

# Accessing and Paying for Social Care in Wales

A people's perspective



**cyngor ar  
bopeth**

**citizens  
advice**

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# About Citizens Advice Cymru

Citizens Advice is an independent charity covering England and Wales operating as Citizens Advice Cymru in Wales with offices in Cardiff and Rhyl. There are 19 member local Citizens Advice<sup>1</sup> in Wales, all of whom are members of Citizens Advice, delivering services from over 375 locations, as well as offering services over the phone and online.

The advice provided by the Citizens Advice service is free, independent, confidential and impartial, and available to everyone regardless of race, gender, disability, sexual orientation, religion, age or nationality.

The majority of Citizens Advice services staff are trained volunteers. All advice staff, whether paid or volunteer, are trained in advice giving skills and have regular updates on topic-specific training and access to topic-based expert advice support.

The twin aims of the Citizens Advice Bureau service are:

- to provide the advice people need for the problems they face
- to improve the policies and practices that affect people's lives

Local Citizens Advice, under the terms of membership of Citizens Advice provide core advice based on a certificate of quality standards on consumer issues, welfare benefits, housing, taxes, health, money advice, employment, discrimination, family and personal matters, immigration and nationality and education.

Since 2014 the Citizens Advice service has had responsibilities for consumer representation in Wales including statutory functions and responsibilities to represent post and energy consumers as a result of UK Government changes to the consumer landscape.

Last year **we helped over 2.7 million people across the UK** face to face, by phone, email or web chat. This gives us a unique insight into their needs and concerns. We use this knowledge to campaign on big issues, both locally and nationally. So one way or another, we're helping everyone – not just those we support directly.

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<sup>1</sup> Citizens Advice is changing. We are modernising our services to respond to changing needs and to reach more people. As part of this process there will be a new name for the service - 'bureau' is now called local Citizens Advice.

# Summary

This report examines the system of accessing and paying for social care in Wales. It is based on research commissioned by Citizens Advice Cymru carried out by IFF Research and Beaufort Research. It includes data from the local Citizens Advice network across Wales and the Better Advice, Better Lives service, which provides advice to people in primary care settings across Wales, the project is Welsh Government funded run by Citizens Advice Cymru. A review of the evidence is attached in **appendix one**.

The research undertaken by IFF Research was to **identify and assess the experiences and needs of people who receive or may in the future require social care**, either at **home** or in a **residential setting**.

The Beaufort research enabled Citizens Advice Cymru to get a sense of **people's understanding and awareness of the social care system in Wales** and appreciate **how prepared people are for engaging with it**. Also, to understand the extent to which people **feel they will be able to contribute to their care costs** in the future, including any **financial planning** they may have put in place for this or may consider putting in place. Finally, Citizens Advice Cymru wanted to know how people **currently use and might want to access information, advice and advocacy around social care in the future**.

The Social Services and Well-being (Wales) Act 2014 (SSWB Act) introduces changes to the way in which social care operates in Wales. The Welsh Government says the Act is aimed at giving people a stronger voice and real control over the support they need to remove barriers to their well-being. The focus is on early intervention to prevent needs becoming critical and promotes the investment of resources in the short term, to give best value to the public purse overall. The Act came into force in April 2016.

An outstanding issue is changes to how social care is paid for in Wales. The recent reforms of social services in Wales was due to address the issue around paying for care, however, the decision has been delayed by Welsh Government, as a result of the delays to reforms in England.

We found that information on social care in Wales is not **delivering for the people of Wales**. Our research shows there is a general lack of awareness of how the social care system works and people don't know how to access care, felt confused about the process and didn't feel able to challenge decisions.

Based on our findings, this report aims to help shape the way in which the SSWB Act is put into practice in Wales, in particular the Information, Advice and Assistance (IAA) Services, by providing examples of the experiences of people entering the social care system and those already in receipt of care. We believe our evidence

provides a useful insight that can help inform the way in which the new approach to providing information, assessing individuals and carers needs, and how undertaking financial assessments is implemented. We highlight the need to look closely at how information is shared with people, when and where.

# Recommendations

These recommendations are in response to our research and are aimed at ensuring the Social Services and Well-being Act meets the needs of people in Wales who require social care now and in the future.

## Accessing care

- Citizens Advice Cymru supports the Welsh Government's aim of ensuring that all people in Wales have access to information, advice and assistance (IAA) services that 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; and
  - how to raise concerns about the well-being of a person who appears to have needs for care and support.

However, **Welsh Government, Welsh Ministers, local authorities, local health boards and regional partnership boards** must ensure that all IAA services are;

- accurate and up to date;
  - well resourced;
  - have staff that are fully trained;
  - meets the Welsh Government's quality standards for the provision of information and advice (The information & advice quality framework for Wales [IAQF<sup>2</sup>](#));
  - moderated effectively;
  - widely promoted;
  - includes details of all relevant and appropriate community and third sector support, in particular, accessing advocacy services; and
  - considers (where appropriate) whether there are local community/third-party organisations better placed, with relevant experience of delivering elements of the IAA service in their local area.
- We believe **DEWIS Cymru<sup>3</sup>** has potential to be a 'one-stop shop' as part of the IAA services. To achieve this it must have the necessary support and commitment to make it a success. Citizens Advice Cymru believe **Welsh Government** and **local authorities** must support DEWIS Cymru with the following essential requirements;
    - adequate funding;
    - effective monitoring to ensure the information is relevant and appropriate; and

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<sup>2</sup> <http://gov.wales/docs/dsjlg/publications/comm/160315-iaqf-framework-en.pdf>

<sup>3</sup> DEWIS Cymru is a website [www.dewis.wales](http://www.dewis.wales), set up to provide information and advice about well-being.

- Ensure national information and advice quality standards are met.

## Eligibility assessment

- **We welcome the requirement that** local authorities' approach to assessment and eligibility must be clearly communicated so that everyone can understand how to access an assessment, what is involved in an assessment, how it will be undertaken, who will be involved and what it means for them. It is important that the information is provided in a **timely manner** that allows people opportunity to understand the process, the possible impact on them and ensures they are able to prepare for the assessment and arrange for an **advocate** to be present if needed.
- **Welsh Government, Welsh Ministers, local authorities and local health boards** should promote the use of **quality-assured independent advice and advocacy services**, especially to those without family support. Many of our research respondents were not aware of the option to have an advocate/advisor support them during the assessment process nor where to go for independent advice about the assessment process. Information must be made readily available in all formats to ensure people are aware of their rights in advance of the assessments.
- The **Care and Social Services Inspectorate Wales (CSSIW), Social Services Improvement Agency (SSIA) and Care Council Wales**<sup>4</sup> should continue to work with local authorities to develop a consistent approach for assessments whilst making sure the local needs of the person are met. This should make it easier for services to be shared across local authority, local health board and third sector organisation boundaries and for people to receive consistent information, advice and assistance.

## Financial assessment

- **The IAA** services must ensure the information regarding the financial assessment is clear and provides a step-by-step guide so that people with care needs, carers and their families can be prepared in advance and understand what the assessment will entail.
- **Assessors** (eligibility and financial) be required to provide clear information and timelines on the decision making process, including when the outcome will be advised to the individual and their family and how, i.e. in writing, telephone etc. This should be kept under review by **regulators** to ensure it is happening and recommend changes if needed.

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<sup>4</sup> Care Council Wales is being replaced by a successor organisation, named Social Care Wales, Social Care Wales will be a Welsh Government Sponsored Body with responsibility for regulating and developing the social care workforce, and for improving the sector throughout Wales.

- **Local authorities** should have dedicated **financial officer(s)** undertaking the financial assessment, as far as possible. The most positive experiences of the financial assessment was from people who had their assessment done by a dedicated financial officer. These officers could be shared by local authorities if appropriate. This could in turn reduce costs for local authorities and promote standardisation of the financial assessment process.

