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Evaluation of the Implementation of the Social Services and Well-being (Wales) Act: Process Evaluation – Report

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Evaluation of the Implementation of the Social Services and Well-being (Wales) Act: Process Evaluation – Report

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

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Glossary

Acronym/Key word	Definition
ADSS Cymru	Association of Directors of Social Services Cymru
CAMHS	Child and Adolescent Mental Health Services
ICF	Integrated Care Fund
IMPACT	Independent evaluation of the <u>Implementation of the Social Services and Well-being Act</u>
LAC	Local Area Co-ordination
LAs	Local Authorities
P-FE	Principles-Focused Evaluation
PSB	Public Service Board
SERG	Study Expert Reference Group
RPB	Regional Partnership Board
WCCIS	Welsh Community Care Information System
WCVA	Wales Council for Voluntary Action
WELSH GOVERNMENT	Welsh Government
WIHSC	Welsh Institute for Health and Social Care
WLGA	Welsh Local Government Association

1. Introduction and Background

- 1.1 The Welsh Government commissioned a partnership between leading academics across four universities in Wales and expert advisers to deliver the evaluation of the Social Services and Well-being (Wales) Act 2014 (hereafter referred to as ‘the Act’).
- 1.2 The partnership, led by Professor Mark Llewellyn, Director of the Welsh Institute for Health and Social Care (WIHSC) at the University of South Wales (USW) alongside Professor Fiona Verity, Professor of Social Work and Social Care, Swansea University, also includes colleagues from Bangor University and Cardiff University. PRIME Centre Wales and the [Study Expert Reference Group](#) (SERG) also support the evaluation.
- 1.3 The Act sets out a government vision to produce ‘transformative changes’ in social service public policy, regulations and delivery arrangements across Wales. It has 11 parts and is informed by five principles that set out a vision to produce transformative changes in public policy, regulations and service delivery. Aligned to it are structures, processes and codes of practice.
- 1.4 The evaluation, referred to as the IMPACT study (IMPlimentation of the Social Services and Well-being ACT), will examine the implementation and outcomes of the Act through its five principles (and the financial implications of each). This will be evaluated through a consideration of how the Act has impacted on five ‘domains’:

Table 1.1: Five principles of the Act, and the five domains of the study

Principles	Domains
- Voice and control	- Citizens
- Well-being	- Families and Carers
- Co-production	- Communities
- Multi-agency working	- Workforce
- Prevention and early intervention	- Organisations

Aims and objectives of the Process Evaluation

- 1.5 This report present findings from the Process Evaluation phase of the study. As part of the process evaluation, the implementation of the Act is considered in its entirety.

Aim

- 1.6 To understand how the legislation has been implemented at a national, regional and local level, looking particularly at the role that the wide range of organisations that are impacted by the Act have had in this implementation.

Objectives

- 1.7 The objectives of the process evaluation are to:
- Consider what planning was undertaken by key partners for the implementation of the Act and whether this was sufficient. This includes planning by Welsh Government, Local Health Boards, Local Authorities, the third sector, the independent sector and other key partners that are considered to be relevant.
 - Assess whether all components of implementation to date have been completed as intended.
 - Assess whether the components of the Act have permeated into practice.
 - Assess the interpretation of the Act at a national, regional and local level.
 - Consider the experience of those involved in implementation, with particular focus on integration, co-production, leadership, management, interaction, training and provision of services in Welsh.

Structure of the report

- 1.8 This report present the data from the Process Evaluation phase of the study. This section is followed by a description of the methodology, and a chapter contextualising the study in respect of the previously published Framework for Change and Literature Review. This is followed by chapters outlining the findings from the substantive research phase (January-March 2020), and a series of conclusions.

2. Methodology

Design

- 2.1 The approach taken 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. The implementation of an intervention in a context may stimulate change in that context ([Moore et al., 2015](#)).² Sensitivity to the dynamic environments in which an intervention is occurring is a feature of P-FE.
- 2.2 P-FE steps away from directly identifying linear cause and effect relationships between inputs, activities, outputs and expected outcomes, such as underpinning logic models for projects, and instead places the focus on the principles informing an intervention, and how these are adapted and ultimately implemented.
- 2.3 In P-FE, there is also explicit recognition of the wider contexts of the intervention, or what Patton writes as ‘complex dynamic systems’. In other words, principled focused evaluations paid heed to the contexts of the interventions (e.g. the organisational settings, the people involved and what they believe, value and do, and the wider social, cultural, economic and political environment). The context is not static and is often unpredictable and changing as the events of 2020 and the COVID-19 pandemic continue to show.
- 2.4 Our evaluation represents an independent and objective assessment of the implementation of the Act and the way in which it has impacted the well-being of people who need care and support and their carers, and asks three key questions – all of which are informed by the approach of P-FE:

“To what extent and in what ways are the principles...”

1. Being meaningfully articulated and understood?
2. Being adhered to in practice?

¹ Patton, M. Q. (2018). *Principles-Focused Evaluation - The GUIDE*. New York: Guilford Press.

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

3. Leading to the desired results?

Participants and sampling

- 2.5 Purposeful sampling was used to identify and recruit participants. Purposeful sampling is a technique which involves identifying and selecting individuals or groups of individuals who have in-depth knowledge and/or experience of the phenomenon of interest (Creswell and Plano Clark, 2011).³ Therefore, in order to gain understanding and insight, the researcher selects a sample best placed to do this (Merriam, 2009)⁴ to help achieve the aims and objectives of the evaluation.

Data collection

- 2.6 The process evaluation is the aspect of the evaluation study which features the perspective of the paid workforce on the implementation of the Act. Subsequent phases of our work (principally the outcome evaluation phase which will run through 2021) is where we will gather data from service users, carers, families and communities, but these perspectives are not accounted for in this report.⁵
- 2.7 The data collection process used mixed methods via two distinct strands:⁶ a Wales-wide on-line pro forma; and qualitative data collection, via telephone interviews, and face-to-face interviews and discussion groups.
- 2.8 It is important to note that the data collection took place prior to the COVID-19 pandemic, between January and March 2020.⁷
- 2.9 The core elements of the approach used for data collection are enumerated below and provided in Table 2.1 (overleaf).

³ Creswell, J.W. & Plano Clark, V.L. (2011) *Designing and Conducting Mixed Methods Research*. 2nd edn. Los Angeles: Sage Publications.

⁴ Merriam, S. (2009) *Qualitative Research: A Guide to Design and Implementation*. John Wiley & Sons: San Francisco.

⁵ Other than for three individuals who were interviewed and 19 that completed a pro forma. These will be accounted for during the outcome evaluation phase during 2021.

⁶ In addition to this, the study team are working on analysis of the published data – from Welsh Government, Social Care Wales, Data Cymru and other official sources.

⁷ Given that the WG has now extended the overall end date for the study by 12 months to October 2022, this will allow for a second process evaluation phase in Spring 2022 which will permit the study team to follow up on the issues raised in this first phase.

Table 2.1: Elements of the four stratified case studies

Strata		Local Authority staff	Health Board staff	Commissioned services / other support	Regional staff
Senior managers / strategic leaders	1	Director of Social Services	Director of Partnerships		Regional Co-ordinator
	2	Head of Adult Services	Director of Primary and Community Services (incl. mental health)		Regional Safeguarding Leads (Children and Adult)
	3	Head of Children's Services	Director of Finance		Public Service Board Lead
	4	Social Services Business Managers			Regional Social Value Forum Lead
	5	Chief Executive			
	6	Director of Finance			
	7	Head of Commissioning			
	8	Head of Partnerships			
Operational managers / supervisors	7	Senior Social Workers	Operational managers of primary and community services	Independent sector: home care managers	Regional Partnership teams
	8	Care Managers	Operational managers of community mental health services	Independent sector: residential care home managers	Regional Safeguarding teams (Children and Adult)
	9	Direct care services managers		Independent sector: nursing care home managers	Public Service Board teams
	10	Direct care services supervisors		Voluntary sector: support service managers	Regional Social Value Forum teams
	11	Support service managers		Voluntary sector: hospital discharge service managers	
	12	Data leads and managers		Voluntary sector: advocacy services managers	
Frontline staff / volunteers	13	Frontline social workers	Health visitors	Personal Assistants	
	14	Home care staff	Community mental health team staff	Independent sector: home care workers	
	15	Residential care home staff	Substance misuse officers	Independent sector: residential care home workers	
	16	Supported housing staff	Primary care staff	Independent sector: nursing care home workers	
	17	Community connectors	District nurses	Voluntary sector: support service workers	
	18	Other support staff		Voluntary sector: hospital discharge service workers	
	19			Voluntary sector: advocacy services workers	
	20			Community connectors	
	21			Volunteers	

Core elements of data collection

1. Wales-wide survey of key stakeholder organisations/networks
 - A list of key organisation was drawn from within the membership of the SERG and complemented by key contacts and stakeholders from Welsh Government and the networks of the study team.
 - An online pro forma of 8-10 questions was developed based on the objectives of the process evaluation and around the questions in the interview schedule.
2. Stratified case studies on four local authority 'footprints'
 - Four local authority areas of Wales (Localities 1-4) were approached to take part in the process evaluation as representative of Wales' communities: one predominantly rural, one predominantly urban, one predominately valleys, and one predominantly Welsh-speaking.

- Three different ‘strata’ of the workforce were engaged in those areas:
 - Strategic leaders and senior managers
 - Operational managers
 - Frontline staff
- Different organisations within the four footprint areas were included:
 - statutory organisations (local authority and health board);
 - commissioned services (independent and voluntary sectors);
 - and
 - regional structures that operate within the footprints (inter alia regional partnership boards, regional safeguarding boards, regional social value forums, public service boards).

3. Engagement with key stakeholder organisations

- Interviews with *inter alia* key people from Welsh Government, ADSS Cymru, Social Care Wales, Care Inspectorate Wales, WLGA, WCVA, NHS Confederation, Older People’s Commissioner, Children’s Commissioner, Care Forum Wales, and other members of the SERG

Total number of interviews

2.10 Table 2.2 below shows total number of interviews/discussion groups conducted with each of the LA footprints, national stakeholders, and citizens/service users (n=100).

Table 2.2: Total number of interviews

TOTAL INTERVIEWS		n=100		
		TOTAL		
Citizens/service users [C]		3		

	Senior managers / strategic leaders	Operational managers / supervisors	Groups (incl. frontline workers)	TOTAL
National stakeholders	9	-	-	9
Locality 1	8	6	-	14
Locality 2	9	11	3	23
Locality 3	8	10	-	18
Locality 4	14	13	6	33
TOTAL	48	40	9	97

Total number of interviewees

- 2.11 Table 2.3 shows the total number of individuals who took part in interviews/discussion groups conducted with each of the LA footprints, national stakeholders, and citizens/service users (n=152).

