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Evaluation of the Social Services and Well-being (Wales) Act 2014

Framework for change report

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Evaluation of the Social Services and Well-being (Wales) Act 2014: Framework for Change Report

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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1. Introduction

The Social Services and Well-Being (Wales) Act 2014 (hereafter referred to as 'the Act') puts in place a legal framework for the social services functions of local authorities and health boards in Wales. It came into effect in April 2016. The Act is positioned as an ambitious systemic framework to enable transformational policy change, organisational and system level change, and change in the practical delivery of care and support. These changes, in turn, are expected to be reflected in experiences of care and support by individuals, families, carers and communities, and over time, in the attainment of well-being outcomes and sustainable social services.

The Act requires those responsible for its administration to adhere to key principles and in so doing, to adapt to diverse contexts and respond to 'what matters' to people who use services, carers, and communities. The Act specifies legal duties. There are also requirements to implement programmes which can be done in potentially numerous ways, in various contexts, according to the underlying principles and requirements.

In this document we outline a Framework for Change, or story about how the duties, principles and ideals, mechanisms and practices laid out in the Act are guides to certain outcomes, most notably the fulfilment of well-being for people in Wales and sustainability of services. This story is drawn from background documents, such as the White Paper *Sustainable Social Services-Framework for Action* (2011) which was developed to inform the introduction of the Act to the Welsh Assembly, the Act and associated Regulations and Codes of Practice, and summary guidance papers prepared as the Act was being introduced in Wales. We have reviewed Welsh Government social care and health policy and strategy documents since 2005 and tested the Framework with Welsh Government Policy leads and stakeholders who are members of the Study Expert Reference Group.

The approach we are taking in the evaluation of the Act is Principles-Focused Evaluation (P-FE).¹ This approach is particularly useful in evaluating interventions that are complex with many components, and which will be variously interpreted and implemented in different environments and settings. Furthermore, as Moore et al., (2015, p.2)² note, the implementation of an intervention in a context may stimulate change in that context. Sensitivity to the dynamic environments in which an intervention is occurring is a feature of P-FE.

¹ Patton, M. (2018) *Principles-Focused Evaluation*, The Guilford Press, London

² Moore G., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., et al. (2015) 'Process evaluation of complex interventions: Medical Research Council guidance' *BMJ*,;350 :h1258

The Act is a significant reform of policy, which replaced a raft of legislation. As reproduced from a list in a Social Care Wales Guidance note (Doc B: Section 10)^{3,4} this includes repealing, or no longer applying, the following:

- Parts 3 and 4 of the National Assistance Act 1948
- Section 3 of the Disabled Persons (Employment) Act 1958
- Section 45 of the Health Services and Public Health Act 1968
- Sections 1, 2 and 28A of the Chronically Sick and Disabled Persons Act 1970
- Section 17 of the Health and Social Services and Social Security Adjudications Act 1983
- Sections 3, 4 and 8 of the Disabled Persons (Services, Consultation and Representation) Act 1986
- Section 46 of the National Health Service and Community Care Act 1990
- Carers (Recognition and Services) Act 1995
- Carers and Disabled Children Act 2000
- Sections 49, 50, 54, 55, 56 and 57 of the Health and Social Care Act 2001
- Section 16 of the Community Care (Delayed Discharges etc) Act 2003⁵
- Carers (Equal Opportunities) Act 2004
- Section 192 of and Schedule 15 to the National Health Service (Wales) Act 2006
- Personal Care at Home Act 2010
- Social Care Charges (Wales) Measure 2010
- Carers Strategies (Wales) Measure 2010.

³ [Guidance Note: repeals and transition in relation to the Social Services and Well-being \(Wales\) Act 2014](#), 10,

⁴ [Social Care Wales Guidance note](#)

Sections

This Framework for Change document is divided into three sections;

- i. Overview of some of the contextual factors that may impact on the implementation of the Act in Wales (i.e. public policy factors, socio-economic factors, path dependency etc.) which have implications for evaluation of its implementation.
- ii. An overview of the Act.
- iii. A depiction of the guiding directions, principles and aims of the Act, the 11 component parts and activities and the intended outputs and outcomes. We have called this description a 'Framework for Change'.

2. Overview of Contextual Factors

The Act is a complex intervention, namely it is a public policy which outlines the legal duties, processes for and requirements of the delivery of social services in Wales. The Medical Research Council (2019, p.6-7)⁶ define a complex intervention as one which has ‘several interacting components’ and where there are many parties involved, a range of outcomes and a ‘degree of flexibility or tailoring of the intervention permitted’.

Whilst focused on social services and well-being outcomes, the evaluation of the Act cannot be explored outside of consideration of specific dynamic local contexts that will shape needs and responses to meeting needs, the past that will shape what happens now and into the future, and those contextual factors that will shape people’s social care needs and the conditions in which these can best be met. Regional and national factors are also to be considered. Some factors are already known, but many of these are unknown and unpredictable. As Davey et al. (2017, p.14) write ‘understanding and specifying everything about the system is difficult: we cannot map the whole system.’⁷

Dynamic contexts

The socio-economic context in which the Act is being implemented in Wales is influenced by several factors. Austerity has been a constant in the UK since the 2008 financial crisis, constraining how Welsh Government has operated even while decisions about how to negotiate straitened circumstances have played out differently in Wales in important respects. In 2014, the Office of the Auditor General for Wales noted the financial pressures and resilience of councils which ‘...are under significant financial stress and have been active in meeting the challenge.’⁸ Yet, even allowing for increased revenue via Council Tax, reductions in the Welsh Government grants to councils have meant that local authorities had £577.1 m less to spend in 2017-18 than they had in 2009-10 (Ifan and Sion, 2019).⁹

⁶ Medical Research Council (2019) [Developing and evaluating complex interventions: new guidance](#)

⁷ Davey, C., Hassan, S., Bonell, C., Cartwright, N., Humphreys, M., Prost, A., Hargreaves, J., (2017) Gaps in Evaluation: Methods for Addressing Challenging Contexts in Development. CEDIL Pre-Inception Paper: London.