### **Receiving the assessment outcome, appeals and complaints**

- **Local authorities** must ensure that the appeals and complaints process is included in any information shared with people who are being assessed or who have been assessed. The process must be clear and easy to access.
- **Welsh Government** should monitor how the Act is implemented to determine whether a new appeals process is needed.

### **Paying for care**

- **Local authorities** and their partners should ensure the information on charges is clear and easy to access. Having clear and transparent information on charges will allow individuals and their families to better understand the costs and potential costs of care. Having clear and easy to access information should encourage care providers to be clear on what and how they charge, this will give individuals greater choice and control over their care. Citizens Advice Cymru support the Older People's Commissioner's call for clarity around 'third-party payments' towards the costs of care or charges for additional services in residential care (see footnote 18).
- **Local authorities** should provide or commission **further support and guidance** on direct payments including advice on how to choose a carer. This could encourage further take up of direct payments where appropriate.
- **Welsh Government** should consider supporting the creation of a **toolkit** that enables people to make informed choices on paying for care. The toolkit should be widely accessible and provide case studies/examples of the costs of care, both at home and in a residential care home setting.
- The **Competition and Markets Authority (CMA)** should update guidance on unfair terms in care home contracts. This was last updated by the Office of Fair Trading in 2003 and the care market has changed considerably since then. Guidance should be clear and accessible to people.



## Promoting best practice across all areas

- **Welsh Government, local authorities, local health boards, regional partnership boards, social services, social workers, third sector organisations** and others should be encouraged to promote and share good practice across Wales via [www.goodpractice.wales](http://www.goodpractice.wales). The website could also be promoted to people with care needs and their carers/family to learn about good practice and possibly what to expect based on other people's experiences. Good practice should also be shared through the use of other media to ensure those who are digitally excluded have access to examples of good practice (i.e. through poster campaigns).

# Introduction

In April 2016, the Social Services and Well-being (Wales) Act 2014 came in to force. The Act aims to make social services sustainable by promoting the well-being of people in Wales. The SSWB Act encourages a renewed focus on prevention and early intervention. Also important to improving the well-being of people in Wales is the Well-being of Future Generations (Wales) Act 2015, this act is aimed at improving the social, economic, environmental and cultural well-being of Wales.



**63%**

Expected rise  
in number of  
older people  
in residential  
care between  
2013 and  
2030

Many people in Wales need and will need personal care, in the community, at home, or in residential settings. A key driver for reviewing how social care is provided comes from the increasing demand for services and the ongoing reduction in public sector funding.

According to research carried out by LE Wales for the Welsh Government, using projections from Daffodil<sup>5</sup>, the number of people aged 65 and above using non-residential care services (community based) will rise from 44,000 to 67,000 (a **53% increase**) while the number of older people in residential care will leap from 11,700 to 19,000 between 2013 and 2030 (a **63% increase**).

Social care supports people of all ages with certain physical, cognitive or age-related conditions in carrying out personal care or domestic routines. Social care is part of a wider care and support system, which includes social care, the NHS, the social security system, housing support and public health services.

Citizens Advice Cymru is concerned about the actual or potential detriment to people, particularly vulnerable people, in the operation of the system of paying for social care in Wales, including assessment of eligibility, financial assessment, public awareness and ability to plan ahead and navigate the system.

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<sup>5</sup> Daffodil is a web-based system developed by the Institute of Public Care (IPC) for the Welsh Assembly.

# The legislative and policy context

## Social Services and Well-being (Wales) Act 2014

The way in which social care operates in Wales has changed, the Social Services and Well-being (Wales) Act repeals existing legislation on the provision of social care and puts in place a new settlement that aims to improve the way in which social care is provided.

The Act was introduced to address the increased demand on social care services in Wales due to an ageing population and to change the way in which social care is provided to ensure that people have more say and control. The Act aimed to address these issues, improve the processes for local authorities in administering the social care system and manage the increasing costs of social care.

The SSWB Act imposes duties on **local authorities, health boards** and **Welsh Ministers** that require them to work to promote the well-being of those who need care and support, or carers who need support, so that as a result to the changes in legislation:

- people have control over what support they need, making decisions about their care and support as an equal partner;
- new proportionate assessment focuses on the individual;
- carers have an equal right to assessment for support to those whom they care for;
- easy access to information and advice is available to all;
- powers to safeguard people are stronger;
- a preventative approach to meeting care and support needs is practised; and
- local authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change.

**Section 17** of the SSWB Act introduces a duty on local authorities to secure an **information, advice and assistance service** (IAA) that provides all individuals within their locality with:

- information, advice and assistance to enable an individual to make plans to meet their care and support needs or a carer to meet their support needs now and in the future;
- information, advice and assistance that is accessible to that individual.

The service must provide information about:

- how the care and support system operates in Wales and locally;
- the types of care and support available locally, including the range of preventative services;

- how individuals can gain access to these services and support mechanisms; and
- how individuals can raise concerns about themselves or others who appear to have a need for care and support, or support in the case of a carer.

The IAA services should be in place by April 2017.

## Paying for Social Care

Unlike most NHS care, personal care is not provided free at the point of delivery through tax and National Insurance funding. Those who can afford it may choose to arrange care privately. Otherwise, individuals can be assessed by their local authority and, if their needs reach a threshold set by the local authority, the local authority will arrange care. However, people are expected to contribute to the cost of their care from their income and capital. The amount an individual has to contribute is based on a financial assessment carried out by their local authority (i.e. a means-test).

For non-residential care the cost to the individual is capped at £60 per week (although some local authorities set a lower limit). For residential care people are required to contribute from their income (for example State Pension, or occupational/private pension) (less £26.50<sup>6</sup> per week personal allowance) and their capital (this includes the value of any property they own) less the first £24,000.

Following a review of social care funding in England by the Dilnot Commission<sup>7</sup>, the UK Government decided to raise the upper capital threshold which is currently £23,250. People in England with capital between £17,000 and £118,000 will contribute on the basis of an assumed 'tariff' income. The UK government had also decided to set a lifetime care cap, currently set at £72,000.

The changes were due to be introduced in April 2016 as part of the Care Act 2014, however, the UK government has announced that these changes will not be introduced until April 2020. The delay is as a result of the current funding pressures being faced by local authorities in England. However, there is some scepticism about the likelihood of the cap being introduced in 2020. See, for instance, this King's Fund<sup>8</sup> blog where Richard Humphries, Assistant Director, states that the care cap has been "abandoned, not postponed". He points to a number of external pressures which make it very unlikely the cap will be introduced towards the end of this parliament.

Alongside the expected changes in England, Welsh Government was due to announce new arrangements for paying for personal care in Wales, from April 2016. However, the then Minister for Health and Social Services, Mark Drakeford

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<sup>6</sup> From of April 2016

<sup>7</sup> Commission on Funding of Social Care and Support Fairer Care Funding, The Report of the Commission on Funding of Social Care and Support July 2011

<sup>8</sup> <http://www.kingsfund.org.uk/blog/2015/07/paying-care-back-square-one>

AM, issued a statement in May 2015 delaying the introduction of the reforms, stating;

*“In considering the potential options for reform, however, there is a need to be clear on two key related issues which have the potential materially to influence the nature of the reform we take. These are:*

- *the uncertainty over the detail of the reform which may take place in England. The current UK Government has consulted on draft regulations and guidance to implement reform it wishes to see introduced from April 2016 but has made no announcement of the outcome of this in advance of the general election. Consequently, there remains uncertainty as to what reform may be introduced in England and what consequential funding may flow to Wales as a result of new funding being provided for this. This is important given the substantial funding involved with the potential reform options LE Wales identified;*
- *the future of welfare benefits and pensions reform. The current UK Government has made substantial changes to both the operation and level of welfare benefits and pensions in the UK. Such incomes, in the main, provide the means from which a person meets any charge applied to the care and support they receive. Consequently, it will not be clear until after the general election what approach the future UK Government will take to this reform and its effect on the income of those in Wales in this position. Moreover, the whole future of welfare benefits in the UK has been called into question following the Smith Commission on future devolution in Scotland. This has added a further level of policy instability in this area.*

*Given this uncertainty, and the importance of this information, I have concluded that I will not be in a position to make an informed decision about what substantive reform to introduce in Wales until these matters are better resolved. Given the*

*timescales involved it will not be possible to introduce this reform from April 2016 as originally intended.”*

In the interim, Welsh Government has put in place an updated financial assessment and charging framework (e.g. the guidelines which set out how much people should pay for their care), based on what is detailed in the SSWB Act.

