas.
8.	The development of innovative, informative, easy to navigate websites can provide a preventative service for those who wish to review what options are available. These web-sites will only be as good as the information that they link to and this is where the portals of Dewis Cymru and infoengine have key roles and form an important resource for the IAA Service. A link is currently being developed between Dewis Cymru and infoengine (see action 11) so that the Citizen is able to access all information seamlessly through one portal.	• All sectors should be encouraged to add preventative activities/initiatives/services to Dewis Cymru or infoengine. • The CVC's should promote the inclusion of accessible website links to infoengine and Dewis Cymru to all third sector IAA services across each region in Wales.
ENABLERS		
On- line Directories of Service		
9.	There are currently two on-line directories of preventative activities/initiatives/services. Infoengine is an independent third sector on- line directory of third sector services. It is supported by the WCVA and CVC's as part of the third sector Wales structure. It is not available for the statutory sector to upload details of their preventative services.	• Having a searchable on- line directory of services is a powerful tool to support the delivery of IAA Services. It is important that whoever is accessing information can do so easily with confidence that they are getting the complete picture of what is available. Currently as there are two systems with different geographical locations favouring different systems, there needs to be a clear strategy on the role of each system

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	Dewis Cymru, developed by the Data Unit contains key information on prevention and is a place for citizens and staff to go to find out information or advice about what is available to help with an individual's well-being. Both of these portals/databases have been developed in line with the requirements of the Social Services and Well-being (Wales) Act and are providing a vital part of the preventative approach and are tools to help those providing support through the IAA Service. Having the two databases seems to have caused some tensions with different regions choosing to upload information to different systems. Work is on- going to implement a link which is being developed to allow information to be shared between the two systems so that anyone looking for information will be seamlessly linked from whichever portal they are using. Not all preventative and early intervention activities/services/initiatives are recorded as some volunteers choose not to record their activity/initiative. This may be because they do not feel confident to add their data or simply because they choose not to record their activity electronically. There is no doubt that having preventative information and advice available via the web has greatly improved accessibility to information and advice for citizens. It has also assisted front line staff as they can provide accurate up to date information for individuals who don't have access to the internet but who need preventative information via a face to face or telephone contact.	and how they complement each other. The development of the current architecture to provide reciprocal data sharing between the two systems, infoengine and Dewis Cymru is a vital part of prevention and should help to relieve some of the issues between where service/activity providers upload their information. • Training and support should be provided for those third sector organisations or volunteers who wish to add their preventative activity/initiative to infoengine or Dewis Cymru but do not feel confident in doing this. It is vital that this learning is passed on as this is the basis for the success of the on-line directory. To be sustainable the information on the site is owned by the person adding the data and no one organisation should have overall responsibility for updating the system. • All front line staff providing information, advice and assistance should be trained in the use of infoengine and Dewis Cymru as a tool to help people locate the right preventative activity/initiative to meet their personal outcomes. This is happening in some regions but is not consistent across the country. • Both systems have the potential to produce mapping/gapping reports of preventative services by category and geographical location. These reports will be useful for RPB's, if they choose to carry out a whole system review of their preventative approach. This information could be used to prioritise future resources to meet gaps in preventative services. • A co- ordinated electronic system would also assist with the encouragement of volunteering and help people understand how they can get involved. The potential for the role of initiatives such as time banking to increase active citizenship also has a part in a regional preventative strategy.

No.	Summary	Areas for Consideration
Assistive Technologies		
10.	Assistive technologies are an important part of the preventative approach and the third sector has a role to take in helping to maximise the use of assistive technologies to support individuals to keep their independence and well-being. Work is being carried out at a national level through the Assistive Technologies LIN, through Technology to Care (TEC) (to promote the use of electronic assistive technologies) and learning packages developed by Social Care Wales. However, there is a lack of understanding at the regional level of the role assistive technologies have to take in the preventative agenda. There is no consistency across Wales with a wide variation on the approach to charging for assistive technologies and there was a view expressed at the workshops that the assistive technology provision is a post code lottery with different local authority areas having different ways of managing and delivering this service. Simple solutions are often the most effective, helping the service user to maintain independence and giving their families peace of mind. One area that has the greatest potential for making a positive impact is using assistive technologies to help older people and those people with dementia remain independent in their own homes.	• The process of applying for and receiving assistive technologies should be streamlined and simplified as it differs between local authorities. If the process is too complex this puts people off accessing this service. • Consideration should be given to developing Assistive Technology Strategies for each Region to determine how this technology can best deliver a preventative approach in each area. The development of national guidance would assist with this task. This Strategy could also clarify how the provision of Assistive Technology is resourced with an option of pooling budgets to support the strategy. • Assistive technologies have a specific role in helping older people and people with dementia to remain independent in their own homes. Any Strategy should review the local approach to this in line with the Welsh Government's Dementia Action Plan 2018- 2022 (see section 12) and the need for social care, health services and housing providers to involve people with dementia, their families and carers to strengthen collaboration to enable people to stay in their own homes. • It would assist the third and statutory sectors if they received regular updates on the assistive technologies available to support people remaining independent in their own home. Care must be taken that assistive technologies should not replace social interactions and this is where the third sector can assist with providing support and prevent a further increase in the reporting of loneliness and isolation. • Direct payments should be used more innovatively to fund assistive technologies to achieve personal outcomes and this should be explored further to meet local needs. • Any new models of working should consider the role that assistive technologies have in achieving well- being outcomes for people who need care and support and carers who need support. They should be considered as an option when giving advice to service users at the first point of contact in the IAA Service.