Table 2.3: Total number of interviewees

TOTAL INTERVIEWEES		n=152		
		TOTAL		
Citizens/service users [C]		3		

	Senior managers / strategic leaders	Operational managers / supervisors	Groups (incl. frontline workers)	TOTAL
National stakeholders [N]	9	-	-	9
Locality 1	8	6	-	14
Locality 2	9	11	19	39
Locality 3	8	10	-	18
Locality 4	16	14	39	69
TOTAL	50	41	58	149

Total number of pro forma responses

- 2.12 Below, Table 2.4 shows the total number (n=30) of survey responses received – organisations (n=11), citizens/service users (n=19).

Table 2.4: Total number of pro forma responses

SURVEY RESPONSES		n=30		
		Organisations	Service users / carers	TOTAL
Online pro forma		11	19	30

Ethics

- 2.13 Ethical permission was secured from the Ethics Committee at the University of South Wales. All potential participants received an information sheet providing details of what their participation would entail. To access the online pro-forma, participants were asked to confirm they understood that completion implied consent. Written or verbal consent was confirmed before interviews/discussion groups

commenced and signed consent forms were retained. All participants were made aware of the privacy notice approved by Welsh Government for the study.

Data analysis

- 2.14 Interviews/discussions were audio recorded and qualitative data was transcribed verbatim and anonymised. Transcripts were analysed using thematic analysis ([Braun and Clarke, 2006](#)).⁸ NVivo 12 was used to organise and manage the data and a framework of codes was developed.
- 2.15 This was an extensive research exercise – the 100 interviews yielded 260,907 words and the 30 pro forma responses yielded 12,688 words.
- 2.16 Free text responses from the pro-forma was entered into NVivo 12 and coded against the framework.
- 2.17 Data analysis was an iterative process; the coding of transcripts was undertaken by three members of the evaluation team and included numerous discussions to review and revise the developing coding framework, and themes.
- 2.18 Aligning to the iterative approach to analysis, a series of online sessions have been undertaken with each LA footprint area to sense check and review initial findings. In addition, initial findings have been shared with the SERG via three online events in October 2020 for feedback and comment.

Findings

- 2.19 Findings are presented using each of the overarching/parent themes as a chapter. Each chapter include data from interviews, discussion/focus groups, and free text responses from the online pro-forma.
- 2.20 Details pertaining to the source of quotes pertain to the locality, organisation, and strata that these people represent (as specified in section 2.7.2 above). All names, details of job role and any other identifying information has been removed for anonymity.

⁸ Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), p.77-101

3. Context: Framework for Change and Literature Review

3.1 The IMPACT study process evaluation research is informed by two pieces of work undertaken by the evaluation team, each which are published as standalone reports:

- The [Framework for Change](#), which a document that describes an interpretation of how the principles, duties, mechanisms and required practices under the Act are building blocks to certain change and outcomes, most notably the fulfilment of wellbeing and sustainable services in Wales.⁹
- A [Literature Review](#),¹⁰ comprised of six discrete narrative reviews with a focus on the five principles of the Act (well-being, voice and control, prevention and early intervention, co-production, multi-agency) and a financial and economic review.

3.2 As noted above, the IMPACT study is guided by Michael Patton's Principles-Focused Evaluation (P-FE), defined as the evaluation of 'how principles are informing innovative developments in a complex dynamic situation'.¹¹ P-FE explores the process, utility, and impact of principles-based developments (e.g. policies, programmes, interventions). Principles-Focused Evaluations (P-FE) are suited to evaluation of policy change and complex interventions.¹²

3.3 In our process evaluation and consistent with a P-FE approach, we have taken the five principles of the Act as our exploratory windows. How are these principles interpreted and actioned by key actors with various roles and responsibilities for implementing the Act? What change has occurred in programming and how have the five principles informed this change? In addition, the IMPACT evaluation study focuses on five domains of inquiry within which to explore the implementation process and early impacts (individuals, families and carers, communities, workers,

⁹ Verity, F., Andrews, N., Blackmore, H., Calder, G., Richards, J., Llewellyn, M. (2019). *Evaluation of the Social Services and Wellbeing (Wales) Act 2014: Framework for Change Report*. Cardiff. Welsh Government, GSR report number 38/2019

¹⁰ Llewellyn, M., Verity, F. and Wallace, S (eds). (2020) *Evaluation of the Social Services and Well-being (Wales) Act 2014: Literature Review*. Cardiff. Welsh Government, GSR report number 60/2020.

¹¹ Patton, M. (2018) *Principles-Focused Evaluation*, The Guilford Press, London. p.27

¹² Ibid. page ix.

and organisations). In this chapter, we provide a summary of the Framework for Change and the key themes from the Literature Review, which are building blocks of the process evaluation method and the analysis of the findings.

Framework for Change

- 3.4 The [Framework for Change](#)¹³ document produced by the evaluation team is a descriptive outline of the interrelated components of the Act which came into force in April 2016; the purpose, values, principles, duties and strategies to be delivered by government ministers, local authorities, health boards and others under this legal framework. The Act requires co-produced interventions that will ‘seek to promote the welfare of those who need care and support, and carers who need support’.
- 3.5 As communicated by Welsh Government, the Act marks a significant change in how social services are to be framed, designed, commissioned, and delivered in Wales. It sets a new policy/institutional arrangement and social welfare contract with the people of Wales based in human rights values and key principles. It is described as ‘ground-breaking’ and ‘a transformative order of change’ in the delivery of services and support for well-being. The Act sets out five principles that are to guide functions carried out under its auspices, as shown in Figure 3.1 (overleaf).
- 3.6 Through the delivery of duties and functions, the Act aims to ensure people are supported to enact their rights and are protected from abuse and neglect, produce positive well-being outcomes for people who need care and support and carers who need support and communities, support organisational and workforce change and re-orientation, greater multi-agency working, new models of community led care and sustainable social services – see Figure 3.2 (overleaf).
- 3.7 The emphasis is on working together across organisational boundaries. The Act introduces the concept of co-production (see Section 16 of the Act). This policy is intended to drive change to open up innovative alternative models of care, using co-operatives and co-operative approaches, social enterprises, the third and independent sectors and user led organisations.

¹³ Verity, F., et al, op. cit.

Figure 3.1: Framework for Change: Principles of the Act

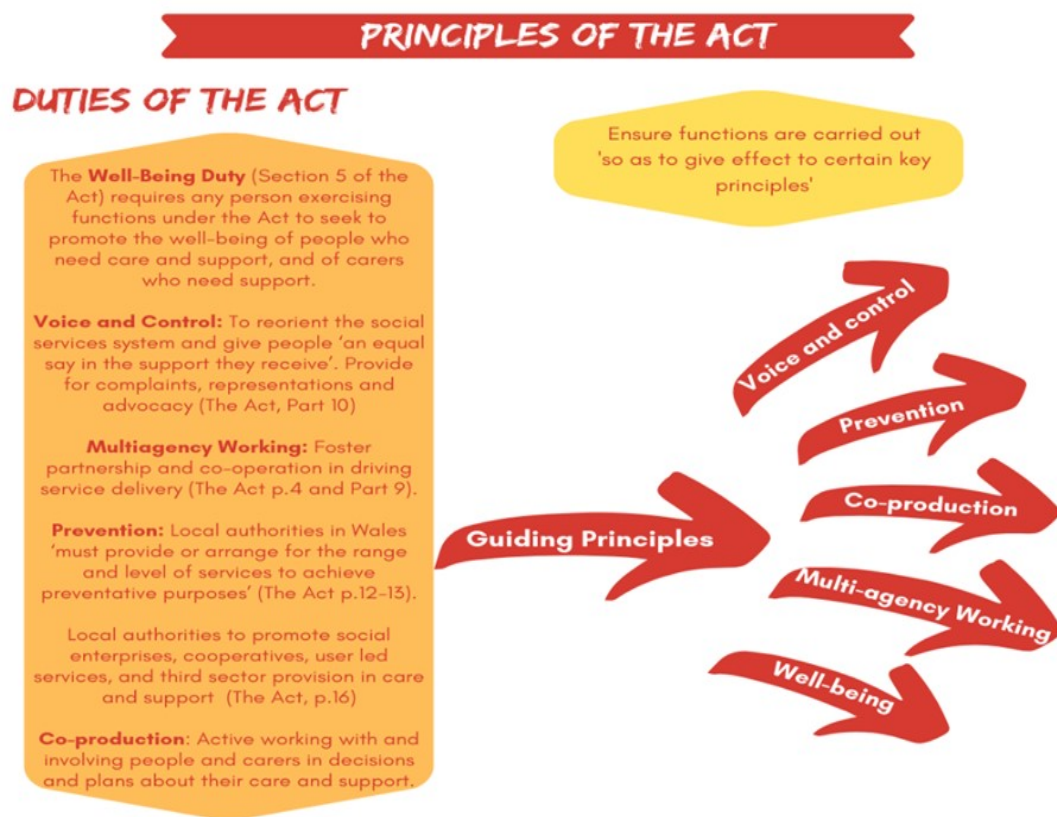
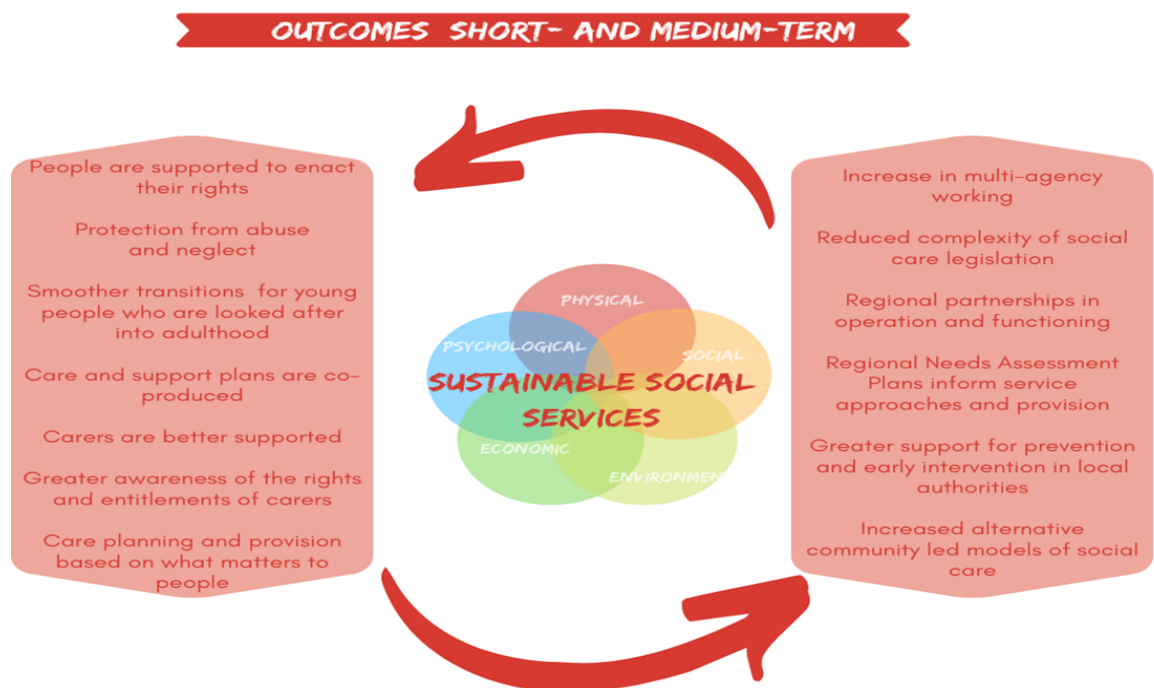