## Well-being of Future Generations (Wales) Act 2015

Also relevant to the reforms around social care in Wales is the introduction of the Well-being of Future Generations (Wales) Act 2015 (WFG Act). This Act is aimed at improving the social, economic, environmental and cultural well-being of Wales. The SSWB Act and the WFG Act place an emphasis on improving the outcomes for people in Wales. There is some overlap in the population assessment requirements of the SSWB Act and assessment of well-being in the WFG Act placed on local authorities and people's well-being is central to achieving the aims of both Acts.

The Well-being of Future Generations (Wales) Act puts in place 7 well-being goals<sup>9</sup>. To measure the goals the WFG Act requires Welsh Ministers to set national indicators. Citizens Advice Cymru recently responded to a Welsh Government consultation on 'how do you measure a nation's progress? national indicators for Wales. In our response to the WFG Act national indicators we emphasized the importance and impact of independent, quality assured advice in helping people to understand available options, achieve well-being and seek redress if services do not meet their needs.

It is envisaged by Welsh Government that some aspects of the SSWB Act and the WFG Act will complement each other, both Acts set expectations and requirements that public bodies work together to improve outcomes for people; recognising that the needs of individuals, families and communities are met by multiple organisations.

## Welsh Assembly Elections 2016

Since the announcement delaying the reform to paying for care in Wales, the Welsh Assembly elections have been held and Carwyn Jones, leader of Welsh Labour party has been appointed First Minister and will lead the Welsh Government. The Welsh Labour party manifesto made a commitment to doubling the capital people can keep when entering residential care to £50,000. This could mean reforms to paying for care in Wales are back on the agenda for government in Wales prior to April 2020. We would welcome any opportunity to participate in a debate around

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<sup>9</sup> The 7 goals are; a globally responsible Wales; a prosperous Wales; a resilient Wales; a healthier Wales; a more equal Wales; a Wales of cohesive communities and a Wales of vibrant culture and thriving Welsh language.

reforming how care is paid for in Wales, based on our research findings, our role as consumer champion and feedback from clients advised by our network of local Citizens Advice offices across Wales.

# Our Findings

The focus of our research was to identify and assess the experiences and needs of people in Wales who receive or may in the future require social care. This was against the background of proposed changes to the arrangements for paying for social care in Wales from April 2016, which have subsequently been delayed. None the less, our findings provide a vital insight from the perspective of people in Wales in to the social care system. In considering our findings, we acknowledge changes have been made to the operation of social care through the implementation of the SSWB Act. Our recommendations, based on our findings, reflect these changes where relevant and have a particular focus on meeting the information and advice needs of people accessing or planning their social care.

Our findings cover;

- accessing care, including where to obtain information, advice and how to arrange an assessment;
- the eligibility (care needs) assessment;
- the financial assessment;
- receiving the assessment outcome, appeals and complaints; and
- paying for care.



# Accessing Care

To help understand the impact of the social care system in Wales, our qualitative research explored individuals experiences of accessing care, how easy it was for them to obtain the information required to make initial contact with social services and to arrange an assessment. We also looked at the information available on all local authorities websites including telephone numbers and further sources of information on local care services. We carried out mystery shopper phone calls to each local authority in Wales, using the telephone numbers given on local authorities websites, to learn how easy it is to obtain information on accessing care and what action needed to be taken to arrange an assessment.

Our research found that **very few people plan ahead for their care needs**, as a result, when the time comes for an individual to require care, being able to seek information and advice on how to do this should be clear and straightforward. In our participants experiences this was not always the case. Our evidence showed that there is a perceived lack of guidance and information in relation to accessing care and how to go about contacting the right people for help, this was true for care recipients, carers and those not yet accessing care support.

It was also apparent from our research into local authority websites that the **level** of information available and the **format and clarity** of the information **varied greatly** between local authorities. Many had good basic information on their websites about accessing care, but **notably 5 local authorities had no information, or information that was difficult to access/navigate** (i.e. no straightforward or clear navigation from home page). These findings are supported by our research with people already receiving care and those in need of care, as discussed in the following paragraphs.

In our research with those receiving care we found they split broadly evenly into two groups;

- those who started to consider their care options in the early or immediate stages of illness (this was particularly the case amongst degenerative conditions such as Alzheimer's), and
- those who did not take action until they were forced to do so by the rapid deterioration of their mental or physical health.

*'Until something impinges upon you, you don't bother thinking about things. And it's only when something really devastating happens, then you start thinking about getting support and help from someone.'*

Female, Carer Recipient, Non-Residential, aged 75-84.

## Box 1. Hugh 87 and Nick 45, care recipients divide into 2 groups...

Those who start to consider their care options early...

Hugh is 87 and lives in a residential home. His daughter arranged a doctor's appointment when it became clear that he was starting to lose his memory. He was diagnosed with Alzheimer's and his daughter was told to contact the local authority following her visit to the GP. Social services then conducted an assessment.

Hugh's daughter said 'I think they wanted to see how bad the dementia was because I think they will only take them up to a certain point. He is comprehensible so it was fine and he is a lot better than some of the others here.'

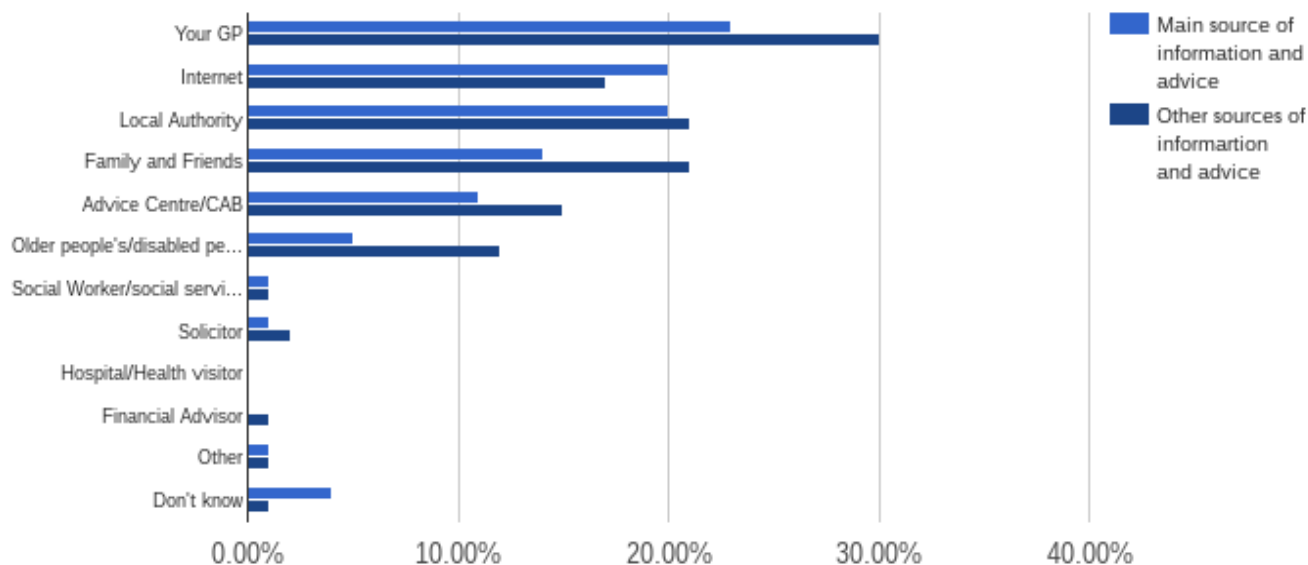
Those who do not try to access care until 'triggered' to do so...