No.	Summary	Areas for Consideration
Creating the right Environment		

11.	A key factor in encouraging people using preventative approaches is the environment. If the right infrastructure for a preventative approach is not provided it will discourage people from using the activities on offer. Examples given were community transport and the provision of public conveniences. The lack of either of these facilities in a community may discourage people from taking part in preventative activities. This is an area that could be considered as a priority by the Public Service Boards.
	
	One area discussed was the increasing numbers of Older people with Dementia and the need to create dementia supportive communities. Welsh Government has recently published the Dementia Action Plan for Wales 2018-2022. This Plan recognises the need for raising awareness and understanding for people with dementia to live as well as possible and for as long as possible. The aim is for Wales to be a place where people with dementia feel understood, engaged, included and valued.
	
	People with a diagnosis of dementia can feel excluded and less welcome in everyday activities they used to enjoy, leading to feelings of loneliness and isolation. Creating the right environment will help alleviate these feelings and the Plan encourages those involved in the planning and designing of public spaces such as shops, parks and transport systems, to be encouraged to have processes in place to consider and involve people living with dementia in their design and audit processes to understand their needs.
		• Consideration should be given to requesting the Public Service Board to support improved provision of local facilities and community transport as a means of people accessing preventative activities and preventing loneliness and isolation.
		• Consideration should be given to the Dementia Action Plan in relation to the areas that the statutory and third sector can work on to build community resilience for people with dementia. This Plan includes the following proposals:
		  o Local authorities and health boards work with local communities and third sector organisations to encourage them to open their services so that people with dementia, their families and carers can participate.
		  o Local authorities, local health boards and Public Health Wales consider the needs of people living with dementia as part of planning processes.
		  o Transport planners / operators consider the needs of people living with dementia in the development of their services including major contracts such as the 'metro' and the rail franchise, to improve access to passenger transport information, enabling people to plan and undertake journeys on the public transport network.
		  o Regional Partnership Boards (as required through the Social Services and Well-being (Wales) Act 2014), prioritise ways to integrate services, care, and support, for people with dementia.
		  o Work with social care, health services and housing providers to involve people with dementia, their families and carers to strengthen collaboration on a strategic approach to housing to enable people to stay in their homes.
		• The Expert Group on Housing – An Ageing Population has made recommendations to inform future housing development in relation to older people and people with dementia. These proposals should be considered in any future preventative strategy considered by Regional

No.	Summary	Areas for Consideration
	All these factors will help with the design and environmental changes needed to build dementia friendly communities and will contribute to the culture change required across all sectors. Creating the right environment also applies to people's homes. Section 12 highlights the role assistive technology can take in helping people remain independent in their own homes as well as the provision of housing aids and adaptations.	Partnership Boards. • The findings of the review of the Housing Aids and Adaptations Programmes by April 2019 will also be an important consideration for any preventative strategy. There will be an opportunity for all sectors to contribute to this review. • The Wales Audit Office Report on Housing Adaptations published in February 2018 states that public bodies have a limited understanding of the longer-term benefits of housing adaptions and recognises that there is significant scope to reform the system to improve equality and wellbeing. The need to work in partnership should be explored more widely to deliver the best approach to prevention and the right environment is created to assist people who wish to remain independent in their own home.
SOCIAL ISOLATION		
12.	Welsh Government has recently highlighted that tackling loneliness and isolation is a national priority. Evidence suggests that whilst older people are especially vulnerable to social isolation this issue also impacts on carers, care leavers, young families, people with mental health and people with physical disabilities or illness. The workshop discussions highlighted that loneliness and isolation impacts on physical and mental health increasing risk of mortality, suicide, depression and emergency hospital admissions. Each of the Regional Population Assessments published in March 2016 identified social isolation as an issue that needs addressing. The Community has an important role to take in the prevention of social isolation. Community values have changed over the past 20 years and education is needed to change the expectation that the	• There should be a focus on increasing awareness of loneliness and social isolation and the role the community has in supporting people who may be vulnerable. Projects that support solutions to social isolation issues should be prioritised. • There may be further opportunities to work with young people through the national curriculum to develop projects focussing on community values and respect which can help to influence perceptions from a young age. • For older people working with the 50 plus Forums could help develop local approaches. Opportunities for the third sector to pilot intergenerational projects, including those that involve co-housing models and home share should be explored and promoted. This may be an area that Social Care Fora can assist with. • Resources should be prioritised into activities/initiatives that support people who are socially isolated, one approach described to reduce social isolation is the Circles of Support project which has been successfully applied in some regions but needs more volunteer training before it can be rolled out more widely.