⁸ Auditor General for Wales, (2015) The Financial Resilience of Councils in Wales. Wales Audit Office: p.4

⁹ Ifan, G. and Sion, C. (2019) [Cut to the bone? An analysis of Local Government finances in Wales, 2009-10 to 2017-18 and the outlook to 2023-24](#). Cardiff: Wales Governance Centre.

This comes as part of a wider climate where:

- poverty rates in Wales are consistently higher than the UK (JRF, 2018);¹⁰
- household debt has risen to unprecedented levels (TUC, 2019¹¹) and real average wages remain lower than in 2008, before the financial crisis; and
- average wages in Wales are both comparatively low and recovering considerably more slowly than in other parts of the UK (ONS, 2018).¹²

Whilst there have been protections on expenditure for education and social services (Ogle, Luchinskaya and Trickey, 2017)¹³, these cuts in local government funding and wider austerity impacts are significant in shaping the context in which the Act is being implemented.

The above has implications for the attainment of individual and collective well-being, a core principle and intended outcome of the Act. The Act was conceived, developed and implemented over a period of constrained government financial outlays, with projected estimates that this trend will continue and, set against demand, result in funding gaps for key public services in Wales (Roberts and Charlesworth, 2014)¹⁴. Spending on public services in Wales has been predicted not to return to pre-austerity levels until 2023 (Ifan and Sion, 2019). These constraints have been mirrored at the household level, where care recipients and family carers will have been directly affected by a sustained period of pressures on living standards. For example, Wales has clear patterns of health inequality, with the likelihood of adults reporting 'good' or 'very good' health declining substantially among those in lower occupational classes, and in areas of higher deprivation – with 62.4% of adults reporting 'good' or 'very good' health in the most deprived areas, compared to 80.1% in the least deprived (EHRC, 2018).¹⁵

Furthermore, the Act is concerned with a broad sweep of responsibilities in the area of social services. The organisations charged with delivering against the various parts of the Act will have distinct histories, cultures and practices, including strategic and operational planning, staff capacities and formal and informal relationships to other organisations in the

¹⁰ JRF (2018) Poverty in Wales 2018. (<https://www.jrf.org.uk/report/poverty-wales-2018>)

¹¹TUC (2019) ['Unsecured debt hits new peak of £15,400 per household – new TUC analysis'](#).

¹² ONS (2018) [Earnings and Hours Worked in the UK, 2018](#).

¹³ Ogle, J., Luchinskaya, D. and Trickey, M. (2017) *Austerity and local government in Wales: an analysis of income and spending priorities, 2009-10 to 2016-17*. Wales Public Services 2025, Cardiff.

¹⁴ Roberts, A., and Charlesworth, A. (2014) A decade of austerity in Wales? The funding pressures facing the NHS in Wales to 2025/26. Research report. Nuffield Trust.

¹⁵ EHRC (2018) [Is Wales Fairer? The State of Equality and Human Rights, 2018](#).

local area/and systems. In other words, the 'state of play' at the time the Act was introduced into law varied. For instance, at the time of enactment of the legislation the 22 local authorities in Wales differed in geographic size, location, terrain, population size and composition, local council organisational culture, history and practices, financial positions and the political nature of the elected local government. As local democratic states, they have independence whilst working within wider national and UK legislative frameworks and delivering on what is required.¹⁶

Moreover, each is unique in their histories of local community development and preventative work, the provision of social services and engagement with the voluntary, third sector, private sector, NHS and other public services. Civil society within these local authority areas has its own characteristic features and rhythms. These differences can be especially pronounced when comparing local authorities. For example, in Wales there are predominantly rural authorities such as Powys and Ceredigion and more urban ones like Cardiff, Newport and Swansea, and on the other hand, the valleys-based authorities like Rhondda Cynon Taf and Caerphilly with a complex mix of urban and rural settings, mirrored in the infrastructure of services.¹⁷

There are public policy and regulatory changes introduced in Wales over a similar period which tend to move in a similar direction to those specified under the Act. They have a bearing on what changes can be attributed to the implementation of the Act. Also to be noted are the impacts of what is known as path dependency. Generally speaking, a consideration in implementing reformist policy change is how to overcome the institutional and cultural barriers that work to keep things as they were, or on the same historical path. Writing for the OECD, Cerna states that theories of path dependency assume '...it is generally difficult to change policies because institutions are sticky, and actors protect the existing model' (Cerna, 2013; p.4).¹⁸ In short, across Wales there are different local conditions and dynamics. In his discussion of the implementation of policy reform,¹⁹ Weaver (2010) suggests a need to factor into any analysis of the implementation of legislation the 'unknown unknowns'.

¹⁶ Auditor General for Wales (2014) The Financial Resilience of Councils in Wales, Wales Audit Office.

¹⁷ Bowyer, O. (2018) [Public service reform in post-devolution Wales: a timeline of local government developments](#), National Assembly for Wales, Senedd Research.

¹⁸ Cerna, L. (2013) The Nature of Policy Change and Implementation: A Review of Different Theoretical Approaches. OECD.

¹⁹ .Weaver, K. (2010) [But Will It Work?: Implementation Analysis to Improve Government Performance](#).

Public Policy Architecture

The Act came into effect on the 6 April 2016, alongside other pieces of national legislation and policy that together, are changing the public policy and regulatory landscape in Wales. Some of the key policy developments are described below and serve to give an indication of the broader policy and service delivery context in which the Act is being implemented. Themes of supporting well-being, prevention, sustainable services and sustainability, multiagency working, equality and co-production are central across these initiatives.

- **Prudent Healthcare**²⁰ launched in 2014, complemented the policy direction of the Act by refocusing on community-based health provision, working with people in a co-productive way, making the ‘most effective use of all skills and resources’ and intervening appropriately, and ‘doing only what is needed, no more, no less, and do no harm’, and avoiding wasteful care. A priority action area is ‘public services working together’²¹.
- The **Well-being of Future Generations (Wales) Act 2015**²² requires public bodies – i.e. local authorities and health boards – to put long-term sustainability at the forefront of their thinking, and work with each other along with other relevant organisations (such as third sector groups) and the public to prevent and tackle problems. This is linked closely to the Act. There is a focus on well-being outcomes (there are seven integrated well-being goals) and a collaborative approach.