Figure 3.2: Short- and medium-term outcomes intended under the Act



- 3.8 The Act has brought an impetus to collaborative working through its statutory obligations for co-operation. It puts in place requirements for regional collaboration, and a legislative framework to enforce this if required between local authorities themselves and between local authorities and health boards. It supports the establishment of the National Adoption Service. It puts in place a new statutory framework to protect adults at risk and duties on relevant partners to report to the local authority when it suspects that a person may be an adult at risk. It provided for the creation of new Safeguarding Children Boards and new Safeguarding Adults Boards.
- 3.9 In preparation for the implementation of the Act were changes in organisational arrangements, inter-organisational links and mechanisms for multi-agency working, improvement and workforce arrangements, planning processes, funding schemes and reorientation of practice.

Dynamic social context

- 3.10 The Framework for Change document summarises some of the complex factors which characterise the wider context in which the Act was conceived, developed, and implemented.
- 3.11 The socio-economic impact of austerity measures is a backdrop. Government financial outlays have been constrained, with projected estimates that this trend will continue and set against demand, result in funding gaps for key services in Wales ([Roberts and Charlesworth, 2014](#)).¹⁴
- 3.12 The policy context has also shifted. The Act was introduced at a time of related public policy reform in Wales, which contributes to shaping the environment in which those responsible for implementing the Act work within. For example, the Well-being of Future Generations (Wales) Act 2015, Parliamentary Review of Health and Social Care, Prudent Healthcare initiative, A Healthier Wales, Regulation and Inspection of Social Care (Wales) Act 2016, The Housing (Wales)

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

Act 2014, implemented in 2015, and Prosperity for All: the national strategy, published in 2017.

- 3.13 The local authorities and Health Boards with duties under the Act also have distinctive histories and cultures, financial situations, and policy and practice responses to local needs. Their populations and geographical locations are varied. These contextual factors have implications for the delivery of social services and the factors that impact on wellbeing.

Literature Review

- 3.14 The study Literature Review is available as both a [technical report](#) and a [summary report](#).¹⁵ It is comprised of six discrete narrative reviews with a focus on the five principles of the Act (well-being, voice and control, prevention and early intervention, co-production, multi-agency) and a financial and economic review. Each review addressed a distinct set of questions which shaped the search terms and conduct of the review. In the following section we summarise common findings from the literature reviewed which have relevance for the analysis of the process evaluation findings.¹⁶

What do the principles mean?

- 3.15 One of the distinguishing features of the Act is that it purposefully states that the functions and duties of the Act 'are to be performed to give effect to certain principles' (i.e. 'well-being', 'prevention', 'co-production', 'voice and control' and 'multi-agency working'). Patton states that '[P]rinciples are derived from experience, expertise, values and research'.¹⁷ He distinguishes between natural principles about 'how the world works' and principles that 'guide how people live and what to do in certain circumstances' or human guidance principles.¹⁸
- 3.16 Each of the discrete reviews include some of the complexity in how the principle in question is interpreted and defined. In some cases, the language used is vague or ambiguous. In other cases, the principle overlaps with other concepts, or proxy

¹⁵ Llewellyn et al (2020), op. cit.

¹⁶ For more detail, the reader is referred to the technical and summary literature review reports, ibid.

¹⁷ Ibid. page 3.

¹⁸ Ibid. page 4.

terms are used. Some view the latter as helpful in sharpening precision, but there is also a view that this overlap or use of proxy terms contributes to obfuscation. There is also a shared pattern of a proliferation of schemas and typologies that unpack and re-organise the component parts of a principle. For example, prevention is associated with levels or tiers – i.e. primary, secondary, and tertiary prevention, and with categories such as universal or selective prevention. Some examples of this linguistic complexity and communication challenges are given below.

- 3.17 The [prevention review](#) concludes with the finding: *While there is broad agreement on the three-tiered framework [to prevention], there remains considerable variation in how the term ‘prevention’ itself is used (Curry, 2006; Marczak et al, 2019). Terminology overlaps and disparities are reportedly common, encompassing a diverse range of activities and interventions (Allen and Glasby, 2010; Marczak et al, 2019).*¹⁹
- 3.18 The [multi-agency review](#) notes the overlap of terms such as ‘multi-agency working’ and ‘interagency (between agencies) and partnership working’, but how they have common characteristics and success factors.²⁰
- 3.19 The [well-being review](#) found that there can be a selective use of definitions of well-being: *‘Well-being is a multi-dimensional construct, often inspiring a selective approach to definition and measurement, and holding the risk of utilisation in nebulous or purely polemical forms’.*²¹
- 3.20 The [voice and control review](#) notes: *Perhaps tellingly, on the whole, the published literature also does not provide clear definitions of the terms ‘voice’ and ‘control’ (Vamstad 2016; Bamford and Bruce, Quereshi et al, Gabriel and Bowling, Quereshi and Henwood, all cited by Callaghan et al 2014). What the literature reveals is the fact that terms such as voice and control are defined in various ways, with proxy terms often used interchangeably leading to conceptual overlap.*²²

¹⁹ Verity F., Read S. and Richards J. (2020) ‘Prevention and early intervention’ in Llewellyn et al, op. cit.

²⁰ Wallace C., Orrell A., Garthwaite T., Tetlow S. and Wallace S. (2020) ‘Multi-agency’ in Llewellyn et al, op. cit.

²¹ Anderson P., Lyttleton-Smith J., Kosnes L., Read S., Blackmore H. and Williams Z. (2020) ‘Well-being’ in Llewellyn et al, op. cit.

²² Llewellyn M., Saltus R., Blackmore H., Tetlow S., Williams Z. and Wallace S. (2020) ‘Voice and control’ in Llewellyn et al, op. cit.

- 3.21 The [co-production review](#) begins with the following paragraph: *It is important to recognise that these definitions themselves are to some extent contested, and so what counts as co-production is by no means a matter of simple consensus. This reflects the fact that this is both a relatively young field of academic inquiry, and a tangled one: co-production has been approached from a wide range of academic disciplines, and put into practice within diverse public service settings. These settings themselves often sit at the intersection between quite different areas of policy influence, professional expertise, and public involvement.*²³
- 3.22 As well as this concern with semantics, each review deals with measurement and evaluation. The authors of the well-being review observed how ‘Eudemonic Well-being’ is aligned to quality of life standards and relational and social aspects of well-being. ‘Hedonic Well-being’, or the ‘emotional and embodied aspects of well-being, such as pleasure and enjoyment’ matches onto concepts of happiness and life satisfaction.²⁴

Greater conceptual coherence and a shared language

- 3.23 Across each review, conclusions are drawn about the need for conceptual coherence and the development of a common language about the principle in policy and practice. The co-production review highlighted that a precondition of environments that enable co-production is developing a common language which translate across different professional and service-user perspectives. Common language and purpose were also identified as necessary for fruitful multi-agency work.

Interconnections

- 3.24 A cross cutting theme is the nature of interconnections between the five principles informing the Act. They do not stand on their own, but there are complex intersections between them. For example, the principle of ‘voice and control’ is fundamentally aligned with co-production. Voice and control is a key tenet of the Act, including the “what matters” conversation, with the focus on putting the

²³ Andrews N., Calder G., Blanluet N., Tetlow S. and Wallace S. (2020) ‘Co-production’ in Llewellyn et al, op. cit.

²⁴ Anderson et al., op. cit.

individual adult or child, including unpaid carers, at the centre of their care and support, allowing them control to reach the outcomes that help them achieve well-being across all aspects of their lives. This is linked to co-production, requiring people to be partners in decision making, noting that the approach is based on strengths and understanding people's own contribution to their well-being. Prevention is inextricably linked to co-production, voice and control and multi-agency working and to the ultimate goal of supporting wellbeing.

Competing agendas/discourses

- 3.25 The Act is being introduced at a time marked by 20 years or more of managerialism and economic rationalism in public policy and service delivery. These discourses have been associated with competition, individual rights and risk aversion, in a context of spending cuts.²⁵ Implementing the principles of the Act is requiring a resetting of approaches, through organisational cultural change, working together in power sharing with people who use services and carers and linking across agencies and sectors.
- 3.26 The literature reviewed highlights the potential dissonance between the discourses framing the principles informing the Act and other values guiding policy and practice. Some of the faces of these tensions are as follows:
- **Prevention:** Evident in the empirical literature are mixed drivers for engagement in prevention in social care. One policy driver is to save future costs and lower future demand and use of services, in line with a policy of sustainable social services. There were observations that this agenda can direct mind sets towards action to save money as the foremost consideration. Some commentators argue that this is counter to what is needed; prevention over the longer term, can require investment and takes time to understand the complex issues that shape the situations to be prevented.²⁶ A similar finding is drawn from the economic and financial literature review.

²⁵ Andrews et al, op. cit.

²⁶ Verity et al, op. cit.

- **Co-production:** The co-production literature is replete with examples of the potential clash between values and practices of co-production and other social, organisational and professional values and practices. Examples include tensions between the discourses of individual rights/consumerism and mutuality/compromise; between certainty and uncertainty; the perspectives of people who use services and support and those who provide them.²⁷ These tensions are noted also in the historical public and community participation literature.
- **Multi-agency working:** The multi-agency review explores the challenge of agencies working together and notes the history of service fragmentation '*...aggravated by organisational autonomy, competition and choice*'.²⁸
- **Voice and control:** The voice and control literature review note tensions between notions of citizenship and having greater financial control, and implementing voice and control in diverse social care settings providing support.