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	'state will always provide'. The third sector has an important part to take in focussing on preventative initiatives and activities that improve people's well- being and helps reduce social isolation. An example given was the use of Big Lottery funding to provide Volunteer befrienders as community companions. https://bigblogwales.org.uk/2015/08/03/community-cafes-and-befriending-scheme/	• The Commissioner for Older People and Cymru's Older People's Alliance have together developed 'A Practical Guide to creating change in your Community'. An age-friendly community is somewhere where local people come together to change one or two things to make life better for the people who live there, particularly as they age. It might be something small but significant such as preventing people from parking cars on pavements. This can help people to get around more easily and safely, including those with mobility problems or visual impairments and parents with young children or babies. It might be recognising lonely people in the community and setting up activities that they can participate in, such as a casserole club where people cook and share food. It could be the local school helping people to look after their gardens and put their bins out. Different communities will make different decisions on what it means to be age-friendly, based on their own experiences and opinions. This guide contains helpful advice to consider when establishing projects to prevent social isolation or to encourage intergenerational activities. • The provision of accessible transport and improved public transport (section 13) is key to independence for some people and the Public Service Boards may be able to help with options to expand community transport projects where these have been identified as a barrier to independence. • Every opportunity should be taken to develop public awareness campaigns that present people with disabilities in a positive way in society.
	DIFFERENT MODELS OF WORKING	
13.	The Third sector is already working successfully in a number of different ways, including social enterprises and co-operatives. There was a view presented by attendees that new models are not always best and that we shouldn't be making changes to other ways of working	• The question of whether social enterprises models can thrive without a sustainable source financial support has not been answered in this paper through the work with the third sector. There is evidence that suggests social enterprises can respond to local needs, often in innovative ways, but risks to success and sustainability must be addressed if they are to thrive and grow into an important part of social care provision. Key issues

No.	Summary	Areas for Consideration

	just for change sake.
	
	It was also highlighted that co-operative models of working are not new models as they are a long-established way of working that captures all the elements of greater voice and control, co-production and active engagement for those involved. The Welsh Government has funded the Wales Co-operative Centres' Care to Co-operate service since 2016 specifically to help deliver Part 2, Section 16 duty of the SSWBA as a bespoke practical advice service for public bodies, organisations and citizens who wish to develop more co-operative support arrangements.
	
	A number of examples of effective social enterprise and co-operative models were given but the issue of how to measure whether a social enterprise or co-operative is successful was raised and it was emphasised that it is not always possible or cost effective to have external validation for smaller projects/models. Not having external validation of a project can go against an organisation if they are looking for evidence to support further funding.
	
	The Wales Cooperative Centre has carried out some evaluation of different models of working and provides a useful resource. There is no definitive list of externally validated models but there was a general view that the most effective ways of working are being delivered on a smaller local basis building on the strengths of local communities to meet specific needs. Examples included, the Solva Care Project which is a community generated micro social enterprise, which improved the health and well-being of the residents in Solva, validated by Wiserd
		to be considered are:
		   o the need for continued business support and guidance in areas such as governance structures;
		   o how accessible mixed sources of financing, especially for the purposes of 'pump-priming for the first few years when social enterprises are developing;
		• Whilst there is a role for different models of working in the preventative agenda, there is a need to identify further examples of good practice social enterprises/cooperatives where the learning can be applied more widely to other local settings.
		• If Regions decide to carry out a whole system review as outlined in 2 above this would highlight gaps in preventative services and assess whether different models of working such as social enterprises and/ or co-operatives can meet any unmet local needs.
		• There are further opportunities to be explored in the way that Direct Payments are used. This could include buying activities or services for the local area using a co-operative approach and providing improved well-being outcomes for individuals. Encouraging the take-up of direct payments would certainly develop a market for the development of user-led care co-operatives, social enterprises or micro enterprises. This work should be closely linked to Community Co-ordinators, so that people can put together a package of formal and informal care, supported by paid workers and volunteers, and assistive technologies.