Integral to the *Well-being of Future Generations Act* is a sustainability principle to which all public bodies are required to adhere. This Act created Public Service Boards (PSBs) comprised of the local authority, NHS, Fire and Rescue Authority and Natural Resources for Wales and other local participants.²³

The PSBs are required to improve well-being and must plan for and produce a well-being statement as described in the following extract from the ‘Guide to the Well-being of Future Generations (Wales) Act 2015’:

²⁰ [Prudent health Care](#), p.5.

²¹ [Prudent health Care](#), p.4.

²² [Well-being of Future Generations \(Wales\) Act 2015](#)

²³ Well-being of Future Generations (Wales) Act 2015: [The Essentials](#). (2015. p.11).

*Public bodies must publish a statement when setting their well-being objectives explaining why they feel the objective will help them achieve the goals and how it has applied the sustainable development principle. They must also make sure that they involve people interested in achieving the goals and that those people reflect the diversity of their area.*²⁴

- The **Parliamentary Review of Health and Social Care**²⁵ published its final report in January 2018. This acknowledged the policy context and the legislative background to secure a seamless system based on delivering well-being for the individual. A substantial amount of evidence and data was gathered as part of this work which informed the recommendations and will inform the policy context for the future.
- The **Housing (Wales) Act 2014, implemented in 2015**, is Wales' first housing related legislation. The Act specifies initiatives to address homelessness, support cooperative housing and places a duty upon all local authorities in Wales to properly assess and provide sites to meet Gypsy and Traveller Accommodation Needs. The latter is the Gypsy and Traveller Accommodation Assessment (GTAA).

As with the Social Services and Well-being Act, there are requirements on local authorities to change practices and cultures and support active community engagement and participation. The implementation of the Housing Act is the subject of an evaluation by Salford University which has reported.²⁶

- **A Healthier Wales**²⁷ published in response to the Parliamentary Review of Health and Social Care sets out a long-term future vision of a 'whole system approach to health and social care', which is focused on health and well-being, and on preventing illness. *A Healthier Wales* is shaped around a quadruple aim which maps how our health and social care system contributes to achieving the goals defined in the *Well-being of Future Generations Act*. The four themes of the Quadruple Aim, interpreted for our context in Wales are:
 - Improved population health and wellbeing;
 - Better quality and more accessible health and social care services;

²⁴ [Guide to the Well-being of Future Generations \(Wales\) Act 2015](#)

²⁵ [The Parliamentary Review of Health and Social Care in Wales \(2018\)](#)

²⁶ Full Research Report: A. Ahmed, M. Wilding, A. Gibbons, K. Jones, M. Rogers, I. Madoc-Jones (2018). Cardiff: Welsh Government, [GSR report number 46/2018](#).

²⁷ [A Healthier Wales: Our plan for Health and Social Care](#)

- Higher value health and social care; and
 - A motivated and sustainable health and social care workforce.
- The **Regulation and Inspection of Social Care (Wales) Act 2016**²⁸ established a regulatory regime which supports the Act and reforms the inspection of local authority social services functions. It also put in place Social Care Wales, an organisation which drives improvement and regulates the sector. Five principles underpin the new system of regulation and inspection:
- ‘reflecting the changes brought about by the Social Services and Well-being (Wales) Act 2014;
 - putting people at the centre of their care and support;
 - developing a coherent and consistent Welsh approach;
 - tackling provider failure;
 - responding quickly and effectively to new models of service and any concerns over the quality of care and support’²⁹.
- The **Integrated Care Fund, Sustainable Social Services Third Sector Grants (formerly Section 64 grant funding) and the Transformation Fund** were re-shaped to support the delivery of policy. The ICF³⁰ aims to ‘drive and enable integrated and collaborative working between social services, health, housing, the third and independent sectors’. It is intended to help regional partnership boards develop and test new approaches and service delivery models that will support the underpinning principles of integration and prevention (2018, p.2). The purpose of the Sustainable Social Services Third Sector Grant (Phase 2) is to support Welsh Ministers’ priorities of a new and equal relationship between people and practitioners; early intervention and prevention; and transforming the way people’s needs for care and support are met. There is evidence³¹ that the Transformation Fund has supported the transformation of care and support on several fronts including the improvement of care co-ordination, developing new models of care, and assisting the prevention of unnecessary hospital admissions and delayed discharges.

²⁸ [Regulation and Inspection of Social Care \(Wales\) Act 2016](#)

²⁹ Information and Learning Hub. [Overview Regulation and Inspection of Social Care \(Wales\) Act 2016](#).

³⁰ Welsh Government, (2018) [Integrated Care Fund Guidance](#)

³¹ Review of ICF: Projects and Initiatives which Demonstrate Good Practice, Welsh Government 2017

– The **Violence against Women, Domestic Abuse and Sexual Violence (Wales)**

Act 2015.³² This piece of legislation has the purpose to improve:

- ‘arrangements for the prevention of gender-based violence, domestic abuse and sexual violence;
- arrangements for protection of victims of gender-based violence, domestic abuse and sexual violence; and
- the support for people affected by gender-based violence, domestic abuse and sexual violence’. (Section 1)

– **Local Government (Wales) Act 2015**

This Act ‘makes provisions for, and in connection with, the merger of 2 or more existing principal areas into a single new principal area, with a new principal local authority’, and amends local government law in respect of remuneration and electoral reviews (Section 1, Local Government (Wales) Act, 2015).

This public policy contributes to shaping the environment and preconditions in which those responsible for implementing the Act work within. Consideration of this public policy architecture is important in evaluating what changes can be attributed to the implementation of the *Social Services and Well-Being (Wales) Act 2014*.

³²[Violence against Women, Domestic Abuse and Sexual Violence \(Wales\) Act 2015](#)

3. Description of Framework for Change

Explanatory narrative

The Framework for Change describes how the duties, principles and ideals, mechanisms and practices laid out in the Act are guides to outcomes, most notably the fulfilment of well-being for people in Wales and sustainability of services. This is shown in Figure 1. An explanatory narrative follows which explains each of the component parts of the Framework for Change. It describes the Act in its totality, considering all component parts. In keeping with the method of P-FE, the Framework for Change is not describing causal relationships; rather the understanding of the relationships between the principles and requirements of the Act, its implementation and impact and outcomes will emerge in the course of the evaluation study.

