



Llywodraeth Cymru
Welsh Government

Performance and Improvement Framework for Social Services

Guidance: Using evidence to inform improvement –
September 2021



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1 Introduction

This guidance provides practical ideas about how evidence can be used to inform improvement in social services at an individual, local, regional and national level.

It is designed to help local authorities adhere to the *Code of practice in relation to the performance and improvement of social care services in Wales* ([the Code](#)).¹ The Code sets out the expectations of local authorities in terms of performance, improvement, and the collection of evidence regarding the quality standards and the eight elements of wellbeing, as defined and set out in the Social Services and Wellbeing (Wales) Act 2014.²

The guidance has strong connections to two other pieces of guidance, which you may want to read alongside this document:

- Understanding experiences and outcomes (available [here](#))³
- Measuring activity and performance guidance 2020-2021 (available [here](#)).⁴

Figure 1 overleaf summarises the relationship between this guidance and the Social Services and Wellbeing (Wales) Act 2014.

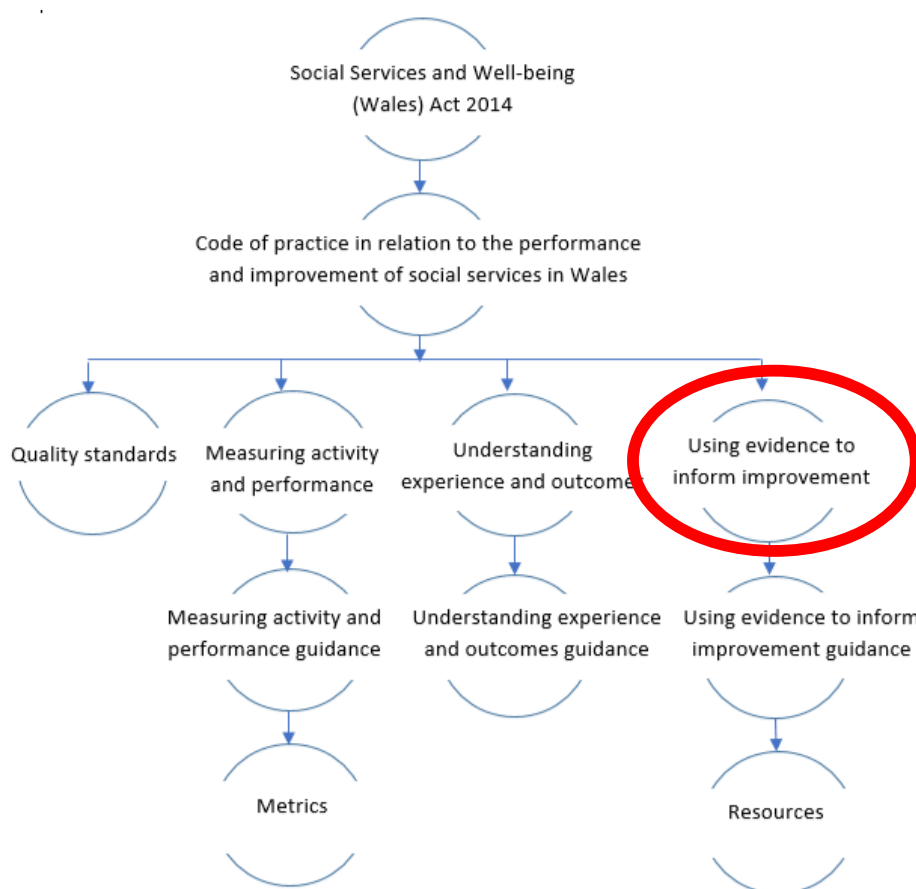
¹ <https://gov.wales/sites/default/files/publications/2020-03/code-of-practice-in-relation-to-the-performance-and-improvement-of-social-services-in-wales.pdf>

² <https://www.legislation.gov.uk/anaw/2014/4/contents>

³ <https://gov.wales/understanding-experiences-and-outcomes-social-services-performance-and-improvement-framework>

⁴ <https://gov.wales/sites/default/files/publications/2020-03/measuring-activity-and-performance-guidance-2020-21.pdf>

Figure 1 The guidance in context



The guidance also supports other strategic initiatives, e.g.:

- Initiatives to support social care research in Wales, as set out in the Social Care Wales Research Strategy for Wales 2018 – 2023 [here](#)⁵
- Support provided by Social Care Wales to help people access, use, understand and generate research and evidence in social care. More information is available by contacting research@socialcare.wales.
- The Health and Social Care (Quality and Engagement) (Wales) Act 2020 available [here](#).⁶ The Welsh Government intends bringing this Act into force from April 2023 which will provide for the establishment of a Citizen's Voice Body for health and social care and set out duties of quality and candour for the NHS.

We are grateful to more than 80 stakeholders who have helped to shape this guidance. Some participated in workshops; some shared resources, expertise, and case study examples; others reviewed drafts. This collaborative process

⁵ <https://socialcare.wales/research-and-data/research-strategy-for-wales>

⁶ <https://gov.wales/health-and-social-care-quality-and-engagement-wales-act>

helped us to “join the dots” between a number of social care research initiatives, and to make clear connections with social care strategy, policy, resources, and delivery in Wales.

2 Definitions used in this guidance

Item	Definition
Adult Practice Review (APR)	A process of collaborative multi-agency inquiry where an adult has died or suffered potentially life-threatening injury or sustained permanent impairment of health. The key features of this form of inquiry are its highly reflective and collaborative methodology; the requirement to engage families wherever possible; its importance for those practitioners involved in the case and associated lead professionals, safeguarding boards and relevant others, to learn lessons from the review at the earliest opportunity after the events that prompted the APR; the importance of improvement in future inter-agency adult protection practice. ⁷
Appreciative Inquiry	A technique that aims to uncover the best things about an organisation, team, community, or project being explored. It is a positive change tool and is becoming an increasingly popular scrutiny tool. It usually operates under a 5-D model: 1) to define a positive focus of the inquiry, 2) to discover- appreciating and valuing the best of what already exists, 3) to dream- creating a vision of what might be, 4) to design- using information/ stories gathered to work out what things should be like, and 5) to deliver- innovate and deliver the best ways of 'doing' in the future. ⁸
Community of Enquiry	A workshop-style session that offers space for people to collaboratively explore ideas. The sessions start with a prompt to get participants thinking and allows participants to share what they think and do and why while listening to others from different contexts or positions. Crucially, it differs from other facilitation methods because it lets a group define what they want to discuss. ⁹

⁷ Social Services & Well-Being (Wales) Act 2014 Working Together to Safeguard People; Vol 3 Adult Practice Reviews.

⁸ Centre for Public Scrutiny (2012), *Appreciative Scrutiny: A guide to using Appreciative Inquiry to add value to overview and scrutiny*, Appreciative-Scrutiny.pdf (cfgs.org.uk) p.4.

⁹ See www.iriss.org.uk Last accessed June 2021.

Item	Definition
Child Practice Review (CPR)	A process of collaborative multi-agency inquiry where a child has died or suffered potentially life-threatening injury or sustained permanent impairment of health or development. The key features of this form of inquiry are its highly reflective and collaborative methodology; the requirement to engage families wherever possible; its importance for those practitioners involved in the case and associated lead professionals, safeguarding boards and relevant others, of learning lessons from the review at the earliest opportunity after the events that prompted the CPR; the importance of improvement in future inter-agency child protection practice. ¹⁰
Data	Types of data include numerical data, documentary data (data or information that has already been collected), observational data, descriptions of people's experiences, opinions, and views or a combination/ triangulation of the above evidence. ¹¹
DEEP	Developing Evidence Enriched Practice. An approach that has been developed by Swansea University and applied in Wales since 2014. It focuses on using diverse evidence (research, lived experience, practitioner knowledge and organisational knowledge) in social care learning and development.
Evaluation	Evaluation is the systematic assessment of an intervention's design, implementation, and outcomes. It tests if or how far an intervention is working or has worked as expected, if the costs and benefits were as anticipated, whether there were significant unexpected consequences and how it was implemented and if changes were made, why? ¹² . Evaluations typically commence before an intervention has been implemented and continue post-delivery to answer the set of evaluation questions posed. ¹³

¹⁰ Social Services & Well-Being (Wales) Act 2014 Working Together to Safeguard People; Vol 2 Child Practice Reviews.