Building the evidence base and using evidence in practice

3.27 Building the research evidence base and using research evidence is a theme common across the discrete reviews. Where there is such evidence it can often be underused in practice. There is potential to better use routinely collected data to understand effectiveness of initiatives (e.g. [Emerson et al, 2011](#); [Shapiro et al, 2013](#)):²⁹

- A theme in the prevention literature is a lack of long-term quantitative studies about the efficacy of prevention in achieving stated aims.³⁰ These prevention evidence gaps also include gaps in the availability of effective measurement

²⁷ Andrews et al., op. cit.

²⁸ Wallace et al., op. cit., p.15.

²⁹ Emerson, E., Hatton, C. & Robertson, J. (2011) Prevention and Social Care for Adults with Learning Disabilities. *A Scoping Review*. School for Social Care Research

Shapiro, V.B., Hawkins, D.J., Oesterle, S., Monahan, K.C., Brown, E.C. & Arthur, M.W. (2013). 'Variation in the Effect of Communities That Care on Community Adoption of a Scientific Approach to Prevention'. *Journal of Social Work Research*, 4(3), doi:10.5243/jsswr.2013.10.

³⁰ Verity et al., op. cit., p.8.

tools. There have been recent efforts to contextualise prevention work outcomes through cost benefit analysis ([Knapp, et al, 2013](#)).³¹

- The well-being review found that inclusion of both eudemonic and hedonic spheres, alongside objective and subjective measures is regarded as important to accurately reflect the potential and actual impact of public policy on the wellbeing of individuals. Gaps were noted in the Welsh Government's application of well-being and scope for inclusion of the 'subjective hedonic elements and measures.'
- The financial and economic implications review cautions against the use of interventions where there is a limited amount of research and evaluation literature supporting their use.
- The co-production review found that organisational learning and change can be facilitated through better use of evidence in service development (including experience) and knowledge from many academic disciplines.
- There is a considerable evidence base around the lived experience of social services users, carers and practitioners, and from community developers, which can be disregarded relative to empirical studies.

Building enabling organisations and multi-agency work

3.28 Each of the reviews canvasses matters to do with organisational and inter-organisational contexts. This was particularly so in the multi-agency, voice and control and co-production literature reviews. There are some common threads across the discrete reviews about organisational cultures and practices.

3.29 Among other things, organisations which apply the principles of the Act and multi-agency working is assisted by relationship and person-centred approaches, approaches that fit with different groups within a population and are developed co-productively, commissioning frameworks that support evidence-based decisions about where resources should be allocated based in principles, leadership that

³¹ Knapp, M., Bauer, A., Perkins, M. and Snell, T. (2012). Building community capital in social care: is there an economic case? *Community Development Journal*. 48 (2): 313- 331

supports the adaption of the principles within practice, and creating organisational and service cultural change to enable the principles to meaningfully inform actions

- 3.30 Challenges are many and include re-orientating organisational cultures away from what has happened historically, managing the tensions between alternate discourses (i.e. risk aversion and taking positive risks), and the complexity of implementing principles across different care settings and doing this for people from different demographics and backgrounds.

Structural change and power sharing

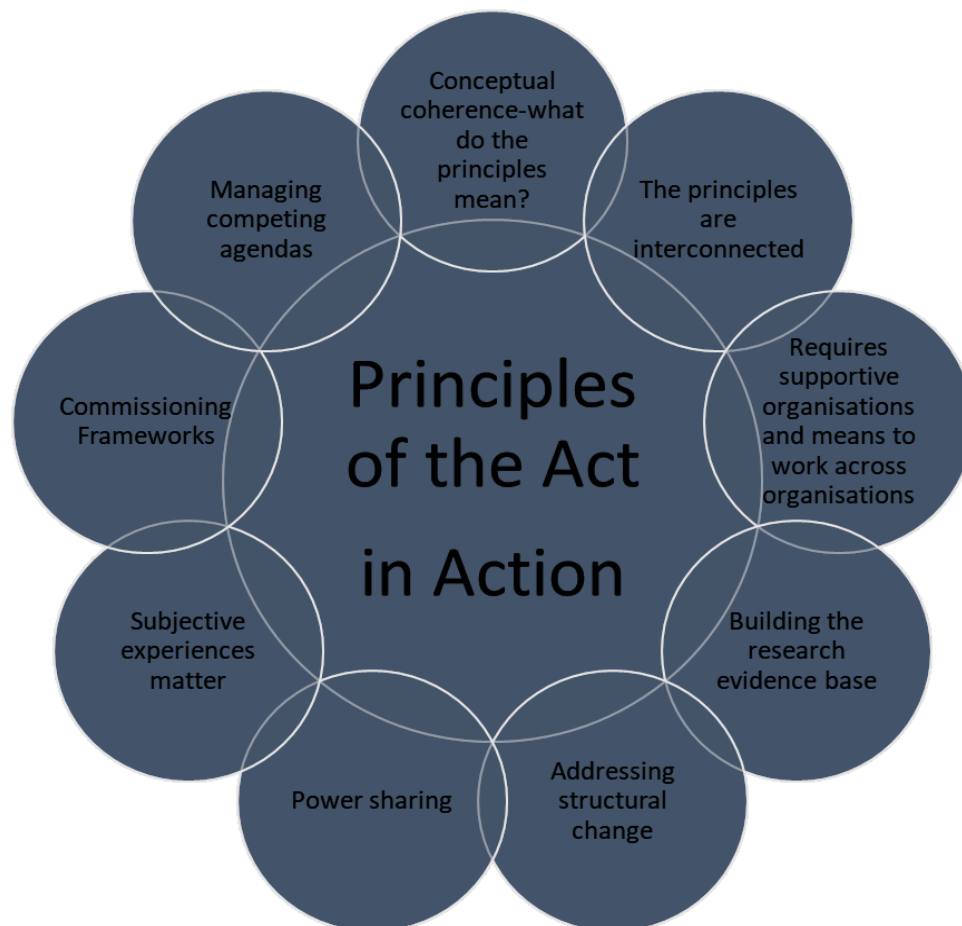
- 3.31 Power relations and the workings of power at a structural level are themes in the literature reviewed. For example, there are a range of preventative approaches and models in use in social care, and these primarily focus on interventions at the individual/family and community level. [Gough](#) (2013)³² cited in the prevention review, notes that few preventative interventions tackle structural issues, despite rhetoric to this effect. There is a general view that social care has predominantly focussed on tertiary and secondary prevention rather than primary prevention, or 'upstream' work. Power relations is a theme in the co-production and voice and control reviews, with calls for new ways of power sharing practices within organisations, between organisations and in relationships between service providers and the users of services. Similarly, the voice and control literature note challenges in sharing control in social care settings.

Summary

- 3.32 In conclusion, the Act is a complex intervention which brings together interrelated duties and functions that set out how those responsible will act in co-productive ways to protect people from harm and abuse and support and promote the wellbeing of people and communities in Wales. It is an enabling and potentially transformative piece of legislation.
- 3.33 There are cross cutting themes in the literature review on the five principles informing the duties and functions of the Act, as summarised in Figure 3.3.

³² Gough, I. (2013). The Political Economy of Prevention. *British Journal of Political Science*. 45 (2): 307-327.

Figure 3.3: Principles of the Act in action



4. Findings – Principles of the Act

- 4.1 The chapter presents the findings associated with the principles of the Act and its implementation by participants. A general overview begins the chapter, with a focus on each of the individual principles following.

General overview

- 4.2 At the heart of the Act are a set of principles central to the delivery of the requirements and functions of the Act. The Act requires those responsible for its administration to adhere to key principles in the contexts in which they provide care and support to people in their localities or catchment areas.

The principles provide a framework and focus for action

- 4.3 Across the interviews, there was a recurring perspective that the principles of the Act were ‘positive’ and ‘welcome’ in providing a framework and impetus for action:

I would say the principles are pivotal to everything that we do (Senior Manager, LA, Locality 3)

The principles are important because they are the foundation around what the Act is (Senior Manager, LA, Locality 1)

- 4.4 Despite early anxiety about the workload to implement the principles, they offered a framework, which helped ‘legitimise’ an agenda: *I think the initial reaction to it was that, you know, is this going to be a vastly huge amount of work on top of what was already being done? I think that was the degree of anxiety which was around it. I think the reality of it yes it has been, but it’s work that has been embraced across the partner agencies as a means of being able to promote a way of working that we were wanting to pursue anyway and it’s provided a framework to enable that to happen (Senior Manager, HB, Locality 4)*

- 4.5 As a framework, the principles provide a shared language about how things might be into the future, and for changes in practice.

Building on past practice

- 4.6 The principles of the Act chime with values, beliefs, thinking already held by some respondents. The Act has also given an impetus to deepen practices based in these values.

My drivers were very much aligned with the Social Services and Well-being Act. I would have done it anyway without the Act, but the Act gave me power to my elbow. But I didn't need that particularly because I was really pushing against open doors in [LA] (Operation Manager, LA, Locality 3)

The principles of the Act mirror the values of the third sector in general and it is welcomed as an acknowledgement of citizen involvement, co-production and the value of community led projects and initiatives to society (Survey response)

- 4.7 The Act legitimised and accelerated action in directions that some leaders and practitioners had wanted to pursue. There was repeated use of the metaphor of a journey, whereby implementing the principles is 'a process of evolution' with 'continuous learning' over time.

I don't see it as necessarily being, you know, there was nothing going on in relation to these areas before the Act and then suddenly the day the Act is introduced there is suddenly massive change. It's a process of evolution over time that we are still continuing on (Senior Manager, HB, Locality 3)

I'd say we are on a continuous journey is how I would describe it. (Senior Manager, LA, Locality 2)

- 4.8 Respondents also pointed to an accumulating evidence base within government inspection reports about how the principles of the Act are being implemented: *...within that [CIW] report it was quite good actually in relation to their findings. For instance, people and voicing control, it's been said that people are asked 'what matters' to them and their voice and choices are being heard by practitioners and other people that are working with them (Operational Manager, LA, Locality 2)*

Challenges and change

- 4.9 There was acknowledgement of the amount of work still to be done to embed and implement the principles of the Act within organisational cultures, and across a wide range of practice areas: *Co-production, voice and control and those elements I would suggest are some of the other areas whilst we have made changes and there are some people who are very, very good at that approach, but that remains work that we still have to work through over the course of the next few years (Senior Manager, LA, Locality 1)*
- 4.10 There were also perspectives that the transformative ambition of the Act is not being matched by bold practice or system changes: *I'm not really yet seeing any conversion of audacious, bright, innovative ideas from left or right of field into main stream thinking (Senior Manager, LA, Locality 3)*

Prevention and early intervention

- 4.11 The prevention and early intervention principle under the Act was the subject of much discussion across the process evaluation interviews.