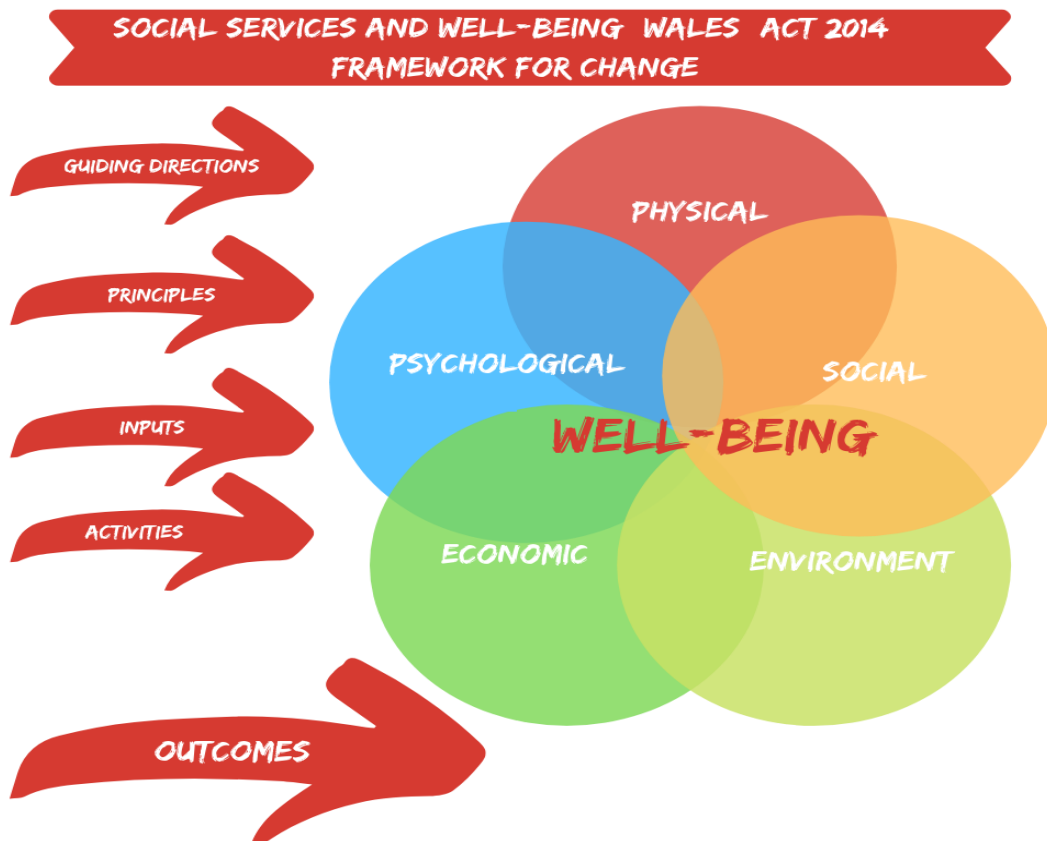


Figure 1: Social Services and Well-being (Wales) Act 2014 Framework for Change

GUIDING DIRECTION

The Act gives guidance and direction in how social services are to be delivered in Wales.

The legislation is an;

Act of the National Assembly for Wales to reform social services law; to make provision about improving the well-being outcomes for people who need care and support and carers who need support; to make provision about co-operation and partnership by public authorities with a view to improving the well-being of people; to make provision about complaints relating to social care and palliative care; and for connected purposes. (*The Social Services and Well-being (Wales) Act 2014*, p.1)

Within the Act are duties, specified social services functions, processes and powers. These establish promoting the integration of health and social care, encouraging people to be independent, to have stronger voice and control over their lives, giving people greater freedom to decide what support they need, promoting prevention, third sector and user led services and promoting consistent, high-quality services across the country; and providing for safeguarding and care and support for children and young people. These objectives underpin the changes required to deliver appropriate and timely services in Wales.

An overarching duty is to have regard to international United Nations Human Rights Principles and Conventions (The Act, 2014, Section 7, p.8). The Act also enshrines in law a preventative approach, and one whereby people are equal partners in designing and delivering the care and support they need (co-production). The need for this reform is expressed as need for 'transformation'. The Act³³ sets out a vision to produce transformative change in public policy, and in social services, regulations and delivery arrangements across Wales.

The intended changes are to:

- reduce the complexity of related legislation;
- prioritise quality and responsive integrated services that improve well-being outcomes for people who need care and support and carers who need support;
- strengthen a rights-based approach;
- extend the rights of carers;
- ensure effective safeguarding arrangements;
- remove barriers put in place for young people as they transition to adulthood;

³³ [Social Services and Well-being \(Wales\) Act 2014](#)

- and; shift the focus of the workforce and indeed all practitioners and professionals engaged in social care from a task-based approach to a focus on well-being outcomes for people.

The Act has a focus on the following domains:

- 1. Individuals** – whether these are people in receipt of support and/or care, or not;
- 2. Family and carers** – those people who provide unpaid support to people with needs;
- 3. Communities** – place-based communities and other forms of social relationships;
- 4. Workers** – whether these are ‘frontline’ paid care workers, social service and third sector paid workers, team managers or those care managers arranging support and care for others;
- 5. Organisations** – whether these are the strategic leaders of public sector bodies like local authorities and health boards (including finance officers), or leaders of key stakeholder organisations.

Assumptions about the links between these policy directions and the aforementioned aims can be traced back to the White Paper *Sustainable Social Services – A Framework for Action* (2011),³⁴ which was informed by the Independent Commission on Social Services (2010)³⁵ which itself endorsed the vision set out in *Fulfilled Lives, Supportive Communities* (2007).³⁶ The importance of embedding and legislating for a collaborative approach can be seen not just in the relevant papers but in the way that collaborative leadership was demonstrated in the design and support for the National Social Services Partnership Forum and Social Services Strategic Leadership Group and the two iterations of the National Social Services Citizen Panel, which took a leading role in introducing the concept of co-production to the way the Act was developed. The Commission gathered together information on the issues for social services and well-being in Wales and helped identify key factors which would need to inform change. These key documents were informed by public discussions and research evidence. For example, the Independent Commission writes that they consulted with ‘over 150 people and organisations and considered over 100 pieces of written evidence’ (2011, p. 5). Some of the assumptions within *Sustainable Social Services-Framework for Action* (2011) are set out below.