No.	Summary	Areas for Consideration
	Research in June 2017 https://solvacare.co.uk/wp-content/uploads/2017/08/WISERD_RRS_010.pdf ;	
	This research showed that although the model is successful in terms of recruiting local volunteers and is an excellent example of what can be achieved with the support of an active community council, independent funding for the project is an area that is proving more challenging. If this model is to be fully effective the issue of sustainable funding needs to be addressed.	
	Another example is a strategic partnership between Newport Council and Barnado's, which has delivered an integrated family support service. This was a successful partnership which halved the number of referrals to Social Services and significantly reduced re- referral rates. This project was very successful as validated by IPC in June 2016	
	http://www.barnardos.org.uk/Evaluation_of_Integrated_Family_Support_Service_in_Newport_Summary_June_2016.pdf. ;	
	The Me, Myself and I Club in Britton Ferry provides a good example of meaningful co-production and a small friendship club has evolved into a larger formal group to address an unmet need in the local community http://www.me-myself-and-i-club.co.uk	
	A recent example of a larger co-operative is the Welsh national charity Cartrefi Cymru which converted to a co-operative governance model in 2017 (now Cartrefi Cymru Co-operative). This change was made on the basis that this was the best model delivered inclusive support that meets the needs of people who require support, their	

No.	Summary	Areas for Consideration
	families in a way that benefits the whole community. Recent changes in guidance relating to the Regulation and Inspection of Social Care (Wales) Act 2016 on micro co-operative models has confirmed that these models are exempt from the requirements of the Act. One example that is worth further examination showed how Direct Payments can be used in a more creative way through a cooperative approach, pooling resources from a number of individuals to buy preventative services or activities on behalf of a community group.	
INTERGENERATIONAL PROJECTS		
14.	The opportunity for intergenerational work was raised by a number of contributors and throughout the workshops. Intergenerational projects can bring a wide range of benefits, both to individuals and to communities, and promote initiatives for older and younger people to spend time together doing intergenerational activities. The Older People's and Children's Commissioners are working in partnership to highlight the benefits that intergenerational working can deliver. They recognise that older people and younger people have a huge amount to offer each other through sharing their knowledge and experiences, learning from one another and providing each other with support. They have developed resources to encourage schools and groups of older people to establish intergenerational groups. Having an intergenerational project can be a really positive way of breaking down barriers between younger and older people, of learning new skills, and of boosting confidence	• Consideration should be given to need to strengthen the preventative approach to supporting children and young people and further opportunities to be explored which can lead to more intergenerational working which may help to find solutions to some of the issues raised by the Young Wales Project Board. • Young people need to be given a stronger voice in decision making and this should be explored more fully One option could be the development of Youth Town Councils with specific funding for projects led by young people which focus on intergenerational initiatives that reduce social isolation and loneliness. • Each Region will already have at least one representative on the Young Wales Project Board and consideration should be given of how to engage with the local representatives to identify the issues that are most important to the local community and to seek their views on intergenerational activities. • If the benefits of community involvement can be started early in a child's life it may be easier to build community ethos into the younger generation for Future Generations. There may be further opportunities to work with Education providers on developing awareness of the benefits

No.	Summary	Areas for Consideration
	and wellbeing. The Young Wales Project Board has held a number of conferences and identified the key issues that young people are concerned about. These include: Emotional Well-being and Mental Health, Education, Bullying, Future Generations, United Nations Convention on the Rights of the Child (UNCRC) In addition it was highlighted that young carers are not always given the support they need and it is sometimes difficult to identify someone as a young carer. An example of a helpful resource for young people is the mindhub www.mindhub.wales developed by Cardiff Health Board. The Strategy for Older People in Wales and its framework of Champions, 50+ Forums and Council Co-ordinators has been working for 15 years on issues such as prevention/early intervention, engagement and participation. Age Alliance Wales has taken a key role on these forums. Welsh Government are starting a review of the Strategy for Older People and will be establishing new priorities through the Ministerial Advisory Forum on Ageing. There is an opportunity to highlight intergenerational initiatives which could have a positive benefit on social isolation and loneliness for older and young people.	of community engagement and the impact of intergenerational projects. • Intergenerational working is not new and many of the recommendations in the 2008 Intergenerational Practice Strategy for Wales are still relevant. There is an opportunity to contribute to the review of the Strategy for Older People as this will be establishing new priorities through the Ministerial Advisory forum on Ageing and the many benefits from intergenerational practice for older people should be considered as part of this. The report published by the WLGA in 2012 '*Bringing Generations together in Wales*' also provides some useful pointers and hints on what makes Intergenerational work successful. • The benefits of time banking in relation to intergenerational initiatives should be considered as a way of getting people more involved in their communities through formal or informal volunteering.