¹¹ HM Treasury (2020) Magenta Book: Central Government Guidance on evaluation. P54 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879438/HMT_Magenta_Book.pdf

¹² HM Treasury (2020) The Green Book, Central Government Guidance on Appraisal and Evaluation p.11 The Green Book ([publishing.service.gov.uk](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879438/HMT_Magenta_Book.pdf))

¹³ HM Treasury (2020) Magenta Book: Central Government Guidance on evaluation. P70 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879438/HMT_Magenta_Book.pdf

Item	Definition
Evaluation Plan	An evaluation plan is a written document that describes how you will manage the evaluation; it clarifies the steps needed to assess the outcomes and processes of an intervention. The evaluation team and the stakeholders should agree on the contents of the evaluation plan. These usually include an overview of the intervention being evaluated, the purpose and scope of the evaluation, the main evaluation questions, the type of evaluation needed and the resources and expertise available or required to support the evaluation. An evaluation plan is a ‘living document’ that should be updated regularly to reflect changes and priorities over time. ¹⁴
Generalisable	Generalisable in this context means the findings can be reliably extrapolated from the study to a broader population of patients / service users and / or applied to settings or contexts other than those in which they were tested. ¹⁵
HM Treasury Magenta Book	A central government publication setting out guidance on evaluation.
Outcomes	In this guidance, we use the word outcomes to mean an individual’s improvement or deterioration in their assessed support needs and/or overall wellbeing outcomes that matter most to them (the Code p14).
Qualitative Data	Qualitative data collection methods provide an in-depth understanding of behaviours, perceptions, and underlying reasons for social happenings. While quantitative methods are usually used to measure the ‘what’, qualitative methods are most often used to explore the ‘how’ and ‘why’. Common qualitative data collection methods include in-depth interviews, focus groups, case studies, observation, and ethnography. ¹⁶

¹⁴ Public Health England (2018) Guidance: Planning an evaluation. Planning an evaluation - GOV.UK (www.gov.uk)

¹⁵ UKRI and NHS Health Research Authority, accessed via [Question 4 - Generalisable \(hra-decisiontools.org.uk\)](https://hra-decisiontools.org.uk) September 2021

¹⁶ HM Treasury (2020) Magenta Book: Central Government Guidance on evaluation. p.62. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879438/HMT_Magenta_Book.pdf

Item	Definition
Quantitative	Quantitative research explains phenomena according to numerical data, analysed through mathematically based methods, especially statistics. ¹⁷
Research	<p>To count as research, projects must:</p> <ul style="list-style-type: none"> • define a series of research questions, issues or problems that will be addressed in the course of the research. It must also define its aims and objectives in terms of seeking to enhance knowledge and understanding relating to the questions, issues or problems to be addressed. • specify a research context for the questions, issues or problems to be addressed. • specify the research methods for addressing and answering the research questions, issues or problems.¹⁸
Research Infrastructure	Refers to the facilities, resources, and services the research and innovation community uses to conduct research and foster innovation in their fields. It includes research equipment, knowledge-based resources such as collections, archives and data, and e-infrastructure such as data, computing systems and communication networks. ¹⁹
S.M.A.R.T.	An acronym to help devise reliable measurement approaches. Specific. Measurable. Achievable. Relevant. Timebound
Stakeholder	In this context, stakeholders are those with an interest in the research. They may be involved at any stage and include those providing funding, developing, or implementing the intervention, supporting the research, using the findings, representing service users, relevant community organisations, and other agencies working in related areas. ²⁰

¹⁷ Yilmaz, K., (2013) Comparison of Quantitative and Qualitative Research Traditions: epistemological, theoretical, and methodological differences, *European Journal of Education*, 48 (2), p.311.

¹⁸ See <https://ahrc.ukri.org/funding/research/researchfundingguide/introduction/definitionofresearch/> last accessed September 2021

¹⁹ Economic and Social Research Council (No Date) Research Infrastructure Research infrastructure - Economic and Social Research Council (ukri.org)

²⁰ See Public Health England (2018) Guidance: Planning an evaluation. Planning an evaluation - GOV.UK (www.gov.uk)

Item	Definition
Transferable	Transferable in this context means the findings of a qualitative study can be assumed to be applicable to a similar context or setting. Most qualitative studies are not usually generalisable but can often be considered to be transferable. ²¹
Triangulation	The collection of data using several research methods. This builds confidence in the findings and robustness of the evaluation. ²²

²¹ UKRI and NHS Health Research Authority, accessed via [Question 4 - Generalisable \(hra-decisiontools.org.uk\)](https://hra-decisiontools.org.uk) September 2021

²² HM Treasury (2020) Magenta Book: Central Government Guidance on evaluation. p62.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879438/HMT_Magenta_Book.pdf p.54

3 Understanding and using evidence

3.1 The nature of evidence

As Figure 2 demonstrates, good quality evidence comes in many forms. It can be carefully considered, designed, and captured, or relatively ad hoc and spontaneous. It can take the form of numbers, stories, lived experience, academic literature, digital media, personal knowledge, or perspectives and much more.

All of these varied pieces of evidence have an important role to play in informing policy, practice and improvement.

Figure 2 Types of evidence



Source: Social Care Wales, adapted from Research in Practice

As Figure 3 below summarises, evidence is critical to enable social services to learn, improve and better serve communities.

Figure 3 Reasons for using evidence in a social services department

Governance and accountability	Operational	Holistic
<ul style="list-style-type: none"> • Informs the Director’s Report.²³ • Helps to ensure adherence to the Code and wider responsibilities under the Social Services and Wellbeing (Wales) Act 2014 	<ul style="list-style-type: none"> • Informs planning and commissioning. • Informs workforce development and continuing professional development. • Informs service improvement. • Informs improvements in individual practice and interactions with citizens 	<ul style="list-style-type: none"> • Improving outcomes for people and communities

Overall evidence is essential to help understand a local authority’s journey towards the quality standard aspirations²⁴ , which align with the four core principles of the Social Services and Well-being (Wales) Act 2014.

²³ An annual report prepared by Directors of Social Services in Wales. Its publication is a legal obligation under the Social Services and Well-being (Wales) Act 2014. The purpose of the annual report is to set out the local authority’s improvement journey in providing services to people in their areas, those who access information, advice and assistance, and those individuals and carers in receipt of care and support.

²⁴ The Code of Practice (p8) reminds us of the aspirational nature of the quality standards “the Quality Standards are intended to be aspirational and not a checklist to be met. They are designed to challenge local authorities, to raise ambition and to encourage innovation”.

Figure 4 The four quality standards

People	Prevention	Partnerships and Integration	Wellbeing
All people are equal partners who have voice, choice and control over their lives and are able to achieve what matters to them.	The need for care and support is minimised, and the escalation of need is prevented whilst ensuring that the best possible outcomes for people are achieved.	Effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people.	People are protected and safeguarded from abuse and neglect and any other types of harm.
Effective leadership is evident at all levels, with a skilled, well qualified, supported workforce working towards a shared vision.	Resilience within our communities is promoted. People are supported to fulfil their potential by actively encouraging and supporting people who need care and support, including carers, to learn, develop and participate in society.	People are encouraged to be involved in the design and delivery of their care and support as equal partners.	People are supported to actively manage their wellbeing and make their own informed decisions so that they are able to achieve their full potential and live independently for as long as possible.

The guidance set out in this document outlines a range of known approaches, tools and methodologies that can be adapted by social services to support a strong culture of inquiry and evidence-based practice. Social services performance leads, practitioners and managers will need to be supported in developing approaches which allow them to access and use evidence. Equally, these approaches offer rich opportunities for meaningful continuing professional development.

It may be useful to read this guidance alongside Social Care Wales' 2021 publication *Using evidence in social services and social care in Wales* available [here](https://socialcare.wales/research-and-data/using-evidence-in-social-services-and-social-care-in-wales#section-39339-anchor).²⁵ It provides a useful summary of the challenges and opportunities in working with different types of evidence.

²⁵ <https://socialcare.wales/research-and-data/using-evidence-in-social-services-and-social-care-in-wales#section-39339-anchor>

3.2 Creating a culture of evidence-gathering

Feedback from those engaged in workshops to inform this guidance made it clear that focusing on a number of strategic enablers will help to improve a local authority's ability to collect and use evidence.²⁶

- Clear leadership, at all layers in the organisation, which models a culture of inquiry, learning and improvement.
- Infrastructure which facilitates research and evidence-based approaches to service improvement.
- Partnership and shared ownership of research and evidence across social services, and the wider local and regional system.

Those local authorities which are most effective at using evidence to inform practice, will create a culture of inquiry and learning at the Cabinet and board level. It will encourage constructive learning (rather than blame or penalties) from both successes and failures.

Overall, this appears to work best where senior executives are visible in championing curiosity and a desire to learn from evidence in all its forms. In practice, this might include requiring systematic use of evidence in committee settings, service planning discussions, practice reviews and commissioning.

To support the Code, this approach must then be embedded at every level within a social services function. This might mean changing the way in which teams and individuals access intelligence and influence discussions about improvement. It may also mean re-organising workloads to ensure that gathering and using evidence has sufficient priority.

The success of this agenda depends on the effective ownership of the application of research evidence in all its forms (including capturing 'lived experience') to demonstrate performance outcomes and support ongoing practice and service improvement.

However, it will be very important to approach this with a level of rigour that avoids the pitfalls of ad hoc or anecdotal approaches. A systematic approach that can build a reliable evidence base over time is required and needs to be sanctioned and owned at the board level and at the front line.

A focus beyond the local authority is also key to promoting the effective use of evidence to inform practice. The Code (p6) requires local authorities to 'share best practice': working collaboratively with neighbouring, regional, and national partners will be critical to demonstrate adherence to this requirement. There is a clear

²⁶ Insight derived from four workshops which engaged around 80 stakeholders from local authorities, strategic, policy and regulatory organisations with an interest in social care services in Wales. Among the local authorities that attended these workshops, those most able to articulate effective approaches were those that had invested time and resources into developing one or more of these features, or a combination of all three.

strategic advantage to drawing effectively on shared regional capacity and existing research and performance workstreams in promoting a shared whole-system “culture of inquiry”.

3.3 Using existing infrastructure and processes to enable evidence-gathering

3.3.1 Introduction

Local authorities have well-established arrangements for gathering evidence to support their performance reporting cycle. These arrangements will vary across Wales, but they form a clear structure around which evidence can be used to inform improvement. In addition, the Code (p13) clarifies the need for collaborative ‘system ownership’ across a number of levels and between the key contributors in ensuring ongoing improvement in the delivery and effectiveness of social services (see Chapter 7 for more details).