³⁴ [Sustainable Social Services – A Framework for Action \(2011\)](#)

³⁵ From vision to action. The report of the Independent Commission on Social Services in Wales (2010)

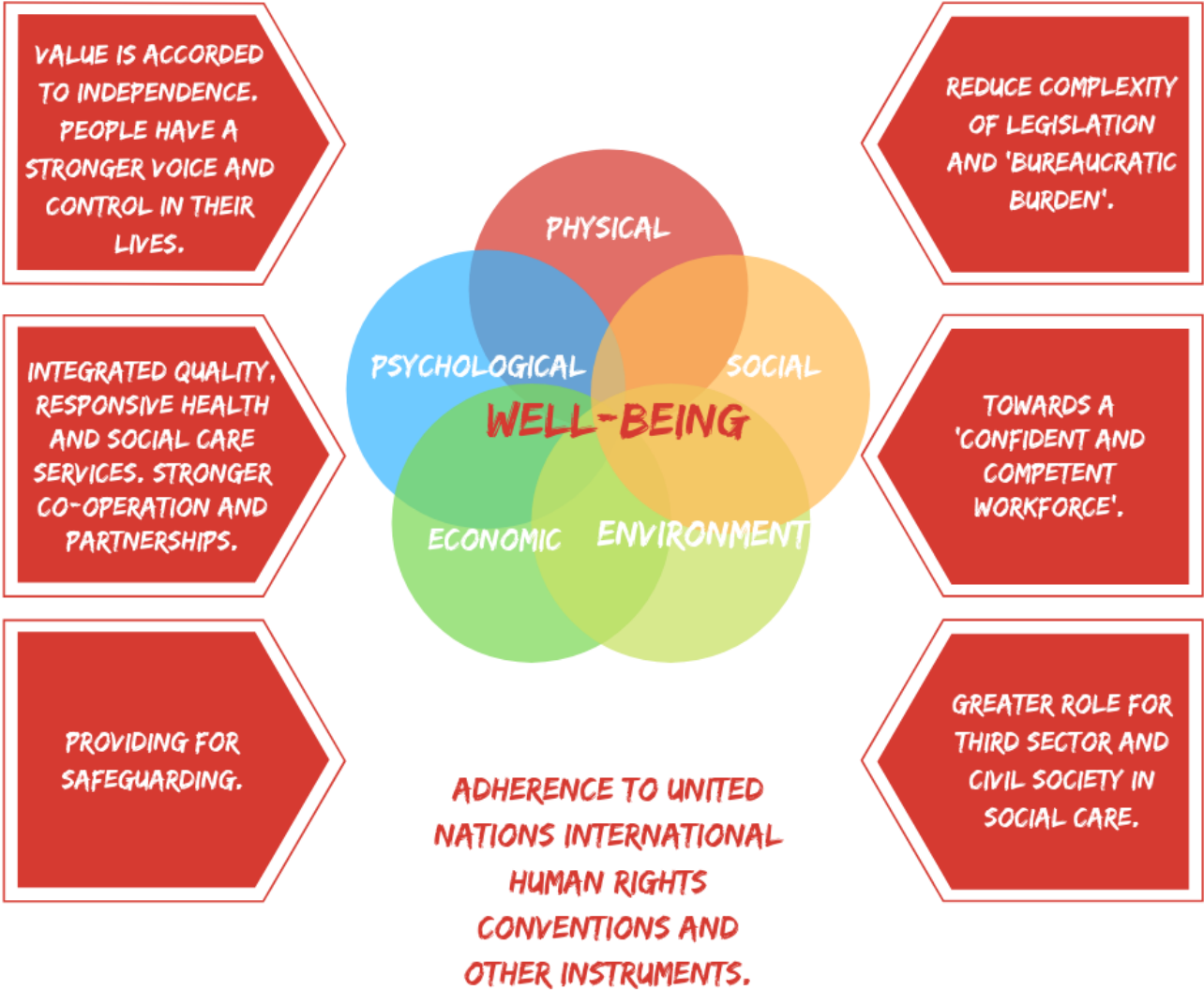
³⁶ *Fulfilled Lives, Supportive Communities: A Strategy for Social Services in Wales over the next decade* (2007)

Underpinning assumptions

Sustainable Social Services – A Framework for Action (2011)

- Social services are important to people across Wales which provides a history to build upon;
- Change is needed so that social services are better able to respond to changing social and family circumstances and care needs, future needs, expectations and demands;
- A projected constrained financial situation presents choices; 'to contract services or rethink ways they can be delivered';
- Governments have an obligation to meet international human rights requirements and create environments that support the realisation of rights;
- A simplified Act with duties and regulations in one place can allow flexible responses in social care;
- Governments need to meet public expectations for respect for 'individual dignity and views, wishes and feelings';
- That it is better to 'stop problems before they start' and that a preventative approach can support the use of limited resources;
- Promotion of the upbringing of children in their family, where this is consistent with promoting the well-being of the child;
- The value of promoting independence where possible and supporting people, families and communities using a strengths perspective;
- Community development and social enterprise, delivered by community groups and the third sector can support prevention and well-being;
- Strengthening and valuing the social care workforce is necessary to achieve change in care and support;
- Collaboration and partnerships will support reduced inefficiencies and duplication and prevention and early intervention. This includes links with the private and independent sectors and health;
- Population changes, including the larger group of people moving in the 65 plus age bracket, will see a future need for different sorts of care and support to be available and support to carers.

GUIDING DIRECTIONS



Sources: Welsh Government White Paper, Sustainable Social Services – A Framework for Action (2011); Social Services and Well-being (Wales) Act (2014)

Figure 2: Guiding Directions

PRINCIPLES

There are five principles which flow through the Act and associated Codes of Practice: prevention, well-being, voice and control, co-production and multi-agency work. Part 2, Section 7 of the Act sets out overarching duties in respect to having 'due regard' to UN Principles and Conventions. These are UN Principles for Older Persons and the UN Convention on the Rights of the Child.