Implementing prevention

- 4.12 Examples were given of the implementation of the prevention principle and duties under the Act. This ranged from a general incorporation of prevention across organisational systems and work areas, to the delivery of specific models like local area coordination, prevention built into safeguarding, information and assistance services, early support for families, and models of reablement.
- 4.13 The following respondent raised the point that implementing preventative approaches depends on what it is that is to be prevented: *...early prevention varies depending on what you're trying to prevent. It's a catch-all term, it can be lots of different things depending on where you'd sit. (Operations Manager, LA, Locality 3)*
- 4.14 Some emphasised the complexity of implementing a preventative agenda, which by its very nature requires in-depth analysis and discussions of challenges to arrive at the best course of action: *It's all about how we are embedding the principles of the Act, are we truly outcome focussed in terms of what we are doing, that prevention kind of agenda as well. There is a continual discussion in terms of what are the*

challenges, the barriers, how do you feel it's going from that provider, do you square it off, not the money, to really enforce and make it better going forward (Senior Manager, LA, Locality 2)

Impact of prevention

- 4.15 There were mixed perspectives on the impact of prevention to date:

What I have found is that actually what has made a difference is the increased use of prevention and the focus on prevention within the intakes teams has meant especially in the team I'm working with (Frontline Worker, LA, Locality 4)

I'm not sure how far that bit has gone really, that real low level prevention early intervention stuff before people hit the radar of services. (Senior Manager, LA, Locality 4)

- 4.16 However, there was an alternate view that it is too early to know if prevention is having an impact. Also highlighted were challenges in establishing the best intervention point is for prevention, and making interventions accessible:

I think it's a bit too early to say really so in [LA] for example, our looked after children numbers are slowly and safely coming down but it's very early days and we couldn't say it definitely because of certain factors (Senior Manager, LA, Locality 2)

It seems that prevention focused work in this area has been led more by policy initiatives [...] Such initiatives are causing a shift in focus and requiring local authorities to consider the way services are configured and how capable they are of intervening and supporting families to remain safely together where possible [...] Whilst some local authorities are working well, a number of areas are struggling to progress this agenda (Workforce Survey response)

- 4.17 There were a number of comments about the metrics that can best measure the impact and process of implementing prevention; these hinge on the type of models or initiatives being delivered and the intended change:

...it requires a major collaboration and very strong partnerships and relationships between the organisations and their senior officers and the boards and political representatives. (Senior Manager, LA, Locality 4)

We've really struggled with getting that evidence base around prevention and getting a robust measure that no one will argue against. I think whoever does find the golden measure will have to patent it (Operational Manager, HB, Locality 2)

Investment in prevention

- 4.18 The theme of investment in prevention was peppered throughout the interview responses. There was a mixture of views and experiences across a spectrum: i.e. there is an underinvestment in prevention, constraints on releasing funds for prevention, and examples where a local authority had invested in prevention: *The concern is there is some of these brilliant ideas without the budget to back it up and that's the most frustrating thing about it. Yeah, it looks great on paper doesn't it? It's all these preventative services, and they'll be a wonderful service, but it's getting it through the front door with them (Frontline Worker, LA, Locality 4)*

Co-production

- 4.19 Examples were given of the implementation of co-production as required under the Act and how, for some it is a change from previous practices. Noted was the involvement and leadership by the third sector, co-producing work in direct payments, working with children and families and older adults in new ways, and the development of organisational policies and practices to align with co-production principles:

Co-production is thriving in [LA] and starting to become the norm. [...]. This is mainly down to a few staff with the skills, confidence, values and seniority to support and facilitate working with co-production principles. Social services have conducted a series of co-productive commissioning reviews - adopting principles of co-production in our shared terms of reference and defining both commissioning co-productively and commissioning for co-production (Workforce Survey response)

[M]aking sure that the individual is up centre and is able to co-produce the care that they receive. That is probably very different to how some partners may have been working previously (Senior Manager, Regional, Locality 1)

- 4.20 The implementation of co-production was supported by training and facilitation, which included mentoring by people with skills and values of co-production. It was also seen that there is scope for improvement in co-production practices to more fully embed this principle in practice.

Challenges to implementing co-production

- 4.21 There were lengthy discussions about experiences and challenges in pursuing a co-production agenda. Fully understanding and recognising what co-production is and how to successfully implement was acknowledged as requiring further development: *I think people sometimes are just jumping on the gravy train with that sort of 'oh yeah, we do co-production and we do this and we do that'. Now that's still in its infancy in lots of cases and people say 'we do this' and you ask them 'how do you do it, how do you incorporate what you are doing? Well we do this. But isn't that what you did years ago? Well yeah but it's different'. So there's a lot of things that need to be developed (Operational Manager, LA, Locality 1)*
- 4.22 Suggestions were offered of what can support the ongoing advancement of co-production in practice. One of these focused on providing support for carers to actively participate in co-production processes, given that carers can be 'time poor': *When they have spare time, they are more likely to use it to catch up on jobs or spend time of leisure and hobbies. Consideration should be made to encourage individuals including carers, to be involved in co-production. Providing alternative care, expenses, and using technology are examples where carers may be more inclined to get involved with co-production and planning. We are concerned that statutory agencies often expect carers to get involved but without any remuneration or support, which makes the carers feel undervalued (Workforce Survey response)*
- 4.23 Responding to diverse interests and the complexity inherent in co-production dialogues was identified as a major challenge:

[I]t's about resisting the temptation to try and resolve everything... I don't think that's that easy because people very often want quick answers and also

like I say many people still come to us following a hospital stay or whatever and there can be tendency within a hospital setting to say 'you need this or that'. A conversation sometimes can put you in a position where there is a degree of conflict and I think that's a regular occurrence (Senior Manager, LA, Locality 1)

You can't get to a consensus and the people that are the service user group that go to the co-production don't understand the concept themselves of co-production, they think it's about consulting and often we're not. [...] They expect you to go to a co-production event with a product and they comment on that product but that isn't what co-production is about (Senior Manager, LA, Locality 4)

- 4.24 Shifting the expert frame of reference within service delivery paradigms to match co-production values and practices, and ensuring senior leadership and political support for co-production were identified as crucial factors:

[T]he aspiration is undoubtedly there, I don't think we really understand what co-production is yet. So yes we have the intention but I think the reality is it still tends to be 'this is what we are going to do, what do you think about it?' 'Yes it's a really good idea'. Then next time we have another think about it we'll see if we can reflect that (Senior Manager, HB, Locality 4)

Support and endorsement from senior management and the majority of people with commissioning responsibility appears to be missing. So although this way of working is now becoming established it remains vulnerable (Workforce Survey response)

Well-being

- 4.25 The significance of an explicit focus on 'well-being' in the title and object of the Act was noted by respondents. Supporting well-being requires linked and multi-agency work, and voice/control and co-production: *The inclusion of well-being in the Act validated the decision of the centre to have a key strand on social care and to ensure that the challenges we face can be approached through sound links between primary health care, population health, social care and ongoing well-being agencies and interventions. Our mission covers well-being across health and social*

care and across the lifespan to enable citizens to stay active longer – we know that this has positive impacts on well-being and other benefits such as increased economic prosperity (Survey response)

- 4.26 There were examples given of interventions and approaches to meeting well-being needs such as place-based models, compassionate communities models, community connectors, hub models, multiagency panels, and social prescribing among others.
- 4.27 A call was made for good practice to be better shared across Wales. There was also a view that developing well-being approaches is an ongoing project, and questions were raised about what well-being means: *I don't think we're all the way there yet, I think we still need to, because understanding, well-being is something everybody can say 'yes we want to support well-being'. But when you start defining what well-being is it becomes a little bit more, well you're grabbing a bit of mist aren't you? (Senior Manager, LA, Locality 4)*

Defining and debating well-being

- 4.28 Ongoing debates to define well-being ensue. Some respondents discussed how well-being in social services is more than just individual well-being but also that of the collective/population (i.e. at the level of the LA). Others suggested well-being is a 'technical term' that obfuscates who has the power in the social services relationship.
- 4.29 There was also a perspective that well-being can be endlessly debated, and that once defined in an organisational well-being plan there is value in not continually opening up the debate.

The debate continues because we're often exploring well-being. Is that around health? Is it around mindful health? Is it around how the person feels? Health and presence in their own situation and that debate is on-going in everyday conversations whether it be in manager's meetings, with frontline practitioners or between practitioners (Operational Manager, LA, Locality 4)

...part of it again comes back to relationships and being able to have that dialogue. As a concept I think people are signed up to it but then when you

get into the nitty gritty of it of actually what do we mean by the definition, what do we mean by well-being it's so broad it's almost what do we not mean by well-being (Senior Manager, Regional, National)

Voice and control

- 4.30 Examples were given of positive interpretations of the impact resulting from a focus on 'voice and control'. There is also more awareness of how supporting voice and control can be better undertaken:

In terms of the voice of the child, there is a push on that at the minute really in terms of making sure there is a separate document as well, so rather than just writing about it in your assessment having like a separate document to kind of evidence that voice (Frontline Worker, LA, Locality 4)

An impact on voice and control has begun with citizen voice and input being addressed at the planning stages and not just as "consultant" after services have been worked up (Workforce Survey response)

- 4.31 There was considerable discussion about the implementation of the advocacy requirements under the Act. There was a viewpoint that these measures are working well with increased use of advocacy services by a broader group than before, and an increased awareness of the need and importance of advocacy, and incorporation of advocacy in social care practices.