3.3.2 Strategic and business planning cycles.

The Code (p8) requires local authorities to develop a balanced focus that demonstrates the use of research evidence that can directly underpin performance reporting alongside evidence directly gathered from those who use services. The Code (p8) also requires local authorities to have an ‘understanding of how the local authority is operating as a whole.... delivering for the people in its area’. Ensuring that there is a suitable cycle of research planning, delivery, and improvement (as well as the culture and structures to maintain this) will be key to delivering in line with the Code. This can be most easily achieved by ensuring that strategic and business planning activities are aligned with the local authority’s research and evidence-gathering plans.

For example, regular use of mixed methods needs assessments, can highlight areas where progress is being made and where gaps are still to be addressed. Monitoring trends over time can also paint a wider picture of how the service-user population may be changing (e.g., levels of need and/or demographics). This evidence can also be used to drive business decisions such as staffing ratios and caseloads within teams or organisations. There are clear links between the Code (p10) and Part 9 in the Social Services Wellbeing Act Partnership requirements, particularly regarding population needs analysis and market stability review.

Spotlight on: Using evidence in strategic planning

In North Wales, many of these principles were applied in developing a dementia strategy. Strategic priorities were developed from a range of useful pieces of evidence (including a consultation report, service mapping report and further background information). This evidence-based strategy generated funding commitments which has helped the region to progress its regional priorities concerning Dementia.

More information is available on the North Wales Collaborative Website [here](#)²⁷

Those participating in the workshops which informed this guidance highlighted a number of useful tools which can help to ensure that evidence becomes embedded in strategic and business planning cycles. For example:

- Academi Wales has a useful publication describing a range of tools and processes for delivering evidence-based improvement in public sector services available [here](#).²⁸
- Balanced scorecard and public sector scorecard (more information available [here](#))²⁹

Helen Sanderson's work (more information available [here](#))³⁰

3.3.3 Infrastructure considerations

The Social Care Wales evidence offer is described in the box below. It will play an increasingly important role in improving the quality of evidence, ensuring it is used to inform improvement and enabling greater collaboration regarding social care evidence and improvement.

²⁷ <https://www.northwalescollaborative.wales/regional-priorities/north-wales-dementia-strategy/>

²⁸ <https://s3-eu-west-1.amazonaws.com/academi-live-storage/92/06/0e/04/c1ac4fb797e6810b8bdab172/Tools-and-Techniques-for-Change.pdf>

²⁹ <http://www.publicsectorscorecard.co.uk/#:~:text=The%20Public%20Sector%20Scorecard%20is%20an%20integrated%20strategy,sectors%20and%20has%20been%20used%20in%20six%20continents.>

³⁰ <http://helensandersonassociates.co.uk/>

Spotlight on: Social Care Wales evidence offer

The purpose of the evidence offer is to develop the skills, capabilities, and connections of those using, delivering, and researching care and support in Wales to access and use high-quality evidence and knowledge. The approach is designed to enable an evidence-based approach for planning, decision-making, and delivering social care through mobilising knowledge, improving outcomes for all. The formal evidence offer will be realised by 2023/2024 with a focus on these five priorities:

Priority 1- Dissemination

We will prioritise topics and synthesise evidence for people in Wales, commissioning evidence synthesis/ research reports for emerging issues where there are evidence gaps. We will also promote good quality external research which is relevant for prioritised topics

Priority 2- Exchange

We will collaborate with partners to support sharing knowledge, learning opportunities, and knowledge products from trusted sources.

Priority 3- Brokering

We will facilitate connections between knowledge generators and users and collaborate with knowledge mobilisers. We will also build networks around our priority topics and audiences

Priority 4- Co-creation

We will work with local authorities and other stakeholders to prioritise topics, understand where there are evidence gaps, and agree on a menu of resources to support co-creation.

Priority 5- Capacity building

We will support people to understand what evidence is and the respective value of different forms of evidence. We will support creating environments enriched for learning and support people to find, access, use, apply and generate evidence

In addition to the Social Care Wales evidence offer, workshop participants highlighted a number of infrastructure considerations which they considered important in helping local authority teams strengthen their approach to using evidence.



Linking to existing planning and quality assurance processes

Within local, regional, and national infrastructure, there are already a number of activities that promote the use of evidence to inform improvement. It is therefore important to identify existing infrastructure and activities and build on them. This means there is unlikely to be a “standard” approach to planning, gathering, analysing, and using evidence: there will be local and regional variance. However, building on structures that already exist will be an effective way to ensure these approaches are sustainable. This is likely to involve mapping and engaging with activities and infrastructure such as:

- The development of local and regional strategic priorities
- Strategic needs assessments
- Quality assurance
- Workforce planning and continuing professional development
- Academic partners engaged in delivering social care research
- [National outcomes framework](#)³¹
- The four quality standards: people; prevention; partnerships and integration; and wellbeing.



Research hubs and directories

Stakeholders engaged in shaping this guidance through workshops highlighted the value of the seven regional Research Innovation and Improvement Coordination Hubs. They noted, for example:

- The North Wales Hub includes a librarian who undertakes searches regarding specific social care research issues on behalf of practitioners.
- The hub in South Wales hosts a principal social worker responsible for leading “appreciative inquiry” work within a development and performance team.
- This hub also acts as a Learning and Innovation Team: a shared engine for learning and service development, drawing explicitly on research and locally generated intelligence.

In addition, Social Care Wales works with its Welsh Government partner Health and Care Research Wales to provide learning and development and support for designing and carrying out research – this can be accessed through research@socialcare.wales.

³¹ <https://gov.wales/sites/default/files/publications/2019-05/the-national-outcomes-framework-for-people-who-need-care-and-support-and-carers-who-need-support.pdf#:~:text=The%20social%20services%20national%20outcomes%20framework%20The%20key,promote%20well-being%20provides%20a%20focus%20for%20all%20services>

Local authorities will also find it useful to familiarise themselves with two research directories:

- The Health and Care Research Wales Directory and Portfolio, which captures formal research studies across health and social care and is available [here](#).³²
- Social Care Wales’s interactive research map (to be launched in 2022), which captures research in social care and includes practitioner-led research.



Ring-fenced research time

Workshop participants cited the importance of ring-fenced research time, perhaps linked to continuing professional development expectations in social care. Comparisons with other professions were referenced in the workshops. For example, health or education professionals are expected to undertake research-related learning or activity at various points in their careers. In doing so, they are assigned dedicated time and can access well-established and dedicated resources hosted by the employer or a related specialist agency. The infrastructure to support this type of ongoing research is often less developed in social care than in directly comparable professions/agencies. Local authorities should explore ways to ensure that the academic research skills developed by social workers during their qualification training can be developed and expanded once they are in practice.



Dedicated ‘Inquirer’ Roles

Some local authorities in Wales have dedicated roles, usually located within a performance function, with a specific remit to gather ‘lived experience’ and personal outcome intelligence. Whilst workshop participants understood the value of practitioners undertaking their own ‘appreciative inquiries’ during direct work with citizens, they also warned of some limitations. For example, there is an inherent power imbalance between people with ‘care and support needs’ and the professionals whose role is to determine their eligibility. In these circumstances, it may be valuable to consider the benefits of an independent ‘Inquirer’.



Making use of existing data and records

Workshop participants frequently cited the potential of existing records as a rich source of data and intelligence. Many felt that existing records (e.g. case notes,

³² <https://healthandcareresearchwales.org/researchers-support-and-guidance-researchers/what-research-directory-and-portfolio>

referral and attendance data, complaints and compliments data etc) could be more effectively interrogated for useful insights which could inform improvement. Many reported that the 'What Matters To You?' conversation which forms part of many social care interventions has potential to bring more valuable evidence if it could be used more consistently and analysed more carefully. It was suggested, for instance, that relatively low-cost dedicated officer time created to interrogate records as a matter of routine would yield valuable intelligence.

4 Types of evidence

4.1 The value of quantitative data

Numbers, or quantitative evidence, tell us a great deal about social services' reach, service efficiency, and overall compliance. It is critical to understand that a given number of people received a specific service within a defined timescale, or that for example, on average, social workers have maintained contact with a percentage of a given cohort of 19-year-old care leavers. Numbers tell us about frequency, patterns, and distribution of demand. It is important for public accountability that those responsible for social services can report on these key aspects of performance. It is also a critical tool in ensuring that the activities within a social services department are running smoothly: quantitative data helps leaders spot operational challenges or opportunities.

The guide *Measuring activity and performance guidance 2020-2021* is available [here](#)³³ and advises local authorities on the use of quantitative data to measure social care services.

In addition of course, quantitative data can be captured via surveys or the monitoring of population outcomes. However, quantitative rarely describes the full picture. Where numbers are small, it can be difficult to draw confident conclusions. And whilst we can notice changes using quantitative data, it often provides less insight about *why* the change has occurred.

Stakeholders engaged in the consultation for this guidance drew attention to the challenge of drawing reliable conclusions concerning adoption services and carers' services from quantitative data.