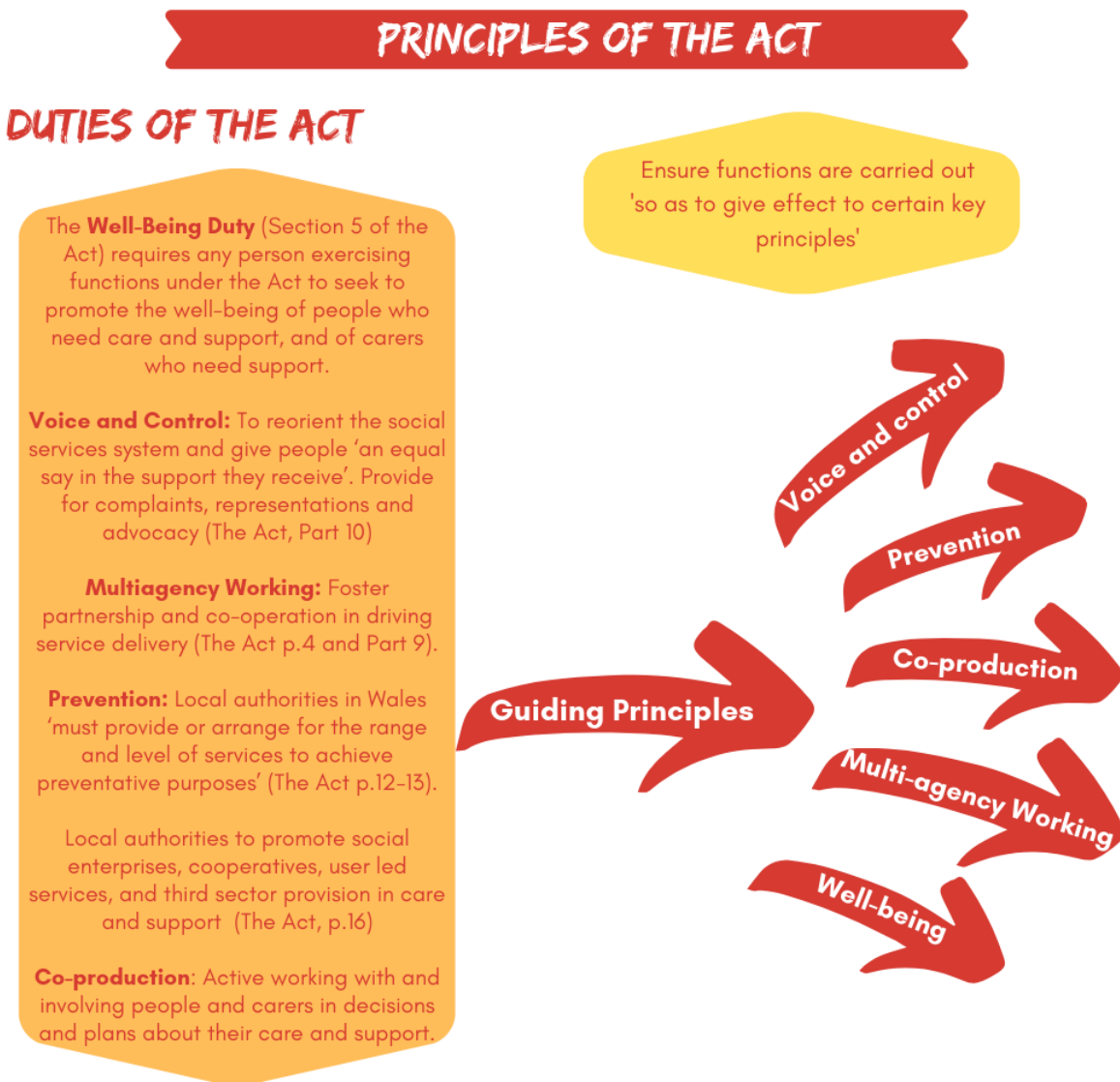


Figure 3: Principles of the Act

Intervention processes

The Act is comprised of 11 parts each specifying duties placed on certain providers and outlining requirements and processes. Aligned to the Act are structures, processes and Codes of Practice – including those which establish the remit and guidelines for regional partnership arrangements, co-produced care plans, and ‘what matters’ conversations among others. The Codes of Practice established under Section 145 of the Act are listed below:³⁷

- Part 2 Code of Practice (General Functions)
- Part 3 Code of Practice (Assessing the Needs of Individuals)
- Part 4 Code of Practice (Meeting Needs)
- Part 4 and 5 Code of Practice (Charging and Financial Assessment)
- Part 6 Code of Practice (Looked After and Accommodated Children)
- Part 8 Code of Practice on the Role of the Director of Social Services (Social Services Functions)
- Part 10 Code of Practice (Advocacy)
- Part 11 Code of Practice (Miscellaneous and General)
- Code of Practice on the exercise of social services functions in relation to special guardianship orders
- Code of Practice on Measuring Social Services Performance.

Policy statements can be issued under section 147 (1) of the Act.

³⁷ Drakeford, M. (2015) [Written Statement - Social Services and Well-being \(Wales\) Act 2014: Issue of codes of practice under the Act](#)

Inputs of the intervention

In this Framework for Change inputs describe what needs to be in place to support the implementation of the various component parts of the Act. They include organisational arrangements, structures to enable collaborative and multiagency working and planning, workforce arrangements, planning processes, financial matters and a reorientation of practice and organisational cultures. Examples are given below.

Inputs

Quality and available workforce with skills and knowledge of the duties and requirements under the Act

Establishment of social care improvement and accountability arrangements

National outcomes framework for social services

Establishment of National Independent Safeguarding Board

Establishment of framework of one set of financial assessment and charging arrangements for residential and non-residential care

New proportionate care and support assessment process that focuses on the individual and their well-being outcomes

Cultural change to enable carers to have an equal right to assessment for support to those who they care for

Strengthened safeguarding powers

Organisational reorientation towards preventative and early intervention approaches to meeting care and support needs

Changed practices of commissioners and practitioners

Local authorities and health boards come together to jointly assess, and develop plans to meet local needs

Establishment of Regional Partnership Boards

Establishment of Regional Social Value Forums

Inputs related to the establishment of advocacy services and securing provision of information and advice about care and support and assistance to access this.