Now of course advocacy is much more prominent under, not that advocacy wasn't there pre-Act, but in terms of our legal duty around advocacy and the direct offer. I've certainly seen a much better recognition from social work professionals and professionals in other fields about the importance of advocacy and about ensuring that young people's voices are heard better and family voices are heard as well (Operational Manager, LA, Locality 2)

Advocacy is working really well, it's really good. That's increased a lot recently with more focus on the need to check out with kids try and implement you know the advocacy service for them as a standard ask do they want an advocate and that is part and parcel of what we do now where before it wasn't (Frontline Worker, LA, Locality 4)

Multi-agency working

- 4.32 Throughout the interviews and survey responses were many examples of multi-agency work as required under the Act:

The ability to include multiple agencies in an individual's care works exceptionally well, including multi-agencies in the review and personal planning process enables individuals' access to more services (Workforce Survey response)

We strongly believe that stakeholders across multiple agencies share a genuine desire to ensure the successful implementation of the Act. However, [the] capacity within the organisations and the systems in place at the moment are hindering this (Workforce Survey response)

- 4.33 Whilst positive examples of multi-agency working were described, often these were qualified and tempered with comments about what does not work, what is fragile, where there are inconsistencies and gaps, and needs to be improved:

[I]f we were to continue to work together for the multi-agency point of view, that would be a bonus going forward because we can only measure how well we're doing in [this LA] particularly or in any authority. If we compare ourselves to our partners and to learn from best practice which we may do that if we're all sitting in a room together talking the same language. So for me that would be aspirational. I don't think it happens as much as it should I think which is a disadvantage but that would be my goal (Operational Manager, LA, Locality 4)

I think the best thing that will happen over the course of the next couple of years is the development of more robust community teams across health and social care. Instead of people being either at home without support or being in hospital, or without there being a clear plan for them, my aspiration, and hopefully the whole system aspiration, is that someone goes into hospital for a short intervention then comes back home so that decisions are made in the right place (Senior Manager, LA, Locality 1)

- 4.34 Multi-agency work is seen to be based on good trust and relationships, organisational capacities to support this work, and there is a view that these

processes are insufficient for services for children and young people: *[I]n regards to children and young people's services, it has been the experience of [name] that RPBs have largely concentrated resources on the adult population, and have been limited and inconsistent in their scope and capacity to consider the ways in which they plan joined up services for children (Workforce Survey response)*

What supports multi-agency working?

- 4.35 Relationships and quality communication are viewed as important in making multiagency work successful and a strategic and organisational endorsement for a broad approach to multi-agency working. It also requires 'frank' and open discussions.

You can work in a cooperative way, you build relationships, for those very reasons you know, you need to be able to have influence, you need to be able to have frank discussions about what you are trying to achieve and what legislative framework is guiding you. But I don't feel I've seen the evidence of there being a more strategic approach to we should all be working more in this way (Operational Manager, LA, Locality 2)

We are involved with them [health] anyway and the help of the nursing team, they call whoever in the team, it all comes in to one place. We just need to shout at them, they are all here, because we are on the same floor. They see us, we see them, there isn't anything that we can't do together type of thing (Operational Manager, LA, Locality 1)

- 4.36 There was also a view that there is more need for integration and less fragmentation: *The other thing that we desperately need is integration, more integration. That hasn't really happened for us for our team, it has for the rest of the authority. You know, the integration of professionals because we are colocated with our health colleagues, we are not integrated and I think it would be a far more holistic one story approach for people if they were looked after then by integrated teams (Operational Manager, LA, Locality 2)*

Summary

- 4.37 This chapter has presented aspects relating to the principles of the Act. Key messages are:

General overview

- There was a recurring view that the principles of the Act form an important values-based framework for action
- Implementing the principles of the Act was seen to need time on an ongoing and continuous 'journey' of change

Prevention

- There are some positive examples of prevention models and practices, but this is seen by some as patchy
- There are mixed accounts of the investment in prevention, with reports of underinvestment as well as some allocations to prevention

Co-production

- There were positive examples of co-production in the development of individual and community interventions for care and support
- Challenges were noted in securing greater leadership support for co-productive ways of working, continuing to shift professional expert paradigms, and responding to the intrinsic complexities of co-production processes

Well-being

- Well-being seen as integral to social care, but as a concept is contested and subject of much discussion
- Enabling well-being requires the implementation of all the principles

Voice and Control

- Fragmentation and overlap of advocacy services was reported, along with the need to keep raising awareness of the importance of advocacy

Multi-agency working

- Strong commitment to and positive examples of multi-agency working exist, however, there is fragility, gaps and inconsistencies in multi-agency working
- Multi-agency work based on trust, relationships, communication and organisational capacities to support this work

5. Findings – Act Implementation

- 5.1 The data presented in this chapter of the findings provides a selection of extracts that represents key features referred to by participants in relation to the implementation of the Act.

Doing things differently, strategy and long-term vision

- 5.2 The first subtheme represents opportunities created by the Act to work differently. This subtheme also draws attention to how implementation was continually developing and seen as an ongoing process.

- 5.3 The Act has enabled new ways of working in the planning and delivery of care and support including practice change and developing and strengthening partnerships:

The implementation of the Act has changed the way we plan and deliver care and support (Survey Response, Workforce)

I think it crystallised the opportunity to make connections and links that were there in part already but I think the Act set a much clearer framework for that (Operational Manager, Regional, Locality 3)

- 5.4 Viewed positively, a change in working practice was described as a ‘welcome return’ to a client-focused way of working: *It [the Act] is a welcome return to some of the principles in terms of the overall principle of social workers having worth in terms of their ability to connect with people, to treat people with respect, to feel that families are able to produce their own solutions (Operational Manager, LA, Locality 4)*

- 5.5 Yet, the challenge of ‘doing things differently’ was acknowledged, for example workforce culture change, and the need to continue to identify and implement new ways of working:

Some workers got it, and for others it’s been a struggle. People have been embedded in the previous legislation for so long that it’s a struggle to get their heads around something different (Operational Managers, LA, Locality 4)

It’s [Act implementation] as much of a challenge that if we’re being honest, you have to keep on working at it, keep challenging yourselves and your

organisation to keeping find new ways of trying to be good at this stuff

(Senior Managers, LA, Locality 4)

- 5.6 Change and striving for improvement was seen as a continuum. With ongoing work and development required, it was described as ‘a work in progress’.

We are working with the Act as we know that we continue to have development needs and we need to progress along that way (Senior Manager, LA, Locality 1)

I think that we are achieving that from top to bottom, from politicians to direct staff, everybody is very clear of what our vision is in [LA] in meeting the Act and again, as I said, we are continuously working towards that (Operational Manager, LA, Locality 2)

Pre-Act work and Act introduction

- 5.7 Ahead of the introduction of the Act, much preparation and planning had taken place. Work undertaken referred to service remodelling, improving partnerships, information gathering and dissemination, ensuring compliancy with the Act, and workforce training. Challenges highlighted were linked to pressures and resources:

Within [the LA] we were well prepared. We were doing things three years prior to the Act coming out and so we had a very clear plan from a corporate level and a directorate level. [...] We were already on the journey of considering remodelling our services because of what we knew of, of the people that we are already supporting or people that were coming into our service. We were aware that there needed to be improvements around working far more closely with third sector organisations because again we needed to strengthen our work in those areas and we'd already started to remodel our services (Operational Manager, LA, Locality 2)

- 5.8 Consultations, information gathering, and working with existing networks to explore opportunities to develop and evolve were aspects that aided implementation. Information gathering and the dissemination and exchange of information helped equip staff with knowledge and understanding of the Act: *When the Act it first came out, we weren't quite sure where we would be fitting in so our approach was initially in terms of information gathering. [...]. We made sure that was part of our practice exchanges, our support and supervision and to make sure that our advisors and our*

staff were equipped with appropriate knowledge and understanding of the Act and how that fitted in with their work (Operational Manager, Provider Organisation, Locality 3)

- 5.9 Preparatory work had focussed on ensuring practice compliancy with the Act, reviewing policies, paperwork and practice to implement in the delivery of care and support:

So there was one aspect which was ensuring that the main ethos' within the Act were compliant, so that was reviewing our paperwork, reviewing our policies and then it was also then about reviewing our actual practice, post-implementation to make sure that actually we were compliant with the Act (Senior Manager, Regional, Locality 4)

- 5.10 Workforce training was a key-feature of work undertaken prior to the introduction of the Act. The subject of training is revisited in Chapter 8 on Workforce: *Prior to the Act coming in place there was a lot of preparation in terms of training. Me directing I suppose, guiding the training team in terms of what we required and actually making sure they were engaged with the regional programmes in terms of training social workers (Senior Manager, LA, Locality 1)*

- 5.11 A 'robust' awareness of what was required from the Act supported the development and delivery of a 'thorough' training package: *I think the awareness was pretty robust and I probably would say that because I was involved in delivering some of it. There were four different training packages, training sessions that we organised for the Act. There was specific sessions around Information Advice and Assistance, Looked After Children, Safeguarding etc. So I must admit it was pretty thorough (Operational Manager, Regional, Locality 3)*

- 5.12 Challenges highlighted to prepare for the introduction of the Act focused on existing pressures and resources whilst attempting to implement change across services, practice and the workforce:

Your existing workforce were under incredible pressure, plus the demographic changes, more and more people were knocking at the door for help. So living in that context at the same time trying to remodel, redesign, be people focussed, look at their outcomes, change your assessment

processes, change your practice your professional practice it was a massive ask (Senior Manager, Regional, National)

...the resource issues and the demographics and the wider work of changing people's attitudes towards the way we provide service, I think one drove the other in a sense. They weren't two things happening and we've got to manage them all they merged into one process (Senior Manager, LA, Locality 4)

The (implementation of the) Act is...

- 5.13 Numerous descriptions of how the Act had supported change were offered. For example, the Act was seen as offering validation and legitimation, as a catalyst to drive and deliver change, and as an enabler:

I would say that there is a lot more thinking going on in terms of what all this means and how to come up with different ways of thinking and designing services to best meet those challenges (Operational Manager, Provider Organisation, Locality 3)

My belief is that we needed a catalyst and I think it [the Act] has given us an impetus and a direction (Senior Manager, LA, Locality 4)

- 5.14 Others referred to the Act as enabling and providing the foundations to support change and secure buy-in from organisations and staff:

It actually provides a firmer foundation to develop those services and more of a requirement to move at a faster pace from my perspective. Certainly health boards and local authorities as it's putting a duty on those organisations to actually move the agenda forward, I think that helped then move those services much quicker than otherwise would have happened (Senior Manager, HB, Locality 3)

It's been a useful tool to frame all of that work we needed to do anyway but to help us to build that and to have something to pin it against, and I think that's been really, really helpful (Senior Manager, LA, Locality 4)

- 5.15 The implementation of the Act was described as a 'journey'. Whilst much preparatory work had been undertaken, the process was not seen as static but a continuum of ongoing work to review, learn from, and progress.

In terms of [compliance of], the whole Act I think it's a massive journey that is going to take a number of years. Even 5 or 10 years maybe (Senior Manager, LA, Locality 1)

We recognise that there is still a huge amount we can do and it is a big journey. It's like a ladder isn't it where you keep climbing and the water is coming up behind you so you are trying always to stay one step ahead of it (Senior Manager, HB, Locality 3)

- 5.16 The naming of the Act was considered problematic, leading to misconceptions about other organisations duties and responsibilities, and in particular, health.