Spotlight on: services with small numbers of people involved

Adoption services

For adoption services, the numbers of people involved in each local authority are relatively small. Each case is unique and complex, so using quantitative data to draw generalisations about how "best" to support people and create improvement is problematic. Quantitative data becomes more useful and reliable when it covers larger numbers of people or subjects. Small datasets risk over-representing an unusual situation. They also risk excluding an experience that may be relatively common but has not appeared in the small dataset under examination. Drawing firm conclusions about improving or changing adoption services based on quantitative data alone is likely to be problematic.

Overall, quantitative data is usually most useful in helping us to understand the "what". Whilst it can offer insights into the "how" and "why", these questions are

³³ <https://gov.wales/sites/default/files/publications/2020-03/measuring-activity-and-performance-guidance-2020-21.pdf>

usually answered most effectively once stories and experiences are combined with the quantitative data.

4.2 The value of stories and experience data

Research into experience and personal outcomes is concerned with the exploration of words, meanings, stories, and experiences. It involves collecting rich data through interviews, focus groups, ethnography, participant observation, documents, purposeful conversations, surveys (which focus on experience) and so on. Sample sizes are typically smaller than those used in quantitative analysis because the methods are relatively labour-intensive and securing a representative sample is rarely the purpose of qualitative research design. Analysis is focused on a detailed review of a large amount of data from a comparatively small number of sources. The purpose is to identify common themes and generate theories and/or conceptual understanding.

This form of research lends itself to better understanding the mechanisms through which people's behaviours and outcomes are mediated via their beliefs and experiences. It can offer detailed insight into individuals' lives.

In the context of the Code, stories or experience data helps in two critical ways:

- Gathering a rich and nuanced understanding of performance and improvement.
- Generating insight about "what works" and why, so that improvement can become a collaborative exercise, directly informed by those who are experiencing the service.

4.3 The relationship between the two

To meet the obligations of the Code (p6), local authorities must consider quantitative *and* qualitative evidence together.

Figure 5 compares some of the most common advantages and limitations of these two approaches.

Figure 5 Qualitative and quantitative methods: advantages and limitations

Approach	Advantages	Limitations
Qualitative	<ul style="list-style-type: none"> • Flexible. • Enables exploration of the meaning of concepts and events. • Enables study of motivations and common themes. • Provides a detailed understanding of how individuals interact with their environment, cope with change etc. 	<ul style="list-style-type: none"> • Sample sizes are small. • Researchers must be skilled and adaptable to ensure that participants who are less articulate or confident are able to engage effectively. • There is a higher risk of participant or researcher bias influencing the evidence. • Findings may not be generalisable.
Quantitative	<ul style="list-style-type: none"> • Produces statistical data. • Can measure the extent, prevalence, size and strength of observed characteristics, differences, relationships, and association • Can determine the importance of factors in influencing outcomes. • Uses standardised procedures and questioning, enabling reproducibility of results. 	<ul style="list-style-type: none"> • A structured approach may hinder the detailed exploration of reasons underpinning decisions or views. • Requires key concepts to be clearly defined and translated into meaningful survey questions. “Fuzzy” concepts are difficult to measure.

(Source: Adapted from *The Magenta Book (2007)*, Government Social Research Unit)

In most cases, the two different approaches help us understand different (but equally important) research questions. For example, numbers can tell us how many carer assessments were delivered, but very little about whether they made a difference – negative or positive – to the experience of people engaging with this service. Conversely, whilst stories can be powerful in explaining the changes in people’s lives, quantitative data helps us understand the extent of that change. It can also help us begin making tentative assumptions about the extent to which these changes might occur in the future or in a broader section of the population.

Figure 6 below gives examples of questions that are best suited to each type of evidence-gathering.

Figure 6 Quantitative and qualitative questions

Quantitative – questions most suited	Qualitative – questions most suited
<ul style="list-style-type: none"> • How many people are in this situation / are affected by this problem / have been helped by this initiative? • How prevalent is this problem/issue? • Which groups are most affected by these issues / are at most risk? • How much of a difference does the initiative / programme make to the prevalence of these problems? 	<ul style="list-style-type: none"> • Why are people affected by this problem? • How do people end up in this situation? • How does this initiative/programme work? How does this impact people's lives? • Why does it work / not work? • What do people think about something? How could it be improved? What elements are most valued? Why?

(Source: Adapted and added to from The Magenta Book (2007), Government Social Research Unit)

5 Collecting evidence

5.1 Being clear about what you need to know

5.1.1 Introduction

As noted in section 3 above, it is important to ensure evidence gathering is linked to existing planning and quality assurance processes. Ideally, a research and evaluation plan will be developed which builds on existing strategic priorities for the locality and region. This plan will highlight the questions, gaps in knowledge or improvement priorities considered most important to address. Once there is clarity about “what you need to know”, it is much easier to gather and elicit evidence that will be of most value.

As far as possible, exploring “what you need to know” should be a collaborative exercise with regional and independent sector partners and integrated into the commissioning cycle. Workshop participants emphasised the criticality of liaising with regional partners to understand whether similar exercises have already been undertaken, so that duplication of effort can be avoided.

To ensure alignment with the research and evidence agenda and the Code requirements, local authorities will need to align improvement activities with performance and quality assurance infrastructure. In doing this, it will be important to understand service impact across two closely interrelated domains.

Firstly, understanding how well social services can comply with their duties in meeting assessed care and support needs. In particular, this will involve understanding the contributions made by specific service models, individual practice, and partners. This will be especially true where activities are more highly integrated with other agencies, e.g., ‘MASH¹’, arrangements, CMHTs¹, integrated health and social care community teams. Capturing impact and outcomes in this domain falls principally to social services, drawing on the support of partners where relevant.

Secondly, the impact on people’s wider wellbeing, of local authorities’ services more broadly (including social services), and of partners and practitioners within a range of health, social care, and third sector agencies. Capturing impact and outcomes in this domain falls more clearly into the realm of Regional Partnership Boards (RPB). It is linked to the duties of RPBs to undertake and publish population needs assessments.

In practice, there are numerous ways to approach this task, and some suggestions are set out below. HM Treasury Magenta Book is available [here³⁴](#) and provides useful guidance on being clear about what you need to know. In addition, DEEP

³⁴ <https://www.gov.uk/government/publications/the-magenta-book>

Cymru’s website includes a range of useful resources [here](#)³⁵ which explore ways of approaching research in the context of social care services.

Implementing a structured cycle of mapping, needs assessment, theory of change, logic model, and research planning which links to local, regional, and national priorities is an important aspiration. However, it may be a complicated place to start. As a minimum, working collaboratively to design great research questions will help ensure good quality evidence is generated, which can have an important role in informing improvement.

5.1.2 Theory of change and logic models

Theory of change

A theory of change is a strategic assessment of how and why a particular change is expected to come about within a complex system. For a social services department, this theory would likely articulate the desired outcomes, the stakeholders and activities involved in affecting these outcomes and the over-arching theory which sets out how and why these outcomes are expected to be achieved. This is typically high level, theoretical and unafraid to highlight ambiguity.

Logic model

Within the theory of change framework, we might expect to see one or more logic models demonstrating more detail concerning how a particular service or intervention contributes to this overall theory of change. A logic model is a powerful tool in helping schemes plan, monitor and evaluate their success across a range of dimensions. The logic model ensures a close connection or relationship between **activities** undertaken, **outputs** produced, **outcomes** achieved, and the **impact** delivered.³⁶

³⁵ <https://www.deepcymru.org/en/resources-overview>

³⁶ The terms “outcomes” and “impacts” are sometimes used interchangeably by research professionals using a logic model. It is not uncommon to see the “impact” column described as “outcomes” and vice versa.

Figure 7 Logic model

<i>Inputs</i>	<i>Activities</i> If this....	<i>Outputs</i>	<i>Outcomes</i> Then that....	<i>Impact</i>
The resources (staff, time, money) being put into an intervention	The things that will be done with these resources.	A count of the “products” which result from these activities.	The immediate consequences and change for the participants x. There are usually four key areas of change for participants: (1) knowledge, (2) skills, (3) attitudes (4) behaviours.	The higher level and usually longer-term results in participants’ lives, which the service may contribute towards, but which go beyond the direct and immediate change.

<i>Inputs</i>	<i>Activities</i> If this....	<i>Outputs</i>	<i>Outcomes</i>	<i>Impact</i> Then that....
<i>Example</i>				
<p>£85,000 for 12 months.</p> <p>Two FTE support workers, plus management oversight and overheads.</p>	<p>Intensive support sessions with care leavers to support an 'into-employment & training scheme for care leavers.</p> <p>Activities will include: brokering placements; employer & workplace mentor liaison; identifying training opportunities; pre-placement preparation & upskilling care leavers to enter workplace or join training programmes; mentoring; pathway into permanent employment planning with care leaver.</p>	<p>Minimum of 150 support sessions delivered each month.</p> <p>Minimum of eight care leavers actively engaged in the programme at any one time.</p>	<p>Care leavers have:</p> <p>Improved knowledge about support options available to them</p> <p>The skills to engage in a workforce; understand the importance of reliability punctuality, working as part of a team, workplace responsibility and duties; understanding payslips, tax and NI or other employment conditions.</p> <p>Improved confidence about future employability and a realistic appreciation of how to gain and keep a job; interview skills</p>	<p>Care leavers:</p> <p>Are work ready; have acquired a range of employment skills and have the basis of a marketable C.V.</p> <p>Are better equipped to sustain themselves financially, enjoy the benefits of being in work and participate in society by making a contribution to productive and/or socially beneficial activity.</p> <p>Are less likely to be NEET (not in employment, education, or training).</p> <p>Are better able to sustain affordable independent accommodation.</p> <p>Have a reduced reliance on social care services.</p>

5.1.3 Research questions

Once a theory of change and logic models have been developed, it is possible to identify the research questions and methods which will be most effective in helping to understand progress. The questions should adhere to the “SMART” acronym: **Specific, Measurable, Achievable, Relevant, Timebound**. No doubt, there will be numerous research questions that different teams or departments would like to explore. However, ideally, local authorities will indicate which questions are of strategic importance and encourage their workforce and partners to contribute evidence towards these questions via a range of research activities. Of course, the number of research questions will vary, but authorities should challenge themselves to focus on a small number of strategically critical research priorities. This should ensure that research activity and resources are focused on issues that are likely to have the greatest impact on improvement.