Activities of the intervention

Listed activities are duties, processes and strategies required under the Act. Owing to the level of detail within the Act included here are the main duties, processes and strategies that make the Act a distinctive intervention. The Codes of Practice give detail about these activities.

Activities

LAs must provide an accessible information, advice and assistance service related to care and support. Publication of the operation of this system in the LA. (The Act Part 2)

Duty for LA to assess the needs of an adult for care and support and meet assessed needs (subject to conditions being met). This assessment will be outcomes focused and involve the adult and 'where feasible, any carer the adult has'. Assessments to consider 'care and support', 'preventative services' and 'information, advice and assistance'. (The Act Part 3; The Act Part 4)

Duty to assess the needs of a child for care and support ('in addition to, or instead of, care and support provided by the child's family', and meet assessed needs (subject to conditions being met). The assessment is outcomes focused using a process set out in Section 21. Assessments to consider 'care and support', 'preventative services' and 'information, advice and assistance'. (The Act Part 3; Part 4)

Duty to assess the needs of a carer for support and meet assessed needs for support (subject to conditions being met) (The Act Part 3; Part 4)

Implementation of the proportionate assessment process that focuses on the individual and personal wellbeing outcomes (The Act Part 3)

Direct payments (The Act Part 4)

Care and support plans and support plans for carers (The Act Part 4)

LA's to fulfil duties for looked after and accommodated children (The Act Part 6)

LA's, and any other relevant partner, must appropriately protect and safeguard people and carers from abuse and neglect (The Act Part 7). The National Independent Safeguarding Board has specified duties under Section 132.

Regional partnerships between local authorities and health boards to assess care and support needs and develop service plans to meet these needs (and carer support needs) of the population in their area (The Act Part 9)

LA's must arrange for cooperation and partnerships (The Act Part 9)

Provision of integration of care and support with health services (The Act Part 9)

Complaints, representations and advocacy services (The Act Part 10)

Local Health Boards and NHS Trusts give local authorities '...information about care and support it provides in its area' (The Act Part 2)

LA's promote prevention and early intervention. Support to develop social enterprises, co-operatives which involve people who need care and support and carers and user led services. (The Act Part 2)

Promotion of third sector organisations in 'its area of care and support and preventative services' (The Act Part 2)

Registers of sight-impaired, hearing-impaired and other disabled people (The Act Part 2)

Social care research (The Act Part 11)

Outputs of the intervention

Listed in the Framework are some of the direct products or deliverables of the implementation of the Act.

Outputs

Outcomes focused service delivery

Care and support plans and support plans

Integrated services around the person who needs care and support and carers who need support

Strengthened human rights-based approaches in social services

A workforce operating with a focus on well-being outcomes for people

Public communication about the nature of the bi-lingual information, advice and assistance services related to care and support

Single point of access of service

Operational Regional Safeguarding Boards

Greater focus on people's independence, and to ensure that people have more control over what matters to them

Prevention and early intervention strategies that are based on assessed individual, carer and place-based community needs, and which are available and accessible

Active Regional Social Value Forums

Local Authority and Local Health Board joint publication of a population needs assessment and strategy plan to provide the range and level of services identified

Reduction in guidance, regulation and inspection

Welsh Ministers Wellbeing Statement within 3 years from the enactment of the legislation

Outcomes

There are two levels of outcomes described: the short-and medium changes and the long-term changes that are intended because of the implementation of the Act.