Nick is a single Dad and 45 years old. Nick is almost completely blind. He contacted social services several years ago only when his condition had deteriorated to such an extent that he realised he could no longer look after his 3 children effectively and he was risking putting them in danger.

Nick said 'I was managing a family and I had this condition. It had got to the stage that I couldn't drive anymore. It was extremely difficult. I was burning myself trying to cook and I was getting in all sorts of hassle.'

A majority of those who participated in our research felt there was a lack of information and guidance on how to access care. Some people thought the place to seek advice on care was their GP. Our research found that **23%** said their GP was the main place they would go for information and advice if they had care needs in the future, closely followed by the internet (**20%**) and Local Authority (**20%**). When asked which other sources of information they would use if they had care needs in the future **30%** said GP, **21%** said family and friends and **21%** said their local authority. See chart below.

**Figure 1. Sources of information and advice for future care needs**



Knowing where and how to access information and advice is essential to ensuring that people feel empowered to seek help at the earliest opportunity. As shown above many people in Wales say they would approach their GP for information and advice on social care, either as a main source of advice or as an additional source. We know from previous research<sup>10</sup> that around **19%** of GPs appointment time is spent on non-health matters. Ensuring that information and advice is more readily available could help reduce pressures on GPs, one example might be co-locating more non-health services in GP surgeries. For example Citizens Advice Cymru have experience in this through the Better Advice, Better Lives service which provides advice to people in primary care settings across Wales, the project is Welsh Government funded run by Citizens Advice Cymru.

Other issues identified by our research around accessing care included;

- general confusion regarding the different types of support available;
- how to access that support; and
- a specific lack of knowledge and awareness about accessing local authority care and services.

<sup>10</sup> [A very General Practice](#) How much time do GPs spend on issues other than health? May 2015

*'I didn't know how [to contact the local authority]. I didn't know how to go about it, you know, who I ring and say 'look, I'm suicidal, I'm looking after my husband, can someone help me? You don't do that'*

Female, carer to husband and care needs but not in receipt of care, aged 35-64

As a result of our findings, we know that **access to clear and straightforward information is essential to ensure people can access the right advice and care support as soon as possible**. Having to search around for information and advice can result in unnecessary delays in support being offered. This in turn could have a direct impact on the well-being of people with care needs and their carers.

Furthermore, we know from our research that people also **struggled to understand how various services (and third sector organisations) are interlinked and to identify eligibility for various benefit payments**. For some individuals there maybe a range of organisations involved in providing their care, this can cause confusion for the individual and their family/friends to know who to contact. This could give the impression of lack of integration and joint working between the different organisations, even where this is not the case. Ensuring that services are integrated and therefore preventing people from feeling like they are being passed from one person to another would help prevent people feeling confused about who to contact and when.

## Arranging an assessment

When asked how people felt about arranging an assessment, our research found that it can be problematic, this was due to difficulties associated with;

- contacting the correct department within a local authority;
- telephones not answered; and
- enquires passed from person to person.

*'You'll make an appointment to ring an office, you speak to somebody different all the time, you repeat the same thing over and over again and that's so frustrating'*

Female, mixed income focus group, aged 65-75

We had one particular example (of a local authority) that appeared to discourage people from accessing their services. In this example, a well informed female who wished to organise an assessment contacted the authority each week until they conceded and agreed to arrange an appointment.

*'I'm vocal and I have somebody, but what about the little old lady who phoned last August who said, "I'm really struggling, I really need help," and nothing has happened since because nobody has done anything? That's not acceptable, and she's not going to be the type to keep making a phone call, she doesn't want to bother the lovely people.'*

Female, Care Recipient, Residential, aged 35-64

**Arranging an assessment should be simple**, our research found that where assessments were arranged on behalf of the person with care needs, it was greatly appreciated. There were also some good examples of third sector support in arranging assessments. However, not many of our research participants were aware of the support available from third sector organisations.

The best experiences of accessing care was shared with us by participants who had experienced **seamless and joined-up communications between parties, i.e. GPs, social services (mostly social workers) and third sector organisations informing and enabling the individuals to access local authority support.**

## Other issues

Some respondents highlighted additional difficulties including;

- the transition from children's to adult's social care,
- needing to be clear on the difference between medical need and care need,
- the availability of third party/ third sector support and advice, and
- being able to understand the information available.

Indeed a commonly cited difficulty from our research participants is that there is no single, centralised source of information for obtaining advice about accessing care.

*'We don't know where to go. It would be nice to go to a place like Citizens Advice and to say, look, we've got this problem, where do we go. Instead of going to different departments and they say, it's not for us.'*

Male, carer to son and care needs but not in receipt of care, aged 85+

We recognise that changes are being introduced through the SSWB Act that aim to improve the provision of information and advice by local authorities and therefore improve the experiences of people trying to access care. The information, assistance and advice services (IAA)<sup>11</sup> should address a number of the issues

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<sup>11</sup> Section 17, Part 2 of the Social Services and Wellbeing (Wales) Act 2014.

identified by our research. Being able to access all local information in one place would make it easier to signpost individuals with care needs and their families to get the right support services at the earliest opportunity and before they hit crisis point.

The SSWB Act requires the establishment of regional partnership boards, the boards will aim to ensure that local authorities and local health boards work effectively together. Part of their role will be to ensure the information, advice and assistance service is accessible and suits the needs of the local population. From our experience and expertise in providing information and advice we know the importance of getting it right and ensuring national standards<sup>12</sup> are met.

The DEWIS Cymru website [www.dewis.wales](http://www.dewis.wales), describing itself as ***THE place to go if you want information or advice about your well-being - or want to know how you can help somebody else***, could be a first port of call to improving the well-being of people in Wales. DEWIS Cymru has potential to deliver an online one-stop service for all of Wales (there would also need to be alternative provision for the digitally excluded). To achieve this DEWIS Cymru will require significant resourcing and a long term commitment from Welsh Government to ongoing funding. It is also important to ensure the website is accurate, kept up to date, moderated and meets Welsh Government standards around the provision of quality-assured information.

Citizens Advice Cymru understand that the IAA services are being developed across Wales, with local authorities having the full IAA service in place by April 2017. As such, we have identified a number of areas that may need close monitoring as the IAA service is developed and embedded. Local authorities may consider who is best placed in their local area to offer information and advice services, there maybe other organisations who are better placed, and have more direct experience, to offer information and advice in the community.

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<sup>12</sup> Information and Advice Quality Framework for Wales

# The Eligibility Assessment

In order to access care an individual must be assessed. The eligibility (care needs) assessment is meant to ascertain what level of care is needed. Once a person has had an eligibility assessment and are deemed to have care needs, they may have a financial assessment to establish how much, if anything, they need to contribute to the cost of their care. We look at financial assessments in the next section.

In this section we consider the impact of the different assessment styles on people's experiences. The assessment styles discussed by our research participants broadly fall into 2 categories, a prescriptive 'tick box' approach and non prescriptive 'person-led' approach. The people who took part in our research had differing experiences of the needs assessment process, although, the view of the **assessment experience among participants was generally positive.**

Our research highlights a lack of **clear accessible information** outlining what the care needs assessment process is and what it involves. We found that the participants who had been through the care needs assessment felt **uninformed about the process** beforehand. Prior to the assessment a large number of people interviewed for our research said they are unaware of what support they might be entitled to or what is available to them.

From our research it was clear that for those people trying to access support from the social care system for the first time it can be very confusing. We were told by people seeking access to social care that they were generally unaware of what would happen during the assessment and found it difficult to know who to contact at their local authority to initiate the assessment. This was not the case for all local authorities and there were some examples of contact being easy and straightforward.

We also found that many people were unaware that the needs assessment and financial assessment are conducted separately and may require different points of contact. This is also true for those individuals who have been assessed for local authority support during a period in hospital.