Below is a hypothetical example of a simple tool that can be created to clarify the research questions and approaches that the local authority has prioritised.

Figure 8 Hypothetical research planning tool

Outcomes (as determined by logic model or theory of change)	Research and/or evaluation questions	SMART indicators	Evidence gathering methods
<p>Citizens who use our social services experience an improved or maintained quality of life</p>	<p>To what extent do Citizens who use our social services say their quality of life has improved/been maintained?</p>	<p>% increase in aggregated quality of life scores from validated measurement tools (e.g. Warwick-Edinburgh Mental Wellbeing Scales WEMWBS) between [pre-intervention date x] and [x date during / after the intervention]</p>	<p>Online survey</p>
	<p>To what extent does evidence in our case files indicate that citizens who use our social services are experiencing an improved or maintained quality of life?</p>	<p>Analysis of case files evidence demonstrates improvements by [x date after the intervention].</p>	<p>Casefile analysis (sample must be chosen at random: 10% of all cases will be reviewed).</p>
	<p>To what extent do local data concerning hospital admissions, police interactions, school exclusions indicate that citizens who engage with our social services are experiencing an improved or maintained quality of life by reducing their reliance on these services?</p>	<p>There is evidence that people engaging in our social services reduce or maintain the average number of A&E visits/police interactions/school exclusions between [pre-intervention date x] and [x date during / after the intervention].</p>	<p>Individual citizen data mapping study.</p>

It is important that creating and research questions and an agreed plan does not stifle creativity. As the following example shows, an agreed plan can be used as a framework which allows space for creative evidence-gathering activities, as long as the evidence contributes to understanding the prioritised research questions.

Spotlight on: Generating space for ad hoc evidence gathering.

The criticality of this space to innovate was voiced by participants at WCVA and Data Cymru's Community of Enquiry concerning the evaluation of frontline services in February 2020:

"The limitations of traditional research designs were discussed in terms of not being able to capture these organic and human treasures / changes and were juxtaposed with the human capacity to "spot them" through alternative evaluation methods; the struggle to articulate these treasures because of superseding priorities and metrics that have been put in place raised design implications; frameworks need to allow space for the human elements."

In creating and articulating a good quality research plan, leaders can provide clarity about the issues which are most important to explore. Once this broad framework is agreed, leaders can encourage creative and even ad hoc approaches to gathering the type of "treasures" and "human elements" discussed here. This approach increases the opportunity for these "treasures" to address issues which are known priorities and therefore form a direct part of the improvement conversation.

5.2 Research Oversight

As research becomes a more routine part of social services activities, consideration must be given to its oversight. Feedback from the engagement workshops, which informed this guidance, indicated that bespoke research & development committees, ideally operating at a regional level, would be useful to oversee social care research in each area. They would ideally comprise a combination of local authority leaders, academic experts, social care practitioners, and social care users/citizens. This group would be responsible for ensuring that each region or authority's social care research plans are effectively delivered and that the right activities are underway to gather evidence that can inform improvement. The committee could also have a role in ensuring the safe conduct of research in their patch in line with research governance and ethical guidelines.

5.3 Research governance and ethics

Alongside this oversight of evidence-gathering, it will be important to consider the ethics of conducting studies that engage or influence people who may be at risk. It is important to ensure that the level of review from a governance and ethical perspective is proportionate, streamlined and not duplicatory, whilst ensuring that the social care research undertaken within the local authority area is safe and ethical.

The following steps should be considered:

- 1) Review Health and Care Research Wales' decision tree: Is my study research? (available [here](#)).³⁷ This will help determine whether the activity is categorised as the type of research that is likely to require formal ethical approval.
- 2) If the outcome suggests that the activity is research, the UK Policy Framework for Health and Social Care Research will apply (available [here](#)).³⁸ Colleagues at the approvals team in Health and Social Care Research Wales can help to navigate the process, giving advice on whether ethics approval is required and how it can be obtained, as well as helping to consider the relevant governance issues. They can be contacted via the Health and Care Research Wales website [here](#).³⁹

The Economic and Social Research Council website (available [here](#)⁴⁰) also provides several tools and resources that could help inform approaches to considering research ethics in social care research.

Many local authorities' research activities are likely to fall into the category of "audit" or "service improvement" and therefore do not require formal ethics approval. In this case, the authority will want to put in place processes to assure itself that: (a) participants are safe and supported, (b) care providing partners are safe and supported, (c) the activity is valid and important (d) overall the activity complies with the principles of ethical research as set out [here](#)⁴¹ in the UK Policy Framework for Health and Social Care Research.

5.4 Making evidence gathering achievable and sustainable

5.4.1 Introduction

It will be important to ensure that research activities are embedded into existing work. The Code (p5, p10, p13) makes it clear that practitioners should be looking for opportunities to weave research activities into their day-to-day work.

In this way, using evidence to inform improvement should become a feature of day-to-day behaviours and activities within social services departments. This should not be an "add on". However, this aspiration may take a while to become a reality, and it is recognised that this process of change may be challenging and resource-intensive for some. Below we set out some practical ways to think about embedding

³⁷ <http://www.hra-decisiontools.org.uk/research/>

³⁸ <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/>

³⁹ <https://healthandcareresearchwales.org/researchers/support-and-guidance-researchers>

⁴⁰ <https://esrc.ukri.org/funding/guidance-for-applicants/research-ethics/>

⁴¹ <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/>

evidence-gathering into existing resources and activities. These approaches should reduce the requirement for additional investment. In addition, they should help to ensure that a focus on using evidence to inform improvement can become fundamental to the culture of social services departments.

Social services practitioners can be under pressure to deliver effective assessment and care and support services, often in the face of staff shortages. Although variable and subject to peaks and troughs, this affects most local authorities.⁴² Against this backdrop, effectively designed and accessible infrastructure is critical to ensure scope for research activity engagement.

5.4.2 Working with partners

Delivering the performance and improvement framework and adhering to the Code is a local authority responsibility. However, to deliver effective results, it will be essential to work collaboratively with those partners who have influence over the delivery of social care services, and the overall wellbeing of citizens.

To ensure that this collaborative approach can be embedded, local authorities will need to find creative ways to make it easy for partners to engage in the research agenda and make sure they can contribute to knowledge mobilisation. Engagement approaches need to be flexible enough to involve statutory partners (e.g., health, housing, police, education) and independent partners (e.g., contracted care providers, voluntary and community sector).

Spotlight on: Working with partners

Health data

There is an increasing focus on joining-up health and social care data in Wales. Evaluations of the Integrated Care Fund are expected to emphasise greater data collaboration between health and social care. The National Data Resource Programme (see information [here](#)).⁴³

Engaging independent providers

Independent care providers have an important role in ensuring that research and evidence are used to inform practice. It will be important to examine how existing contract monitoring activities can be adapted to ensure that data is collected and used to inform practice.

For example, Flintshire County Council has worked with local independent providers of older people's care to create a self-assessment tool that allows Registered Managers to consider the day-to-day experiences of people they are supporting, the

⁴² Participants at the four workshops which have informed this guidance repeatedly cited safeguarding or 'care and support' priorities as the single most significant obstacle to the engagement of social care practitioners and operational staff in the research and evidence agenda.

⁴³ <https://digitalhealth.wales/national-data-resource>

policies and practices they use, and the knowledge and skills of staff (including themselves). In line with the Social Services and Wellbeing (Wales) Act 2014, they wanted to see people's outcomes at the centre of care planning and devised this tool to bring a strong focus to this issue. The concept was readily embraced, but different providers required varying levels of support to implement the approach. This has been challenging at times, but the results are so valuable that the Council has extended the approach to include domiciliary care.

Flintshire's contract monitoring team uses this self-assessment tool to support managers and staff in introducing suitable person-centred tools and practices into everyday working. Together, they develop an action plan designed to use this evidence to improve the lived experiences of people receiving care and support. Overall, there have been some notable improvements: problems are uncovered more quickly, and there is a much more equitable working relationship between Council and provider.

It is important to remember that independent providers vary and have different capacities to engage with the research agenda. Working in partnership to agree on proportionate approaches and those of value to all concerned will bring the most effective and sustainable approaches to gathering evidence and ensuring it is used to inform improvement.

5.5 Starting with evidence that already exists

It is not always necessary to gather bespoke evidence. Before beginning your own research, it is critical to consider what data already exists and making sure that existing data "works hard". A good deal of insight and learning can be collected from information that others have gathered. This could include academic research literature, blogs and lessons learned reports, existing statistics concerning social trends or trends in the use of particular services, and information gathered and held within social services departments.