The title of the Act doesn't help though does it, it's a wrong title because that's just scuppered it really as when it comes to hospital and stuff they think its social services responsibility (Frontline Worker, LA, Locality 2)

I'm not sure that the name of the Act was particularly helpful for health staff, so I think early on people were saying 'well this is about social services'. So, that broader buy in of 'actually this is really relevant and really relates to the role of people working within health services', that probably took a bit of time (Senior Manager, HB, Locality 3)

- 5.17 Some participants felt a lack of consistency and clarity about the Act that had resulted in various interpretations of its implementation: *I think the Act could have done with been more prescriptive in terms of those responsibilities for health but also, in terms of things like our internal structures within the council (Operational Manager, LA, Locality 4)*

- 5.18 Despite these apprehensions the Act was highlighted as providing purpose and direction offering authority and legitimacy to implement a shift in practice and a new way of working:

It's facilitated us in order that we've been able to use it as evidence that this is where we need to get to. So that it's actually written down in statute and so we've been able to use it as a lever (Senior Manager, HB, Locality 1)

[Y]ou have that purpose and that direction and that means you have a hook to put everything to hang everything from, to give it the credibility it needs to move forward and that certainly helps in terms of putting a context in it (Senior Manager, LA, Locality 2)

- 5.19 The validation and legitimacy of the Act further afforded confidence to facilitate conversations with partners, implement change and strengthen partnerships: *It [the Act] gave us the lever within the council say for instance and with the health boards and our partners to say 'no this is how we are going to be working and this is why we are doing it'. Now that might have been more difficult if you didn't have this significant piece of legislation underneath (Senior Manager, LA, Locality 2)*

Conversations and engagement with citizens

- 5.20 Participants reflected on a lack of public awareness and understanding of the implementation of the Act. This affected efforts to engage citizens and families in strength-based conversations about the provision of their care and support.

When you ask people then about what they are able to do for themselves, you know, what support have they got, what resources have they got to bring to the table, you kind of get 'well Mrs Jones down the road had it all given to her, why are you asking me these kind of things'. I think that's because the public were not made aware of the changes that were going on (Frontline Worker, LA, Locality 2)

Somewhere along the line very good conversations with the public need to happen around what citizenship means, what helping each other means and what actually making self-sustaining communities actually means (Senior Manager, LA, Locality 1)

- 5.21 For some, the lack of awareness was seen to impact citizen's knowledge of their entitlement to an assessment, and their understanding of what it means: *Families don't ask for it [assessment] because they don't realise that that's what they should*

be having, so there is also something about families don't really understand. They'll sign and give consent for the data and what is going to be shared and we'll say how we're going to do it. But I don't have people knocking down the door saying 'I must have my care and support plan and when you've finished, I want to see what's in it' or 'I want to work with you and sit down and go through that' (Senior Manager, Regional, Locality 4)

- 5.22 A lack of public awareness and understanding of the Act was attributed to mixed messages about the duties and responsibilities of social services, and a shortage of promotional material ahead of its implementation.

Nowhere in the media, was there anything about the Social Services and Well-being Act, nothing. Nothing about what the ethos was behind it, about what matters, and I think if there had been different publicity, or even just publicity that would have been good and it would have been easier for the workers (Operations Manager, LA, Locality 3)

When the Act first came into place, there was a media campaign, the way it presented the information it actually made it sound like social services were going to support more people (Senior Manager, LA, Locality 4)

Welsh Government policy direction

- 5.23 Planning for the implementation of the Act required consideration of other policies and legislation that were highlighted as having similar principles: *It's not just in that Act that it was brought in. You know, Healthier Wales, the Well-being of Future Generations Act, there were lots of legislation around the time, which tended to focus on the same sort of principles around that (Senior Manager, Regional, Locality 2)*
- 5.24 There was a specific focus on the Well-being of Future Generations Act 2015 and a perceived lack of connectedness (despite similar principles) between the two was a recurrent feature.

Actually some very common themes between the two of them, but a lack of connectedness really and confusion to some degree [...]. There was an element of confusion I think between the two pieces of legislation hitting us

the same time, with broadly similar not identical drivers (Senior Manager, LA, Locality 4)

So whilst we've got the Act, the Future Generations Act came out shortly afterwards and there were some areas where it didn't feel as though there was as much join up as there possibly could have been and Public Service Boards Regional Partnership Boards are probably a good example of that (Senior Manager, Regional, National)

- 5.25 For some, the Well-being of Future Generations Act was seen as an enabler to work more creatively and to consider early intervention and prevention work: *I'm sure the Future Generations Act helps that in terms of getting other organisations, other departments within the local authority to think about things more from a preventative model and early intervention (Senior Manager, LA, Locality 1)*

Summary

- 5.26 This chapter has considered the features (as referred to by participants) of the implementation of the Act.
- 5.27 Key messages are:
- The Act has enabled new ways of working (including practice change, and developing and strengthening partnerships)
 - Preparatory work and planning in readiness for implementation (e.g. service remodelling, information gathering, workforce training and ensuring compliancy with the Act) was broadly effective
 - Numerous descriptions of how the Act had supported change were offered. For example, the Act was referred to as offering validation and legitimisation, as a catalyst to drive and deliver change and as an enabler.
 - Implementation and the shift to a new way of working is an ongoing process with acknowledgement that implementation is a journey.
 - The naming of the Act was considered problematic, leading to misconceptions about other organisations duties and responsibilities, and in particular, health.

- Lack of public awareness and understanding of the Act has created challenges to asset-based way of working (e.g. service user, carer expectation management, lack of knowledge and understanding of what it means)

6. Findings – Local Authority and Social Services functions

- 6.1 The following chapter focusses on local authority and social services functions and the implementation of the Act as discussed by participants and is supported by a series of sub-themes developed from analysis.

Assessments

- 6.2 There was an overall approach described by many which embodied the new emphasis on strengths- and asset-based assessment under the Act in understanding people's eligible need around well-being, and an honest reflection that at the time of implementation there were (ultimately unfounded) worries about this leading to 'flood gates' opening.

...having those strengths based conversations with them [citizens] is almost like planting a seed I guess, allowing that person time to think about what you've said and what the impact is on them and promoting trust and confidence (Operational Manager, LA, Locality 2)

There was an anxiety, I think, as there is with all aspects of change around 'what's that going to mean for me'? Are we going to open the flood gates of loads of things all coming in through the front door because everybody is going to be asking for an assessment and they have to have one [...] That didn't actually bear out in reality (Senior Manager, Regional, Locality 4)

- 6.3 Participants noted the importance of family members and the network of people around the person being assessed and ensuring they had sufficient information: *You are looking at a sense at the family strengths, not necessarily the individuals but you are looking at where the support can come from (Operational Manager, LA, Locality 4)*

- 6.4 On balance, respondents perceived that assessments under the Act were working well:

We have seen some of our packages and costs come down and because certainly those strengths based conversations that we are having and strengths based assessments, I think my experience is that they've been really successful and really powerful. (Senior Manager, Regional, National)

Part 3 and 4 four stuff are around assessments and care planning, which is obviously the nuts and bolts for social work seems to be working well. I think what I am seeing now is more of a permeation of that thinking coming into the health board side (Operational Manager, Regional, Locality 3)

- 6.5 However, there were comments reflecting on the cumbersome and time consuming nature of the process, especially in the early stages of implementation:

Some of our forms are massive. We have been trying to reduce them and when we do try and reduce them we get, 'well, it's in the Act, you need to ask that question because it's in the Act'. As we become more confident with the Act, we hopefully will be able to reduce some of that volume (Senior Manager, LA, Locality 1)

I think because of the strengths-based outcomes and now the collaborative communication, you are expected to have more of a conversation with people. That takes a lot more time to be honest and [with] the current pressures on the team, I don't think we have that time to do that (Operational Manager, LA, Locality 4)

- 6.6 Others felt that the changes had actually achieved relatively little, had limited impact on practice and on those being assessed, and on occasion could actually build dependence which the new approach was striving to avoid:

....in reality the day before and the day after the Act came in, I didn't, I wasn't dealing with people differently at all really. [...]. I think whether you're explicitly saying 'we are working to a strength-based model', you naturally should. I personally work strengths-based anyway so it wasn't a revolution (Frontline Worker, LA, Locality 4)

We thought, 'this is going to be great, we've got our new community coordinators, we've got a new approach, let's target that group of people and go and have a different type of conversation with them, and offer them opportunities for connection and contribution'. We learnt massively from that is the minute you create a dependency, that person is in your system (Operation Manager, LA, Locality 3)

6.7 There were reports that carers were not accessing carers' assessments and that the preventative services or approaches available to them are 'piecemeal and reliant on short term funding': *[M]any carers are not accessing information, advice or assistance and are not having carers' assessments, so an opportunity is being missed to meet the prevention and early intervention aspirations of the Act. There is some evidence from our information requests to LAs and LHBs that efforts are being made to run carer activities to support prevention and early intervention. However, these are piecemeal and reliant on short-term funding (Workforce Survey response)*

6.8 In order to improve practice there was a sense that a common approach to assessment is needed, that the frontline workforce can make an important contribution to assessments, and that it is crucial to see this form of assessment alongside other strengths-based models which complement the Act:

When we think about our care and support plan, our 'what matters' and the core data set, the key three areas, what we want to do is have those three forms or three tasks all on one system under one referral (Operational Manager, LA, Locality 1)

We do write profiles every day which is documented then like on a daily basis what a person has done down to the littlest of things just so they [social workers] can get a bit of insight then (Frontline Worker, LA, Locality 2)

Whereas before if you were working with a family where there were risks, you might be looking at child protection, going to court, Public Law Outline and some of the things. Social workers would be a bit scared of working those families when there was risk working with the children at home, whereas [now] I'm very much about looking for the safety within the family so we safely manage that risk at home (Frontline Worker, LA, Locality 4)

6.9 When reflecting on the nature of strengths-based assessments, respondents talked at length about the way in which this approach provided for a more person-centred form of practice:

I think the change in the Act has made us put what matters to them at the top of the list rather than a couple of rows down (Senior Manager, HB, Locality 3)

[Before the Act] we could only do what was written on their care plan. We couldn't go and have a discussion with the person and say, 'How do you want us to do it?' It was literally 'you're going in for 30 minutes to give Mrs Jones a shower and that's it' (Operational Manager, Provider Organisation, Locality 2)

Risk and difficult conversations

- 6.10 Participants discussed a new approach to risk as part of their reflections on assessment processes; the Act had facilitated a less risk averse approach to their work: *I would say we're much more, as an authority, risk sensible, rather than risk averse, most definitely and our thresholds have changed (Operational Manager, LA, Locality 4)*
- 6.11 This reflection on the nature of risk in assessment also pointed to differences in workforce cultures, particularly between social services and health colleagues: *[A]s health, sometimes we do like to put people in cotton wool and we can be quite risk averse. I think probably the Act is pushing you toward being less risk averse to enable people to make their own decisions and that kind of thing and I think there is work to do to make us less risk averse (Operational Manager, HB, Locality 1)*
- 6.12 Where it was working at its best, it was suggested that the Act facilitates greater confidence in managing risk alongside good management and supervision: *I think what does help now is when you see their personal outcomes being met and you see the positive outcomes for children and you've managed to maintain them at home or with family members, that that gives you the confidence then to manage the risk (Frontline Worker, LA, Locality 4)*
- 6.13 However, there were a series of conflicts and challenges identified inherent in the process of making assessments. Primarily this centred on tensions around how voice and control operates, given that all too often the system works against what matters to people, leading to conflict with families, and a series of challenging conversations wherein expectations need to be managed.