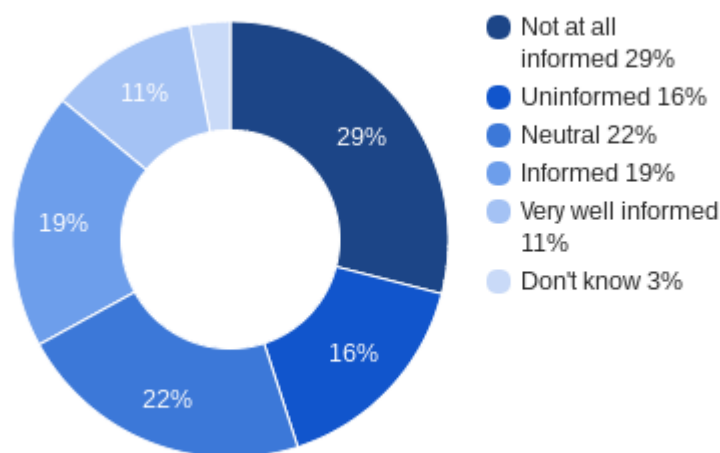
In our review of local authority websites we found that the information available was quite varied, some of the 22 local authority websites provided good clear and straightforward detail on what the assessment process was, however, **at least 7 local authority websites had no, or very limited detail regarding the assessment.** These findings are also supported by the views of our research participants, it shows those prior to receiving care were not well informed about the process. The chart below shows that **67%** were not **well informed** about the



**7 out of 22**  
Local authority  
websites had  
no, or very  
limited detail  
regarding the  
assessment

assessment process beforehand, whilst **19%** felt informed but only **11%** felt very well informed. See Figure 2 below.

**Figure 2. How well informed were you about the assessment process?**



As part of our mystery shopper exercise we telephoned all local authorities in Wales. We found very few local authorities provided information or guidance on how to prepare for an assessment.

**Box 2 Pauline, 39**

Pauline is in her late thirties, and has had Osteoporosis and Osteoarthritis since she was in her early twenties. She currently lives in a privately rented house with her four children, and her partner provides a lot of help looking after them. Finances are difficult, as the family's income is mainly from benefits. Pauline was last assessed by social services more than a year ago, and she was told she did not meet the eligibility criteria.

Although Pauline didn't have a particularly negative experience of the needs assessment, she didn't have enough information to make sure she could communicate her needs clearly.

Pauline felt if she had been given better information and advice about the needs assessment, she would have been able to make better use of her assessment. Had she known what care and support she was entitled to, she would have made sure the social worker was aware of this. Pauline also feels that she would have appealed the decision, if only she had known where to go or who to contact to do so.



## The assessment

We found that the eligibility assessments are most commonly carried out at people's homes and sometimes in hospital. There were a minority of cases where the assessment took place in council offices. **In these cases travelling to the town centre offices was felt to be burdensome by the participant.** The **timing** of assessments was also seen by some as difficult due to the impact this had on their ability to carry out day to day tasks. For example, one person who took part in our research was asked to stay in bed longer than she would normally so that the assessor could observe her getting up. Although the person explained this would be **problematic**, she was advised this was the only time the assessment could take place.

We do have some concern, based on our research, that the timing and location of the assessment is having a detrimental impact on the overall assessment process and could lead to a **negative impact on the person's well-being**. This is of particular importance in the new approach to assessments. If individuals are under stress due to the timing or location of their assessment it could adversely affect how well they explain their needs to the assessors. This is of particular relevance as the new assessment starts from the presumption that an adult is best placed to judge their own well-being.

### Box 3 - Albert, 59

Albert is in his late fifties, and has had a deteriorating eyesight problem since 2011. His worsening eyesight and tunnel vision means that he needs help to look after his children, take care of the house, and to continue his part time career. He has been pursuing local authority help, but currently gets no assistance. He is dependent on his partner to help out.

Albert has been through 2 care needs assessments, both of which have been very different and have resulted in different outcomes.

The first assessment was 'person-led' and involved good two-way communication, where the assessor understood Albert's needs. The second assessment was very different and involved a 'tick-box' style assessment with one-way communication and limited understanding of Albert's needs.

Albert thinks that the needs assessment should be conducted in a variety of situations, and that assessors should have sufficient knowledge about different needs in order to assess them properly. For him, the attitude of the assessor was key.

## Assessment approach

### Tick box assessments

The general view by participants who are asked a standard set of questions at their assessment was that the assessment felt like a 'tick box' exercise, fitting people into 'neat administrative boxes' which meant it was unlikely to provide a bespoke outcome which sufficiently caters for all of the person's care needs. In particular, **younger participants (those aged 30-60) felt the greatest dissatisfaction with the 'tick box' assessment.** This may be due to the fact that younger people have greater expectations of public services and what they should offer them, which came through in our research.

*'If something isn't the norm, the system doesn't know how to respond. The expectation is that you only get the system to respond as you need it to if you're bolshy.'*

Male, husband of non-recipient of care, aged 18-34

*'I felt like a number - here we are, here is another one, let's see what she needs. There was nothing [personal]...what I wanted myself. Nothing about how I was feeling. It was just a formality and get it done in the cheapest quickest way and that was it.'*

Female, recipient of care, aged 35-64

### Person-led assessments

Not all of the needs assessments of our participants followed a standard set of questions, some participants were asked to articulate their own care needs. **We found there was a greater appreciation of person-led assessments by participants,** although, there was a general feeling that they placed **too much onus on the individual and their ability to communicate what support they needed.** Some people who had taken part felt surprised that they had to express their perceived care needs and not simply provide information about their impairments.

Additionally, many felt they would have benefited from knowing what services were available in advance and how those services might help them. This meant that some people did not receive the care they needed. This is of particular importance as the SSWB Act changes the way assessments<sup>13</sup> are carried out, the new assessment approach starts from the presumption that an adult is best placed to judge their own well-being.

The new approach is welcome but we are concerned, in light of our research findings, that the process may **place too much expectation on people being able**

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<sup>13</sup> [Part 3, Code of Practice \(assessing the needs of individuals\)](#)

**to identify and articulate what support they might need.** We also have evidence from our local Citizens Advice network on the impact of people underestimating their own care needs. When care needs are underestimated this, in turn, impacts on health more generally and can cause longer term detriment to the person in need of support and their carer/family. It could also mean that more people request re-assessment if they do not feel well informed or properly prepared at their initial assessment.

The Care and Social Service Inspectorate Wales (CSSIW) regulate and inspect to improve adult care, childcare and social services for people in Wales. The Care Council for Wales<sup>14</sup> regulates the social care workforce and the Social Services Improvement Agency (SSIA) is dedicated to supporting improvement and transformational change within the social care system of Wales.

The CSSIW, Care Council for Wales and SSIA have a crucial role in helping ensure the new ways of assessing people's care needs are properly implemented and deliver a consistent approach under the new regulations. We recognise that the regulation of healthcare and social care in Wales is undergoing change to ensure the SSWB Act is implemented correctly.

*'We were never told what support was available or anything. We thought that was what the whole process was about... We give them all the information they need....and they make the assessment and say - "this service may be available to you, this may assist you etc." - But we had nothing like that. We were simply told there is nothing we can do for you.'*

Male, recipient of care, non-residential, aged 35-64

## The Assessor

Being assessed by someone who understands both the health conditions that the person is suffering from and the social care system, has a significant influence on people's experience of the assessment as we found out in our research. This might mean having more than one person at the assessment, rather than expecting the assessor to have a vast knowledge of health and social care. We are pleased that the SSWB Act recognises this (and puts in place arrangements for this to happen), as we found it **significantly improved the assessment experience for people.**

## Support at the assessment

Our research found that people often had a strong desire for a 'friendly face' to be present at the needs assessment, many had a friend or family member present. There was a perception that having a friend or family member present **helped to**

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<sup>14</sup> The Care Council will be changing into Social Care Wales from April 2017, more details are available here <http://www.ccwales.org.uk/what-social-care-wales-will-do/>

**support the person in need of care to articulate and share their need for assistance.** This was felt to be of particular importance for older people and people with learning difficulties.