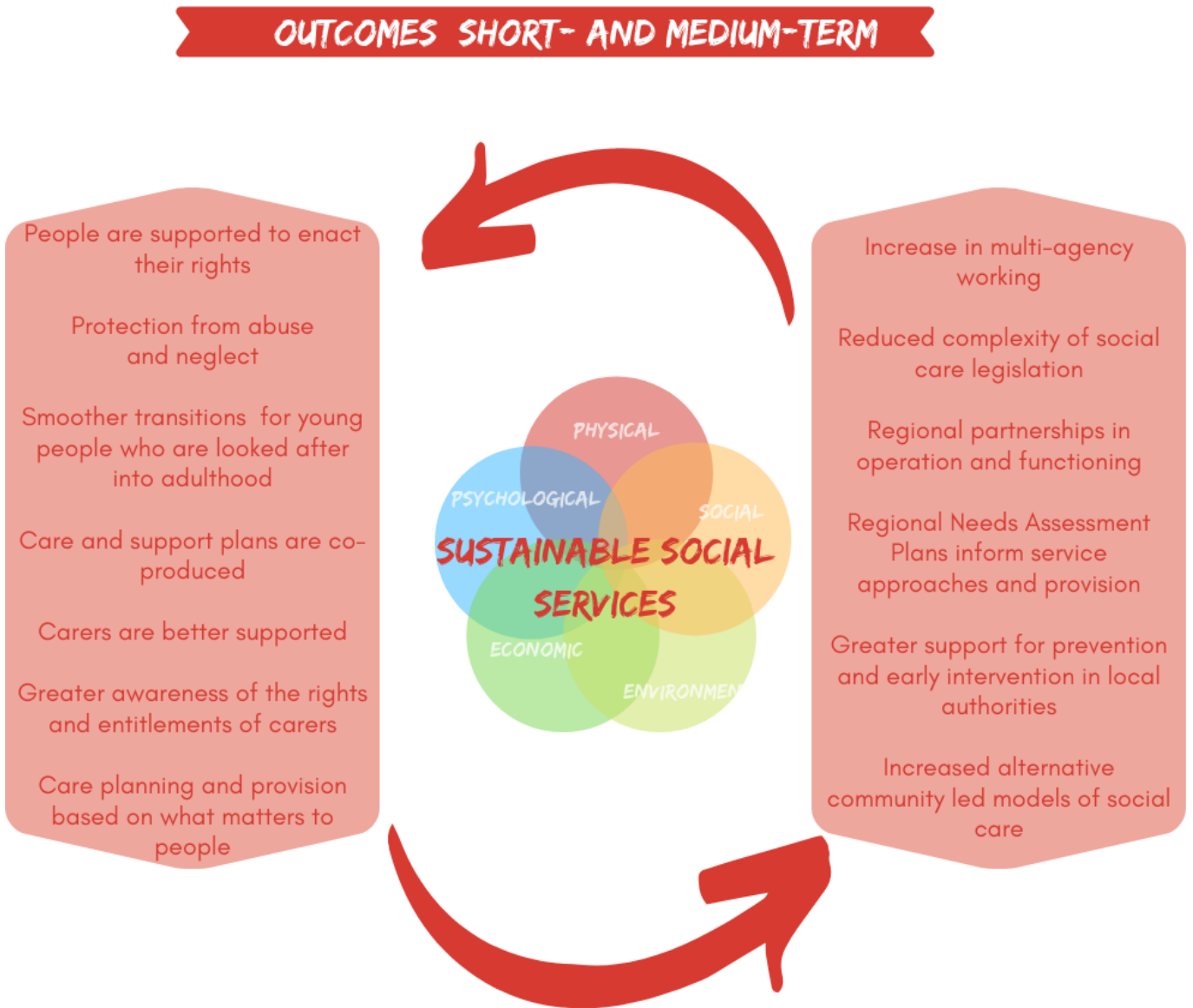


Figure 4: Outcomes: Short and Medium-term

OUTCOMES- LONG TERM

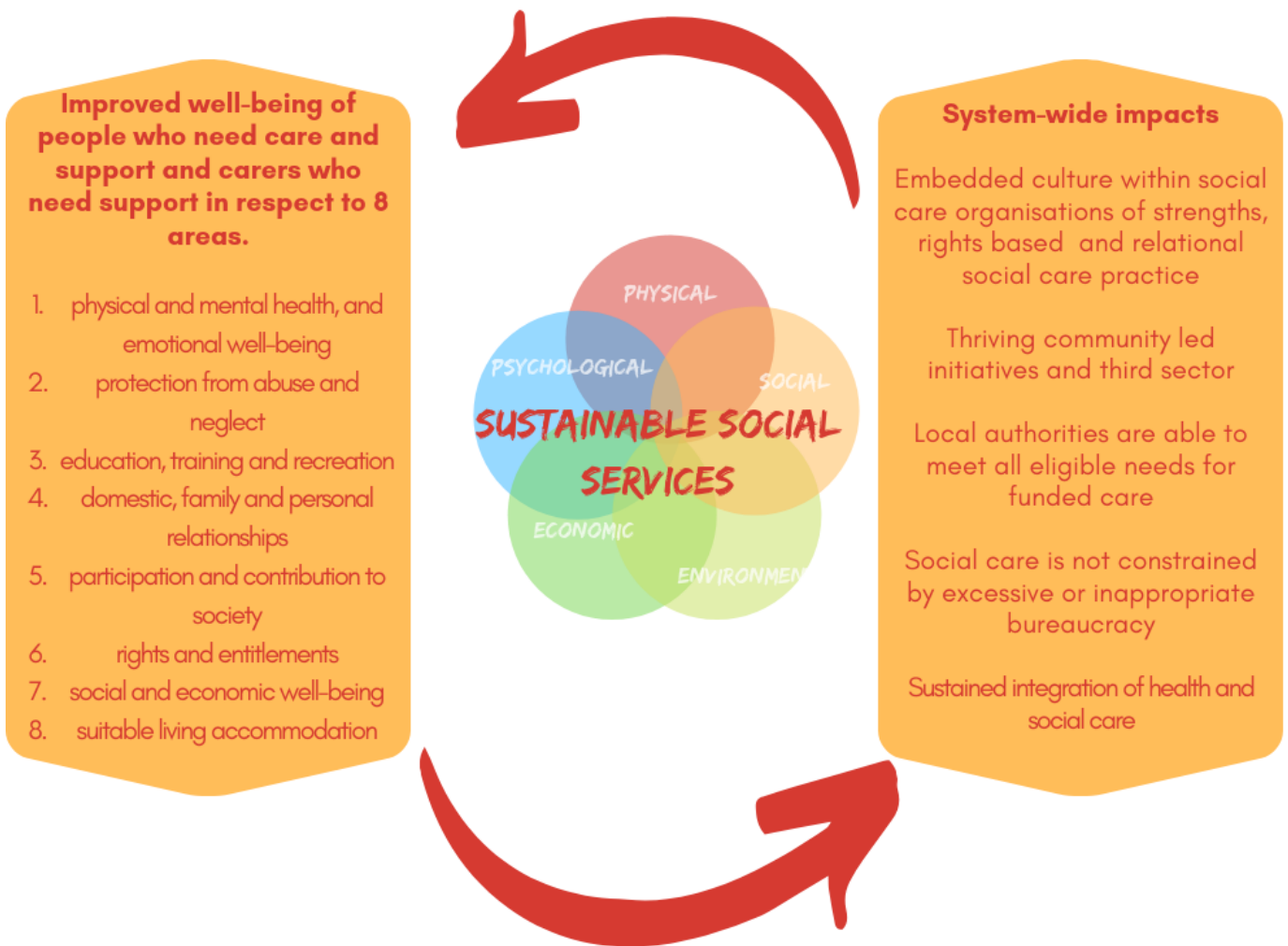


Figure 5: Outcomes: Long-term

4. Conclusion

As established above, the Act is a significant departure from previous public policy and sets out and requires major change in social care and social services and in relationships between social services and the people of Wales, communities and sectors outside government. This document summarises the Framework for Change which is being used to guide the evaluation of the implementation of the *Social Services and Well-Being (Wales) Act 2014*. The development of this Framework for Change is based on a review of the Act and key antecedent documents. It gives an overview picture of the key underpinning assumptions of the Act; key guiding directions and principles; organisational, cultural and service delivery shifts which are required; the institutional arrangements that have been established to deliver on the duties and other requirements of the Act; key activities and roles to be played by various sectors; and the anticipated short, medium and long term outcomes.

The Framework for Change describes the higher-level inputs, activities and outputs. This approach is consistent with the use of Principles-Focused Evaluation (P-FE) in evaluating interventions. Patton defines P-FE as evaluating 'how principles are informing innovative developments in a complex dynamic situation³⁸'. Finally, the Framework for Change will contribute to the planning and delivery of the evaluation and will be updated throughout the process and analysis of evaluation findings.

³⁸ Patton, M. (2018) *Principles-Focused Evaluation*. The Guilford Press, London.