Creativity also needs to be encouraged in looking at evidence held within a social care department that might align with the agreed research questions. Existing evidence within a social care department can take very many forms. The list below is not exhaustive:

- Social work MSc research assignments
- Complaints and compliments data
- What matters conversations and other information held in case files
- Inspection reports for care providers
- Care Inspectorate Wales National Overview reports and other reports which examine key data and themes across local authority areas
- Activity and output metrics
- Data describing how people "flow" around the health and social care system – e.g., A&E attendances and hospital discharge data
- Adult Practice Reviews, Child Practice Reviews
- Performance management data
- National social care returns

- Data required as part of a contract or commissioning arrangement
- Regular satisfaction survey data
- Ongoing interaction, consultation, engagement with people using social care services

It is important to use all appropriate existing data to assess what is already known about how a service operates and whether it is achieving its goals *before* designing and collecting new data to minimise resource duplication. Strategic managers and data teams must also factor in any external influences on performance management data to ensure it is interpreted correctly, (e.g., increasing social care caseloads may negatively affect some performance management data).

Spotlight on: Using existing evidence to understand experience.

North Wales colleagues were aware that services for carers were not necessarily being delivered or used in the way they were intended. They were keen to understand how reality differed from expectations and what could be learnt as a result. North Wales colleagues chose a sample of six case files from across local authorities and health partners in the North Wales region. Data within these files were used to map service pathways. Though the sample was not representative, this method offered a pragmatic approach to understanding the carer experience. This work was triangulated with other qualitative data-gathering, including collating carers' stories and case studies.

The aims of the exercise were agreed upon at the outset so that the case files were being examined to understand:

- (i) how carers' experiences of service pathway processes may have differed from the *intended* pathways planned by services.
- (ii) which professionals could support carers within their service pathway journeys; and
- (iii) changes or improvements to these processes, which could enhance carers' experiences.

It resulted in the following knowledge, which has been of direct value in developing the Carers' Strategy and practices overall in North Wales:

- The extent of carers awareness of available services and entitlements.
- Understanding of existing service strengths which should be maintained and developed.
- A clearer understanding of strengths and areas for development in the regional offer.
- Opportunities to ensure greater consistency of service.
- The benefits of placing both the carer and the person cared for at the centre of planning and decision-making.

More information about this approach is available on the North Wales Collaborative Website [here](https://www.northwalescollaborative.wales/carers/)⁴⁴

5.6 Gathering new evidence

If the existing evidence does not provide robust answers to research questions, bespoke approaches may be required

⁴⁴ <https://www.northwalescollaborative.wales/carers/>

5.6.1 Alongside existing activities

Each interaction with a service user/citizen can generate qualitative and quantitative data that can be used to inform improvement at a range of levels. Ensuring each piece of data “works hard” is a valuable approach that ensures the best return for the investments made in gathering evidence. However, making this approach work requires a commitment to learning throughout the organisation and beyond.

Information Governance

Gathering new evidence will require consideration of ethics, consent, data protection and GDPR¹ issues. It is important that those planning and delivering evidence gathering activities adhere to their organisation’s Information Governance policies. Please see further information concerning use of data in Chapter 5 of the related guidance *Understanding Experiences and Outcomes* (available here).

Wales is already embedding this approach in its school provision. Learning from the education experience can provide insight for social care leaders as they develop similar structures and cultures.⁴⁵ In the context of social care, this is likely to involve sharing insight and engaging in forums that enable knowledge mobilisation beyond local authority boundaries (e.g., Regional Partnership Boards, Regional Research Innovation, and Improvement Hubs, Social Care Wales Evidence Offer).

Here’s an example of how research and evidence can be woven into “business as usual” activities within a social services department.

Spotlight on: A collaborative approach to research - Developing Evidence Enriched Practice

[DEEP](#)⁴⁶ is based at Swansea University and is funded by Health and Care Research Wales. It is a dialogue-based approach to exploring and using different types of knowledge (collectively termed as ‘evidence’). It focuses on improving social care learning and development. DEEP is a way of *being* and *doing*, building bridges between policy, research, practice, and people.

The DEEP website provides a wealth of information and guidance about how local authorities can collect their own evidence, and published research and case studies of DEEP projects carried out thus far⁴⁷. There is an emphasis on collaborative ‘on the job learning’ embedded into practice through storytelling and dialogue-based research techniques, driven by those involved rather than directed by others. The approaches and techniques promoted by DEEP are based on democratic and radical

⁴⁵ For example, see: [developing-schools-as-learning-organisations-in-wales-highlights_0.pdf \(gov.wales\)](#)

⁴⁶ <https://www.deepcymru.org/en/>

⁴⁷ For example, see: [Developing Evidence-Enriched Practice in Health and Social Care with Older People | JRF](#)

research principles where all types of evidence, knowledge and stakeholders are valued. There is an intrinsic focus on relational techniques and co-production in the gathering and formulation of evidence. This, in turn, can positively contribute to the emotional wellbeing of those working within the sector and those that use its services.

Over the life of the programme, DEEP aims to achieve the following six outcomes:

1. The DEEP approach is clearly articulated and widely understood across Wales and internationally.
2. People can independently apply the DEEP approach using a range of associated techniques.
3. The DEEP approach is embedded in national strategic learning, development, and performance programmes across Wales.
4. Social care policy and practice across Wales are enhanced as a result of applying the DEEP approach.
5. Social care research capacity building across Wales is enhanced as a result of DEEP.
6. There is a strong evidence base regarding the efficacy and sustainability of the DEEP approach.

6.7.2. Commissioning external support

If existing or easily accessible data is unavailable, project leads may choose to train selected staff members in research skills to carry out the data collection; or bring in external expertise. Figure 9 below outlines some advantages and disadvantages of using in-house versus external resources to conduct research.

Figure 9 Advantages and disadvantages of commissioning external support

Type of research team	Advantages	Disadvantages
In-house (e.g., performance management teams, frontline staff trained in research skills)	<ul style="list-style-type: none"> • Opportunity to upskill the existing workforce. • Contributing to professional development and sustainability through redeployment in future. • The local authority can control exactly how the research will be carried out and adapt methodologies over time flexibly. 	<ul style="list-style-type: none"> • Time taken to select, train and prepare researchers. • May negatively impact workers' existing workloads. • Requires members of staff who are committed and interested in diversifying their skill set. • Need to consider the ethical considerations of workers researching their own project (e.g., impact on service users). • Consider any credibility or conflict of interest issues in researching your own service (i.e., could an independent researcher collect different data?). • Consider whose responsibility it will be to quality assure the findings and fieldwork.

Type of research team	Advantages	Disadvantages
External (e.g., universities, third sector agencies or independent consultancies)	<ul style="list-style-type: none"> • Can tap into existing research expertise (do not have to re-invent the wheel). • It may be quicker to get research carried out. • May have a greater level of confidence in knowledge and skills of professional researchers versus frontline staff. 	<ul style="list-style-type: none"> • Cost and sustainability implications (especially if research is to be repeated over time). • The local authority has less control of the research process and outcomes. • Consider any issues of researchers not being familiar with the inner workings of the service.

In practice, local authorities can, of course, also use a mix and match approach in tapping into local expertise to support the skilling-up of their own staff or bringing in relevant research expertise at key stages in the research process. Local authorities should be creative in drawing on research expertise in their localities and regions.

5.7 Planning evidence-gathering: checklist

Figure 10 below is a checklist that may help to ensure that all key stages are considered when planning an approach to using evidence to inform improvement.

Figure 10 Planning research and evaluation

Steps involved	What to consider
Understanding what you intend to research	<ul style="list-style-type: none"> • What is the logic or theory? How will the activity lead to the outputs, impacts and outcomes? • How does the initiative or activity fit with your key strategic partners' priorities and objectives (partners could include potential funders and commissioners)? • Has anyone done a similar project that we can learn from?
Define the audience.	<ul style="list-style-type: none"> • Who will be the main users of the evidence? • What is it that they most want to know answers to?

Steps involved	What to consider
Planning the practicalities	<ul style="list-style-type: none"> • Is the research going to be externally commissioned or carried out in-house? • If externally commissioned, who will develop a specification, procure, and manage the work? • When does data need to be collected? • When will the work start and end? Is this enough time considering the research questions which we must answer? • What is the budget? Is it sufficient?
Data requirements	<ul style="list-style-type: none"> • At what point in time is measurement most useful? • What data is required? • What is already being collected or available? • Who is responsible for the data collection? • Who is responsible for designing tools for capturing new data? • Who will be responsible for data entry, analysis, reporting and ensuring the evidence informs improvement?
Research oversight	<ul style="list-style-type: none"> • What are the ethical and safeguarding considerations? Are we satisfied that suitable risk management arrangements are in place? • Who will be responsible for overseeing and mitigating any risks or ethical challenges which may arise? • Are we clear about the Information Governance requirements for this research? • How will we ensure we have informed consent from those who we will engage in the research?
Using the evidence we generate	<ul style="list-style-type: none"> • Who will find the results useful? Have we included them in the planning for this research? • How do we intend sharing the results of our research? (e.g. reports; discussion - through existing forums or creating bespoke events; social media; feeding into strategic, operational or individual planning cycles). • How can we share it in a way which directly informs improvement within our organisation and among our partners?

6 Analysing evidence

6.1 Introduction

Analysis is the process of organising and interpreting the evidence to help answer the research questions.