We also found examples of where informal and formal advocates played an important role at the assessment. Our research with those in receipt of care revealed a **positive outcome of their assessment when an advocate was able to alert the assessor to particular challenges faced by the individual.** In the case of formal advocates, although we found these are relatively uncommon, they were able to **highlight the rights of the individual and promote these rights** to the assessor.

It is interesting to note that people with care needs, who were interviewed for our research, said they would have welcomed having an advocate present and commented that their [an advocate's] help and support would have been extremely useful. Again, this was particularly important for older people and people with learning difficulties.

One reason cited for not having an advocate present was the lack of awareness by our research participants. **People were generally unsure of how to get in touch with a formal advocate.**

*'When I think about an advocate I think of someone that knows the system, who could talk to them and find out why it isn't working. I don't know the procedures, I am just a parent...it would give me a proper voice.'*

Male, non-recipient of care, aged 35 - 64

Encouraging the use of informal and formal advocates by people being assessed would, in our view, **improve the overall experience of the assessment process.** We are pleased that advocacy features prominently in the legislation and that local authorities must ensure access to advocacy service where necessary.

# The Financial Assessment

Once it has been agreed that an individual requires care, a financial assessment is carried out to establish whether the individual should pay for their care and if so, how much their contribution should be. The assessment is a means-test. Most people expect there to be some form of financial assessment (particularly within the current climate of austerity). However, there was a general lack of awareness about the financial element of the process and some people claim they were not explicitly informed about the financial assessment.

Our research found a **mixed response** to the financial assessments process, of **particular importance** was;

- the knowledge and expertise of the person undertaking the assessment;
- the level of information required; and
- where to go to find help with the financial assessment process.

When asked about the financial assessment a number of participants felt the **assistance and support provided during the process was insufficient**. Some felt the forms were **long and complicated** and as such they were not well prepared to complete them.

*'The care social worker came to the house and also brought another lady with her and it was all done there and then quite efficiently. I also remember having a visit from the matron of the residential care home, she came and introduced herself. The paperwork was quite efficiently done.'*

Female, daughter of the care recipient, residential, aged 85+

*'I thought it was quite personal. They wanted to see all my statements from everywhere. So everything that came in with my money and his money - they had to see every statement. I thought it was very intrusive. She sat with us and took them away and sent us the documents back.'*

Female, wife of non-recipient of care, non-residential, aged 75 - 84

In the best cases identified by our research, the local authority provided dedicated members of staff who had good understanding of the financial assessment process and the information required. In the worst cases shared with us by people who had been through the financial assessment said it was completed without any input from them or their family and the process was not explained.

There was also **great variations** between local authorities with some requiring full financial details, whilst others were completed without any input from the individual or their family. Some assessments were conducted in person and others took place over the telephone.

Financial assessments are felt to be clear and informative when there is a dedicated financial officer conducting them and people felt more satisfied with the assessment process when the assessor can answer questions straightaway without having to refer to colleagues. This made the experience more **positive** overall.

# Receiving the assessment outcome, appeals and complaints

How the care needs and financial assessment outcome is communicated varies, the majority learn of the outcome of their needs and financial assessment by letter, in most cases the outcomes of the 2 assessments are communicated in separate letters. People generally welcomed receiving written confirmation of the decisions.

From our research we found that some people are given an indication of what the outcome is likely to be at their assessment. This gave reassurance to some people but also caused distress when a positive outcome was not then realised in the official decision.

*'Up to this point, I felt extremely comfortable. In my mind I thought that's great, in a few weeks someone will be coming along and helping me. That is kind of where the assessment left it...In my mind I was getting this care. Whether she built it up or I had made more of it but she was definitely adamant that I would get it.'*

Male, non-recipient of care, non-residential, aged 35-64

We found, in many cases, people reacted positively to the outcome of their assessment, even if a lower level of care or funding is offered than anticipated (or hoped), our research showed people felt some help is better than none. However, we also found that some people felt angry, disoriented or upset by the outcome of their assessments.

Some of the people who participated in our research felt that the follow-up paperwork that needs to be completed and submitted following a successful outcome is **lengthy and complicated**.

## Appeals and complaints

From our research we found that of those people who were disappointed with the outcome of their assessment, **very few appeal**. We found there is often an overriding sense of acceptance of the outcome of the care and financial needs assessment and a perception that challenging the decision would be pointless. In addition, those people who found the assessment process particularly burdensome or difficult often feel defeated and are amongst those least likely to take follow-up action. Others decide not to pursue the issue because they do not want to be seen as a nuisance or feel that they can cope as they are without any help.

*'I felt hard done by, but didn't want to rock the boat.'*

**Female, wife of care recipient, residential, aged 65-74**

A small number of people who participated in our research said they would find the appeals process intimidating.

*'I'm afraid to ask, to tell you the truth.'*

**Female, friend of care recipient, non-residential, aged 75-84**

We also found during our research that some people do not appeal or challenge outcomes because they feel they have insufficient information to do so. Some were oblivious to the appeals process.

The SSWB Act does not contain an appeals process, although people can request a review or re-assessment of eligibility decisions in certain circumstances. Citizens Advice Cymru is concerned that the existing appeals process is not working well. Ensuring that people are able to appeal decisions in a clear and straightforward way is essential. Welsh Government should revisit the way in which people appeal a decision to ensure it easy to understand and provides clear and timely outcomes.



# Paying for Care

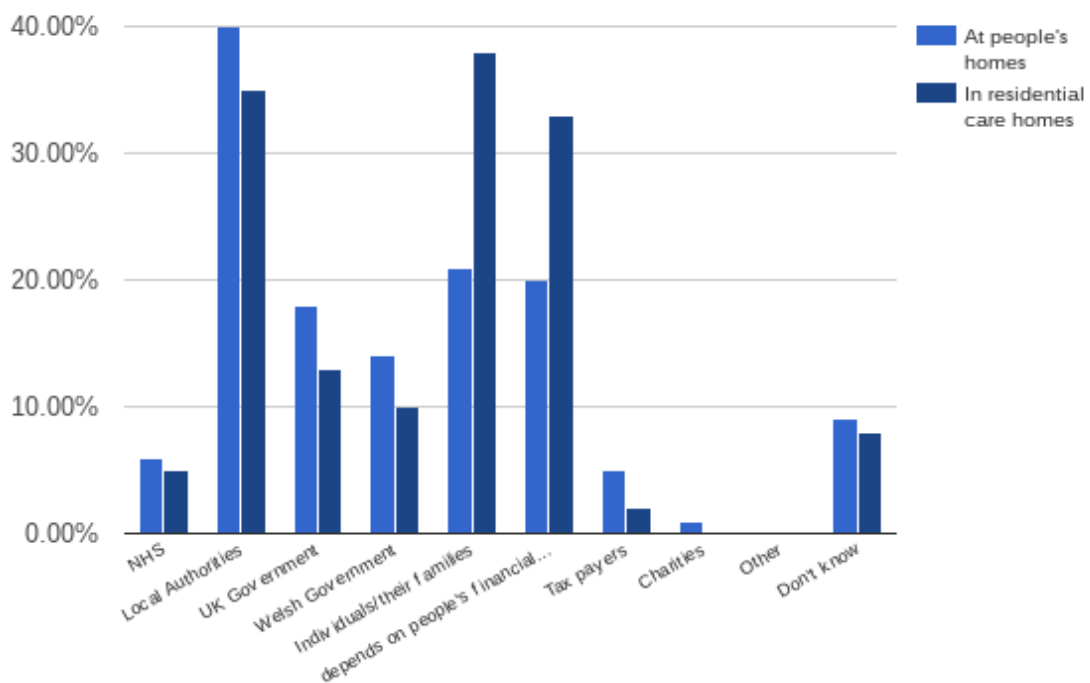
Personal social care, unlike health care, is not funded by the NHS. Instead, people are required to contribute towards the cost of their care from their capital and income. The balance of cost is met by local authorities. The amount an individual is required to contribute is based on their ability to pay which is decided by a financial assessment (means-test) using set criteria.

Our research found that some people felt the system of paying for care was **confusing and in some circumstances unfair**. We explore this in more detail in the sections below.

As part of our research we asked people who they thought paid for social care at people's homes, or in residential care homes. The response shows:

- most people believe local authorities (**40%**) pay for care at people's homes
- for residential care most people thought individuals and their families (**38%**), closely followed by local authorities (**35%**) and depending on people's finances (**33%**). See chart below.

**Figure 3. Who do you think pays for social care?**



The current system of paying for care in Wales was due to change in April 2016, alongside changes in England. However, due to delays to the reform of paying for social care in England and the changes to welfare benefits, the Welsh Government

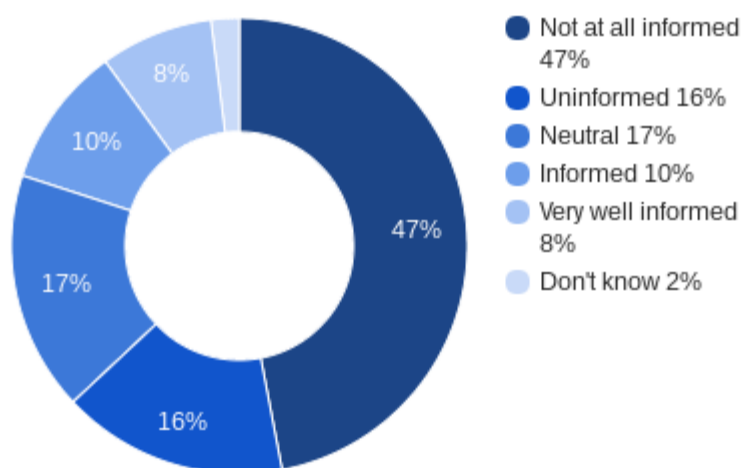
decided to delay introducing changes in Wales. In the meantime, the Welsh Government has put in place an updated financial assessment and charging framework (i.e. setting out how people pay for their care) based on part 5 of the SSWB Act. The SSWB Act provides for a single legal framework for charging for care and support, or in the case of a carer, charging for support. It provides local authorities with the discretion to charge in either case. The details are set out in a [code of practice](#)<sup>15</sup>.

Public debate on paying for care has tended to focus on the perceived unfairness of people contributing to residential care costs by realising the capital in their homes.

However, there are other financial issues;

- people may be unable to afford the care home of their choice, because local authorities' standard rates may not cover the fees;
- third parties (i.e. family) may top-up fees to allow the resident greater choice, but if payments are not sustained residents can be forced to move;
- People in residential care who contribute to their care costs retain £26.50 per week for personal expenses (personal expenses allowance), viewed as insufficient by some<sup>16</sup>;
- With non-residential care, costs may take a significant part of income, even allowing for the Welsh Government's cap.

**Figure 4. To what extent do you feel informed about the potential costs of social care (people not in receipt of social care)?**



<sup>15</sup> See [Part 4 and 5 Code of Practice \(Charging and Financial Assessment\)](#)

<sup>16</sup> See for example Welsh Government: Paying for Care in Wales - report of the stakeholder advisory group on the Dilnot Commission's report, February 2013.

Our research told us that people's views on paying for care varied between those who received care at home to those living in residential care.

## Non-residential care

Under legislation local authorities can charge for non residential care. While charges vary by local authority and depending on the care required, there is a weekly contribution cap set at £60 (by Welsh Government). Some local authorities may choose a lower weekly cap and may choose not to charge for certain services. Local authorities have discretion over charging as set out in the SSWB Act, regulations and code of practice<sup>17</sup>. The amount people contribute can vary depending on their individual circumstances and care needs, these are decided by the assessments discussed in the previous sections and the local authorities charging policies.

From our research we know that people who received care at home generally have a good understanding of how much their local authority, and how much they themselves contributed towards the cost of their care. There was concern expressed about potential future changes to their funding needs should the person's condition change, especially where there might be a rise in costs.

## Means of payment

How people pay for their non-residential care, where they had to do so, varied. Payments came from savings, income from wages or pension (or that of their partner) various benefits (such as Disability Living Allowance, income support and tax credits), or often a combination of the above. We also found that the **amount paid** by people varied, some individuals contributed £5 towards the cost of Day Care Centres, whilst others paid up to £70 a week for privately funded care.

If a person's care is funded by the local authority, they may receive this funding in the form of a direct payment. Direct payment is money that a local authority gives to someone to spend on meeting their identified care needs (following a care needs assessment). The money can be spent on a wide range of products and services. Direct payments allow people to make choices about their care.

Direct payments were generally seen as **positive and welcome** in our research findings. Although, some individuals felt they were not properly informed on the process of using direct payments and the initial setup. We believe that clear instructions should be given to any care recipient or their carer on how to use direct payments and what sources of quality-assured information and advice are available to help select the right care and support.

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<sup>17</sup> See [Part 4 and 5 Code of Practice \(Charging and Financial Assessment\)](#)

An example of how people can be supported in using direct payments can be seen through the Disability Wales and Wales Co-operative Centre project, funded by Big Lottery Fund Wales, whose aim is to support greater voice, choice and control for disabled people through the development of citizen directed co-operatives as a new way to manage Direct Payments.

## Impact of costs of non residential care

According to our research, for those who part-fund non-residential care there was general acceptance of the amount of local authority funding they received, this was expressed as any support being better than none. Although, for those who part fund their care some expressed concern that they have limited disposable income and would struggle if the local authority contribution was reduced or if the care costs increased. This is especially true for those who rely on savings, rather than income to fund care.

## Residential care

For residential care there is no weekly contribution cap but Welsh Government have issued a set of guidelines for local authorities. Individuals are expected to pay the full cost of their residential care if they have capital over a certain level, the current level is set at **£24,000**. If the individual's capital limit drops below £24,000 they can request another financial assessment by their local authority and this will determine how much the individual has to pay. As with non-residential care, the amount an individual is required to pay towards their care costs is decided by a means-test.

Among those in residential care there was less knowledge and awareness of their financial situation and how the costs of their care are managed. Our research found that **people in residential care did not know how much their care bill is, how much they pay towards it and how much they have left in savings**. Generally, those individuals were not concerned about their lack of knowledge as they relied on a family member to be responsible for financial matters.

## Means of payment

Our research found that some people in residential care had knowledge of the capital limit and typically understood the implications of holding savings and assets, mainly through media stories or conducting their own research. In contrast some had no prior knowledge of the impact of owning a home, and the implications, until they hit crisis point and needed immediate care.

Our research found some people resented the fact that they found out about the impact of owning a home “too late” when they can do little to prevent its value being used to offset the cost of their care. Of particular distress for the individual

and their family was the realisation that the house they assumed would be inherited by their children was effectively being taken away from them. During the research some felt that information regarding the impact of home ownership should be widespread and common knowledge. Many reported a sense of 'injustice' that non homeowners (without savings) may receive the same care for free.

*'Sometimes you wonder if it's worth saving for old age - they have to put you somewhere don't they?'*

**Female, recipient of care, residential, aged 85+**

The research also found that some family members felt stuck in a large or unsuitable house. Some want to move house but felt unable to because the money released would be taken as contribution toward the cost of care.

As part of the review on paying for care in Wales, LE Wales Research examined a range of options. One of the options was to raise the capital limit threshold, i.e. the amount of money above which people are required to pay for their own care, currently set at **£24,000** to **£100,000**. Raising the limit would allow people to retain some of their capital to pass on to their family.