“Analysis is vital to policy development and the delivery of programmes, projects and operational services. It helps shape and appraise options, provides insight into how complex systems work and behave, measures system performance and improves efficiency.”¹

“Quality analysis needs to be repeatable, independent, grounded in reality, objective, understood and manage uncertainty, and the results should robustly address the initial question. It is important to accept that uncertainty is inherent within the inputs and outputs of any piece of analysis.”¹

Importantly, the analysis needs to contribute to two important sets of insight within a social services department:

Proving: Which focuses on accountability and performance.

Improving: Which focuses on learning and developing the service.

Both are critical to analyse and understand, but there can be tension between the two. *Improving* requires a willingness to share mistakes and failures, which can undermine the data required to *prove*. Both the analyst and those interpreting the data must consider these questions with care. In some cases, a moderate or even declining performance may be required in the short term to bring about long-term improvement.

6.2 Approaches to analysis

The analysis approach depends on the type of data, the research questions, the audience, and the available tools and skills. For example, a rich set of quantitative data may enable highly skilled statistical analysis. However in practice, simple descriptive statistics may be enough to answer the research question.

Qualitative data is most commonly analysed using thematic analysis (see short video [here](#) for more information⁴⁸), which identifies and organises the data into themes or patterns of meaning. In qualitative analysis, the inherent bias (or positionality) of the researcher is usually more evident, and it is therefore important for the analyst to (a)

⁴⁸ <https://www.youtube.com/watch?v=7X7VuQxPfpk>

acknowledge this positionality and (b) access second opinions concerning the data to ensure any unintended biases or oversight can be challenged.

Here are some useful points to consider when approaching analysis:

- Have we checked exactly what the data tells us? Will it definitely help us answer our research question? (e.g. does it cover the right time period, does it cover the cohort of people or interventions which we are most interested to understand?)
- What are the limitations of this data – is it likely to have over-or-under-represented certain views or experiences?
- What are the key messages arising from the data about the research questions?
- What were the common or majority views/experiences? Where are the outlying views?
- What were the views/experiences of particular individuals/groups?
- Are there any unanticipated messages or themes?
- Does the data prompt further questions or lines of inquiry?
- What are my biases, perceptions, and life experiences? To what extent are they affecting my analysis of this data?
- How will the resulting findings be used?

6.3 Accessing the right skills for analysis

Depending on the complexity of the data and the questions you need to ask of it, the approach to analysis can vary.

At its simplest, quantitative data can be analysed by those with a solid understanding of percentages, averages, and the ability to manipulate Excel spreadsheets. As questions and data become more complex (e.g. attempting to demonstrate the likelihood of particular outcomes occurring by chance or attempting to attribute change to one specific factor in a system), other packages may be required (e.g. [SPSS⁴⁹](https://www.ibm.com/uk-en/products/spss-statistics) or [R⁵⁰](https://www.r-project.org/)). It will be necessary to involve those with a more sophisticated understanding of statistical analysis at this stage.

Similarly, qualitative data can be analysed by those with a good grasp of language and an ability to organise and draw conclusions from stories. However, this skill improves with experience and depending on the criticality and complexity of the work, it may be valuable to access experts to either deliver or oversee the approach.

⁴⁹ <https://www.ibm.com/uk-en/products/spss-statistics>

⁵⁰ <https://www.r-project.org/>

7 Ensuring evidence is used to inform improvement

7.1 Ways of presenting and communicating evidence

The way in which the results are presented will depend on the audience and the way in which the data needs to be used. There are lots of different ideas about how to convey evidence in a meaningful way, and no “right” answers. Data Cymru’s website has some useful resources [here](https://www.data.cymru/eng/home)⁵¹ which can help you think about different ways to present the data. However some general principles are outlined below.

Quantitative data is usually most powerful when presented as a series of graphs, tables or infographics. This is ideally accompanied with a narrative explanation of the insights which the researcher feels should be highlighted, and their relevance to the research question.

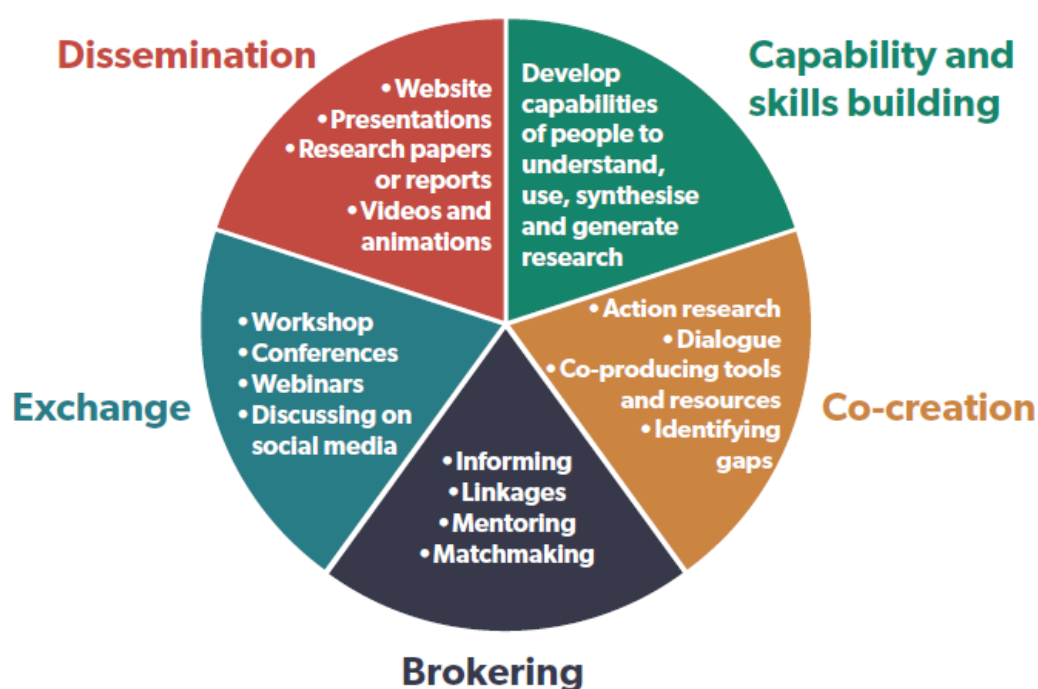
Narrative data or stories are usually presented in prose, highlighting key themes and their connections to the research question. It is usually very helpful to include stories, examples and quotes to illustrate the key themes being highlighted. In these cases, the researcher should take care to ensure they have consent to highlight these stories and that anonymity is maintained (where required).

Participants should be made aware of the results of any research they have helped to shape. This follow up engagement is also central to an ethical and collaborative approach to evidence and improvement. In addition, the research results should be communicated to all those who may be able to use it to inform improvement.

Social Care Wales has outlined four different approaches to communicating research, sharing research and helping practitioners to embed it in their practice.

⁵¹ <https://www.data.cymru/eng/home>

Figure 11 Ways of using evidence to inform improvement



Source: Social Care Wales

There are lots of different ways to do this in practice. Here are some suggestions:

- Produce a very short summary that can be distributed through existing networks. [Here](#)⁵² is an example that shares emerging evidence from home care practice collected by the DEEP programme.
- Host a workshop to discuss the findings with those who participated.
- Record a YouTube video that describes the results of the research.
- Write a blog post for your website or the website of a partner organisation.
- Host (or join) a conference to share and discuss findings.
- Share and discuss the results at local, regional, and national meetings to allow others to find out more about how you did the research, what you found, and what improvements will be implemented as a result.
- Ensure the results are shared on the Health and Care Research Wales portfolio and directory [here](#)⁵³ and/or the interactive research map available from Social Care Wales (available from 2022).

7.2 Informing improvement at four levels.

The Code (p13) requires evidence to be gathered and used at a range of levels:

⁵² <https://www.wlga.wales/SharedFiles/Download.aspx?pageid=62&mid=665&fileid=2984>

⁵³ <https://healthandcareresearchwales.org/researchers-support-and-guidance-researchers-what-research-directory-and-portfolio/what-health-and>

Evidence should be used at all levels in the social care system to ensure that improvement is informed and achieved consistently and sustainably. This will include:

Individual-level – Social care practitioners undertaking their own research or using evidence as part of a professional qualification or to inform their own practice.