*'I was told initially that my home was safe and I wouldn't have to sell the house to keep Grace here because it was a family home and my stepson was still living there - I was told that... I think that came from the local health board...then I felt secure but now I am told or have learnt that, well I'm guessing that, if I sell the house for my own pleasure then obviously I will have to pay in full simply because of the amount in the bank.'*

**Male, husband of care recipient, residential, aged 65-74**

*'The problem comes if you want to sell and move to something smaller or like a lot of people want to move nearer their children...if you go to something smaller in order to release cash to pay bills and things, you don't get it because half would go towards fee'*

**Male, husband of care recipient, residential, aged 85+**

In our research we asked people if a limit should be set on how much people should have to pay, no matter what their income or assets are, **73%** agreed that a limit should be set.

## Impact of care costs

For those in residential care there was some confusion with the 'hidden' costs of the care home. Many thought things such as haircuts and chiropody were included in the fees. Our research found that for some people their family expressed resentment that care homes are not **more transparent** about these additional charges, with a minority struggling to cover the costs with their Personal Expense Allowance (currently **£26.50 a week**). Some family members found the hidden costs put a strain on their own finances.

Given the concerns highlighted by our research around the 'hidden' costs in care homes, we believe there should be a clear breakdown of costs including the prices of essential services that are not included in the weekly rate. This should be available in advance and included in any care home marketing materials so that residents, potential residents and their families can understand the full range of likely additional costs before they move in.

The Older People's Commissioner for Wales has recently called for clarity by care homes around third party payments (also referred to as top-ups) and what those payments are covering<sup>18</sup>. The call came following conversations the Older People's Commissioner for Wales had with older people and their families across Wales. **Citizens Advice has already called for the Competition and Markets Authority (CMA) to issue updated guidance on unfair terms in care home contracts**<sup>19</sup>. We believe guidance should be clear and accessible to people. Local authorities could also take this opportunity to ensure care homes are being transparent around additional charges.

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<sup>18</sup> <chrome-extension://bpmcpldpdmaifigpchkicefoigmkfalx/views/app.html>

<sup>19</sup> See Citizens Advice report [Hidden Charges in Care Homes](#) February 2016

# Conclusion

Our research demonstrates a clear consensus that the social care landscape in Wales is **confusing to navigate**, in particular **how to access care**. A key concern is the difficulties experienced by people in trying access the **right information at the right time** and knowing where to go for **help and advice**.

Citizens Advice Cymru found there is a great deal of information available, especially online, but the **information is not always easy to find or navigate unless you know exactly what you are looking for**. From our research there was clear need for having all the information in one place so that it becomes common knowledge where to go for advice on social care in Wales.

Since our research was carried out the social care landscape in Wales has changed with the introduction of the Social Services and Well-being (Wales) Act 2014. We are pleased that many of the changes introduced by the SSWB Act address some of the issues raised by our research.

The provision of quality-assured information is essential and so, too, is making sure people know where to find the information. In our report we have made a number of recommendations that we believe will help inform the development of IAA services across Wales. It is important that the **information, assistance and advice services deliver quality assured information to all, including people who are digitally excluded**.

We do have some concerns that the IAA service will take more than 12 months to implement and become fully operational. The requirements for providing information and advice services is challenging, not least in keeping the information accurate, up to date, ensuring it meets national quality standards and is easy to navigate. With continuing reductions in local authority budgets adequate resourcing will be tough.

We were pleased that our research uncovered lots of good practice around social care in Wales, we are keen that this is shared and highlighted to practitioners and more widely. Citizens Advice Cymru believe this can improve the overall experiences of people when accessing social care in Wales and for those working in social care.

The SSWA requires a change in culture and this is only possible if the right support is offered to those having to implement the changes. We hope the Welsh Government, local authorities, regulators and other organisations recognises this and considers our recommendations as a positive step towards successfully implementing the SSWB Act.

# Appendix One - Review of the evidence

In preparing this report research was undertaken by IFF Research and Beaufort Research on behalf of Citizens Advice Cymru. Local Citizens Advice network data has also been analysed to understand the issues and concerns being raised around social care. We also carried out a review of the telephone services and website information from all **22 local authorities** in Wales.

A brief summary of the evidence gathered is outlined below;

## IFF research

Citizens Advice Cymru commissioned research to provide us with information direct from current users of social care services in Wales and future potential users. The information offers a people's perspective on the day to day operation of the social care system in Wales. The research covered:

- People's experiences of navigating the process of obtaining social care (residential and non-residential);
- The impact on people of paying towards the costs of their care;
- Any actual or potential detriment to people (with a focus on vulnerable individuals) either in the current system or anticipated under the new system;
- Explored the likely impact of changes to how care is paid for.

The IFF research was conducted between March and June 2015. The research study included:

- 3 focus groups with those who do not currently receive any social care funded by the Local Authority
- Semi structured face to face interviews with those in need of care and support in the home (46)
- Semi structured face to face interviews with those in need of residential care (24)

## **The depth interviews were conducted in April – June 2015.**

### **Non-residential interviews**

The 46 'in need of care and support in the home' interviews included 27 of those currently in receipt of Local Authority funded care (of which, 21 receive fully funded care and 6 receive partly funded care) and 19 of those who are in need of social care but do not receive any funding from the Local Authority for their care. This group was mainly made up of those who had not had a Local Authority assessment (5) although it covered 14 who had had an assessment but not met the threshold for support by their Local Authority.

These depth interviews covered a mix of ages, type of health condition / disability



and income.

### **Residential interviews**

The 24 interviews with residents in care homes covered only residents whose care was funded by the Local Authority. Interviews were either conducted with the resident or family member(s) (in cases where the resident did not have capacity to be interviewed), or in some cases interviews were conducted with both parties present.

The residential interviews also covered a mix of ages, type of health condition / disability and income.

### **Focus Groups**

Three focus groups were held with a mix of people from the general public, some of whom had existing health conditions or who knew people who had been through the social care system, but critically were not currently receiving any care which was funded by the Local Authority. The three groups were split as follows:

- Older people (aged 65-75) (8 respondents)
- Younger people (aged 35-64) on low incomes (less than £20,000 p.a) (7 respondents)
- Younger people (aged 35-64) on moderate incomes (between £20,000 and £70,000 p.a) (5 respondents)

These groups were held in Cardiff on 31 March 2015.

### **Beaufort Research**

In addition to the qualitative research data from IFF, we commissioned further quantitative research from Beaufort Research. The research provides a representative sample of attitudes amongst people in Wales towards the provision of social care in Wales and includes those currently receiving care, their families and those who might need to access care in the future.

The research was carried out in March 2015. A total of **1022 interviews** were completed and analysed. Although the research was carried out in 2015 we believe our research evidence is relevant as the SSWB Act is being implemented and provides vital insight into the provision and role of the information, assistance and advice services required under the Act.

### **Citizens Advice Network evidence**

We have some detailed evidence from local Citizens Advice across Wales, however it is limited in direct relation to social care, we believe this is in part due to the fact that individuals and their families do not know where to go for help and advice in relation to social care. A number of detailed cases have been identified, although the initial reason for contacting Citizens Advice related to a different matter, such as financial concerns.

## Review of Local Authority information

To help us understand how effective current routes to information, advice and advocacy services are, in regard to social care for members of the public in Wales, we gathered evidence from all 22 local authorities in Wales. The information gathered was via telephone and through the local authority websites. In order to obtain the telephone information we carried out a mystery shopper exercise with each local authority using the contact details provided on their websites. The evidence gathered was prior to the changes introduced in the Social Services and Wellbeing (Wales) Act 2014.

## Other

A number of other sources of data have been used in writing this report, in particular data from Welsh Government commissioned research on the future of paying for social care in Wales, carried out by LE Wales and the report<sup>20</sup> from the 'Paying for Care Stakeholder Advisory group' established in 2009 by the then Deputy Minister for Social Services.

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<sup>20</sup> Further reform of the arrangements for paying for care and support in Wales, report of the Paying for Care Stakeholder Advisory Group, March 2015.

## Appendix Two -

# Core Requirements of the Information, Advice and Assistance Service

Local authorities must provide an information, advice and assistance 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 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, easy read, child friendly versions etc.);
- 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.

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