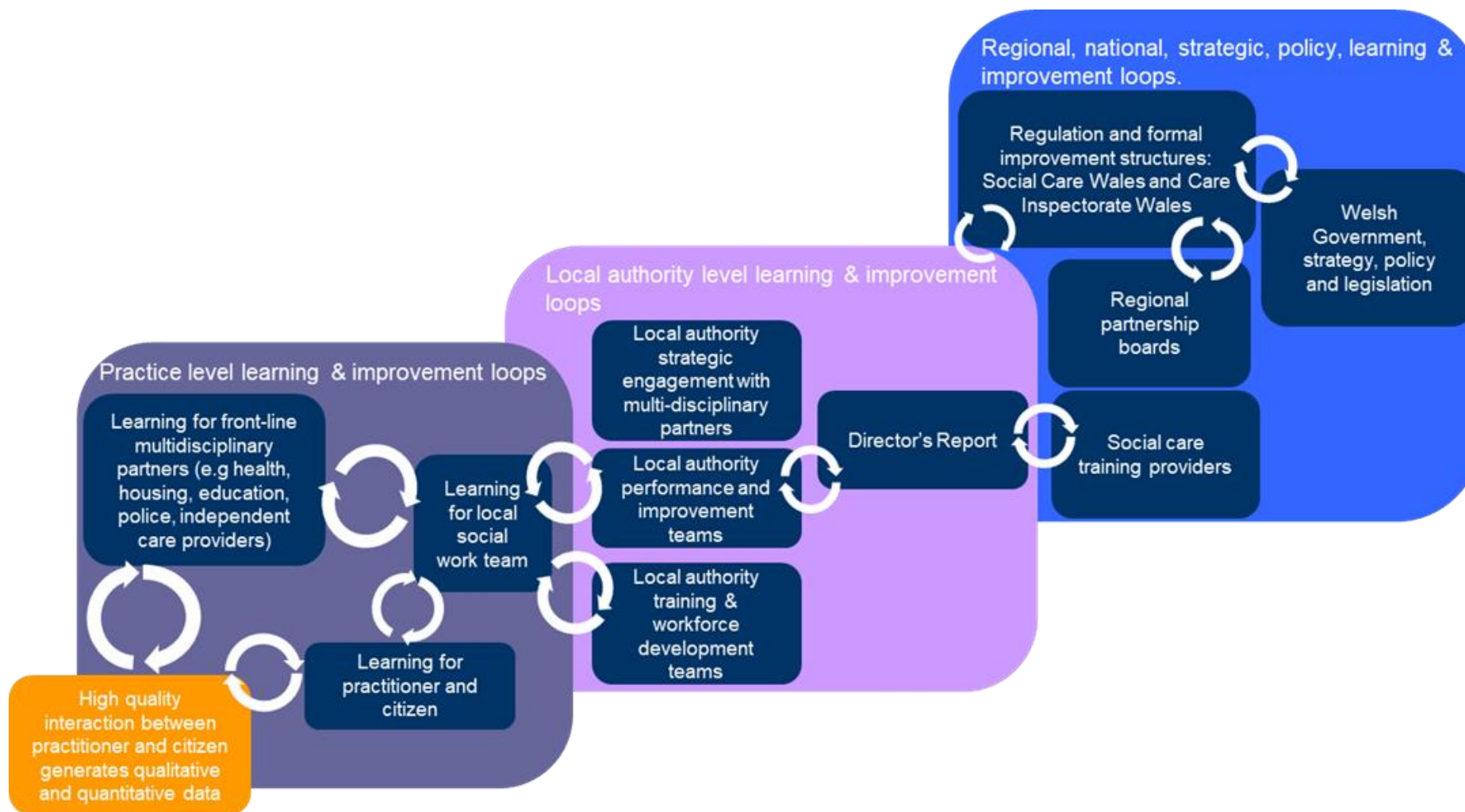
Local-level – Local authorities using evidence to shape services, to inform improvement and understand best practices.

Regional level – Regional partnership boards using this Code of Practice to shape their own work to inform improvement and commissioning and understand how the routine use of data and evidence must complement local and national priorities.

National-level - Welsh Government using evidence to understand national policy's effectiveness, inform future policy development, and ensure that improvement across Wales is being achieved.

Figure 12 overleaf describes how evidence gathered from an interaction between practitioner and citizen can be used to inform improvement on a range of levels.

Figure 12: Using evidence at multiple levels



The following “spotlights” show ways in which people in Wales have been using evidence to inform improvement at the four levels described in the Code.

7.2.1 Using evidence to inform improvement: at a practitioner level

Spotlight on: [Friend not Foe](#)⁵⁴ - A framework for case-recording

Many practitioner and citizen interactions can be captured in case records. This provides a regular structured evidence-base to highlight the impact of interventions. It also provides clear evidence which each practitioner can use to reflect and improve on an individual level.

However, case-recording can be difficult: challenges include insufficient time to complete records, difficulties ensuring quality, and finding that existing templates do not allow for the meaningful recording of the interaction.

Following the introduction of the Social Services and Wellbeing (Wales) Act 2014⁵⁵, which marked a cultural shift in Welsh social care towards a focus on what matters most to users of services, the *Friend not Foe* document aims to set out guidelines for effective and person-centred case-recording within social care. It establishes twelve key principles in case-recording, which are organised under four themes: (i) personal and accessible; (ii) analytical; (iii) ‘live’ and joined-up across organisations; and (iv) inclusive. There are examples and exercises to aid practitioners in implementing these principles in their recording practices.

Although front-liners are currently testing this document, it offers an opportunity, once adopted more widely, for practitioners and managers to draw on their existing case records more confidently to evidence service users’ experiences and outcomes. This could offer a wealth of qualitative data to draw on in adding to the evidence base. And it should enable practitioners to reflect, learn and improve from every case.

7.2.2 Using evidence to inform improvement: at a local level

Spotlight on: Using evidence to inform service improvement for care leavers

The Conwy Personal Adviser (PA) Service (supporting care-leavers aged 18+) identified sexual health, pregnancy, early parenting, and loss as areas of support that could be strengthened. As a result, the team designed several research activities to understand more about the issues and options for services:

- Consultation with care-leavers who had specific experiences with sexual health, pregnancy, early parenthood and/or loss about their needs and suggestions for better support.
- Consultation with Personal Advisers about issues or concerns raised by care-leavers.

⁵⁴ <https://www.exchangewales.org/wp-content/uploads/sites/14/2021/07/Friend-not-Foe-English.pdf>

⁵⁵ <https://www.legislation.gov.uk/anaw/2014/4/contents>

- Observation of practice models in another local authority area.
- Meetings with the Strengthening Families Team to ensure up-to-date knowledge of available services and identify useful practice models.
- Consultation with internal and external teams to better understand how the Personal Adviser service could link into their work more effectively (e.g., Housing, Children’s Services, Substance Misuse Service, Bereavement Service, North Wales Domestic Abuse services, Perinatal Mental Health Service).

These activities clarified the criticality of listening to care leavers and supporting them on a case-by-case basis by properly understanding their experiences and outcomes. This evidence was used to inform a co-ordinated delivery plan and four pathways (sexual health, pregnancy, early pregnancy, and loss) which explicitly linked to existing strategic plans and priorities and referenced multi-agency working across these relevant services. Care leavers and other stakeholders were consulted on the draft approach before it was implemented. This collaborative, evidence-led approach increases the likelihood that the new service will deliver improvements in experience and outcomes for the local Personal Adviser Service.

7.2.3 Using evidence to inform improvement: at a regional level

Spotlight on: Mapping research activities and capabilities at a regional level

The West Wales Research Innovation and Improvement Co-ordination Hub (RIICH) were keen to understand the types of health and social care research being delivered across West Wales. The Healthcare Technology Centre (based at Swansea University), alongside partners from Hywel Dda University Health Board, delivered a mapping exercise designed to provide greater insight and understanding of the Health and Social Care Research, Innovation, and Improvement landscape. A number of very promising findings emerged concerning the quality and availability of research expertise across the West Wales region. As a result, the West Wales RIICH have identified a number of opportunities for building on regional research strengths to deliver Recommendations 6 and 7 from the 2018 Parliamentary Review on Health and Social Care in Wales “*one system of seamless health and care for Wales*’ which is underpinned by Research, Innovation and Improvement activities.

The mapping exercise highlighted that social care research tended to have a lower profile than health or medically focused research. The West Wales RIICH are therefore taking the opportunity to draw on expertise and capacity across both health and social care to ensure that the research priorities of both sectors can be more effectively-balanced and delivered.

Spotlight on: National evidence-led approach to improving trauma-informed case management.

The Enhanced Case Management (ECM) approach is part of a wider collaboration between the Welsh Government, Youth Justice Board Cymru, the Forensic Child and Adolescent Treatment Service and Youth Offending Teams (YOTs) in Wales. It is a trauma-informed case management system that uses clinical psychologist input, multi-agency case formulation and planning and intervention to tackle the young person's prolific offending behaviour. It focuses on understanding and addressing their wider history of trauma and adverse childhood experiences (ACEs) and putting in place immediate efforts to reduce risk and improve safeguarding.

The ECM approach was piloted and independently evaluated in three YOTs in Wales from 2013 to 2017. This initial evaluation reported several encouraging findings in working with young people with complex needs in a trauma-informed way, including young people reporting improvements in their lives, improvements in the relationship between the practitioner and young person, a better and fuller understanding of the young person's needs and history, positive organisational change and managing risk. In addition, all stakeholders as part of this first evaluation supported the expansion of the ECM approach across a greater number of YOTs as well as other teams/practitioners working with these young people.

This strong evidence base enabled a confident expansion of ECM to a second project in the South Wales Police Force area. A further evaluation has reported positive practitioner-reported findings, including:

- the effectiveness of multi-agency case formulation and intervention planning,
- more confidence in using a trauma-informed approach and working with young people who have experienced ACEs,
- reduction and simplification of interventions tailored for the young person in line with their developmental age and capabilities, and
- the criticality of clinical psychological input in case supervision and planning.

These robust evaluation findings have encouraged the Youth Justice Board to support an ECM project in four YOTs in the South West of England. This growing evidence-based of the effectiveness of trauma-informed practice within youth justice has also led to the commissioning of the development of an Effective Practice Award on trauma-informed practice that will sit within the YJB's qualifications framework next year.

In this way, the importance of successive evaluations and iterative, evidence-based learning and service development can improve the outcomes for service users.