A really good value and asset based conversation sometimes requires conversations which can be difficult. We've had that conversation about

families not necessarily wanting some of this approach (Senior Manager, LA, Locality 1)

We still have the odd care and support plan or referrals where social workers are saying to the individual, 'you can have an eight o'clock', and again, that's unrealistic. We can't promise somebody that that is their call because we've got the whole of the borough to consider and not everybody can have that call at eight o'clock (Operational Manager, LA, Locality 2)

- 6.14 This led to reflection on the perceived disconnect between legislative rhetoric and operational reality, especially when faced with the tensions between local flexibility and interpretation versus centralised control: *We should be making decisions about people within their own homes. Sadly too often and it remains a case that decisions about people's futures are made in hospitals and actually that's not good, and certainly goes against what the Act should be achieving. Actually it's very difficult to have a value and asset based conversation in a ward with six other people sat around you (Senior Manager, LA, Locality 1)*
- 6.15 Lack of portability in assessments was also commented upon: *Every authority will have different paperwork and the system itself doesn't work on it being a standardised form, that information will sit somewhere, it won't cross populate anywhere, it'll just sit somewhere, so we end up duplicating forms. Rather than duplicate it, lots of people will just re-ask you rather than going and doing that, because that's quicker and easier. Human behaviour to me would say, that's what we will do, so unless you say 'these are what forms will look like, this is how we communicate it' and what the system is going to be so that we can cross-populate relevant information, so that you've got all of that family history in one place (Senior Manager, Regional, Locality 4)*

'What matters' conversations

- 6.16 A new part of the assessment process – frequently referred to as 'what matters' conversations was reflected on by participants in largely positive terms, seen as a return to good practice, and a way of changing the 'story' to focus on outcomes:

We are a lot more focused in asking 'what does this individual want', to use a cliché, 'what matters to this individual' (Operational Manager, LA, Locality 1)

The 'what matters' conversation takes into consideration the hierarchy of support, so ensuring that you're getting the person's strengths before you move onto needing support from social services [...] what matters had a huge impact in that people are having different conversations (Operations Manager, LA, Locality 3)

- 6.17 In order for such conversation to be undertaken 'properly', there was a general acknowledgement that they take time to complete: *One of the questions we ask is, 'What does a good life mean to you?', and a lot of people I don't think have ever been asked that question [...] usually services won't go in and ask that kind of question because as I said, they go in and ask, 'What's wrong with you? And 'do we have a service that we have a budget for, and do you fit the criteria?' Our question is, 'What makes a good life and how can we help you achieve that?' (Operational Manager, LA, Locality 4)*
- 6.18 In addition, it was suggested that in order for them to be effective, they need to involve the whole network of support around individuals, including provider organisations who may be supporting that person: *'What matters' [is] also about how and what level of weighting different things are given and helping people understand that weight. So it's again back to our statutory service, well 'what matters to you' may be one very specific thing and we have to give that due and fair weighting, but actually getting practitioners to understand that is important (Senior Managers, Regional, Locality 4)*
- 6.19 Working between health and social care was however perceived to be challenging, given that pressures in the system often mitigate against the individual being able to have a meaningful 'what matters' conversation in certain contexts: *Our partners in acute care in the hospital will have a long way to go in terms of 'what matters' conversations and what's the strengths of the individual. The whole issues with the pressures they are under, it's about what matters to the system rather than what matters to the individual (Frontline Worker, LA, Locality 2)*
- 6.20 Building on this, there were examples of both where 'what matters' conversations had crossed workforce cultures effectively, and where they had not:

[T]here's far more of a social model of care being expressed by medics, particularly younger medics. I thought actually that language, that way of working is permeating through (Operational Manager, Regional, Locality 3)

We did early on have a work stream around making sure the 'what matters' conversation is in health, is in their paperwork [...] What we're finding is that probably even now up to this date, individuals going into the hospital or being seen by health professionals aren't probably having terribly meaningful 'what matters' conversations (Senior Manager, Regional, Locality 1)

Care and support plans, and case reviews

- 6.21 Following on from assessment and the 'what matters' conversation, the development and production of person-centred care and support plans under the Act were seen as key in supporting culture change: *We are seeing far more outcome-focused and more person-centred plans coming through but there are still improvements to be made [...] You've got representation from the social work network teams, you have the commissioning team representation and you have other representatives on that which focus on changing the culture from a professional point of view and from a strategic point of view as well (Operational Manager, LA, Locality 2)*
- 6.22 However, problems in the production of care and support plans, included information missing, a lack of standardisation, and on occasion, an overall sense of a lack of quality in the documentation: *Where I'm at is the care and support plans are still probably not of a good enough quality anyway. I think there is a fundamental basis that care and support plans don't have the validity that they need to have (Senior Manager, Regional, Locality 4)*
- 6.23 Care and support plans were seen as a source to evidence of activity, especially for family and friends:
- So you've got your records in front of you, you look back on that and say 'yeah that is 100% important' and not only just for us girls but if family members come in and they say 'well when did my mother have a bath?' 'when did my father have a shave or when did he have his feet soaked?' We*

can always say there's our evidence and it's all documented (Frontline Worker, LA, Locality 2)

- 6.24 When undertaking reviews, a key principle was the desire to ensure all voices are heard in the process. Respondents also noted the challenges when reviewers have shifted their position in reducing care and support packages and doing less for people:

We make sure that everybody's view is heard and we do our best to try and help that individual to resolve those challenges. [...]. Through the review process then that we are making sure that the provider is part of that review process, so everybody has got a say in how they feel the package is working, obviously with the individual being at the centre of that (Operational Manager, LA, Locality 2)

It's not been easy, going out to somebody who has received a support package for many years and all of a sudden somebody turns up at your door saying 'right then Mrs Jones let's look at what you can do for yourself' and 'how have things been?' Well maybe the approach to the review would be 'Mrs Jones are you happy with how things have been, do you like the carers?', there's a very different focus, very different conversation happening (Operational Manager, LA, Locality 2)

Accessing preventative services

- 6.25 Numerous challenges to the delivery of preventative services and initiatives were identified; the access criteria for statutory services which may inhibit early intervention, lack of direct funds for prevention, barriers related to third sector involvement, public and community awareness of preventative services and how to take advantage of them, and the development of preventative services which respond to complex structural issues faced by communities.
- 6.26 People need to be aware of what is available to support prevention and be able to access services or initiatives at the right time for early intervention, not just when there is a crisis: *[G]etting the right resources and ensuring that people are aware of what they are entitled to is crucial. Sadly, because of the demand on local services, that can get delayed until they are in crisis situations. (Workforce Survey response)*

- 6.27 There was a view that statutory services are 'reactive' and 'last resort' and not early intervention oriented. The theme of a need for an integrated health and social care system was repeated throughout interview responses: *The majority of clients report that services remain reactive, and that statutory services are a last resort, not perceived as able to offer prevention or early intervention as threshold for support is too high. i.e. low need now so client must wait until needs are higher or in crisis before being able to access direct support. [...]. Health and Social Care alignment and joined up approach is not obvious (Workforce Survey response)*

Local Area Co-ordination

- 6.28 Local Area Co-ordination (LAC) is a model of preventative community development that has been adopted in many areas. LAC approaches work in tandem with third sector and community capacity building and work with a long-term time horizon for change. Positively, there was political support for the LAC model within certain LAs: *[T]here was a recognition that we needed to do something that is preventative, and we needed to change what we're doing. I understand that there was some staff in social services were at a conference where local area coordination was being discussed and it came up as, 'This is something we could try'. So they researched it and eventually took it on. I don't know if it was specifically as a result of the Act, but I imagine that it certainly had something to do with it (Senior Managers, LA, Locality 4)*

Reablement

- 6.29 Another common approach in preventative work are various forms of reablement and short-term services. However, gaps in the care sector were identified as being problematic for a workable reablement model: *Our care at home staff who are our reablement workers meet with the therapists weekly and they have a discussion around what are the goals for this person, how are we moving forward? So we don't keep people on our books, we move people as well as we can. There is a bit of a problem with moving people on because of the care sector, how you can move people on if you haven't got a very robust care sector, so that is an issue (Operations Manager, LA, Locality 3)*

- 6.30 In practice, numerous professionals within the organisation can facilitate reablement:

It's about who best can support that within our teams. Who is on the ground, who is the one that maybe I suppose in step-up step-down reablement? Well it's the care assistants on the ground who are working with Mrs Jones every day to achieve her outcomes. It's them that will be working with, the staff around them and their peers and so it's about how we get that through the system. It's almost at every level, it's at the level of where who will supporting Mrs Jones but it's the level then of who is supervising and completing the assessment so that everybody understands that what the outcome that Mrs Jones wants to achieve is (Operations Manager, LA, Locality 4)

Outcomes

- 6.31 The challenge for the workforce is that outcomes are subjective and contested, and not fixed or standardised in how they are assessed or collected. There is a challenge in demonstrating impact of outcomes as the concept has been iterating and evolving since its introduction.
- 6.32 Key to outcomes-focused working was the judgement of practitioners which has received a challenge in respect of linking outcomes to eligible need: *[T]he staff are having to have uncomfortable conversations and I think for staff to be able to do that well, they need to be well supported, they need to be confident in their ability and clear in what the expectation is on them really isn't it. (Operational Manager, LA, Locality 2)*
- 6.33 There was an overall sense of the move towards outcomes being 'work in progress', with concerns expressed over the pressure on time and capacity that this way of working brings, tension between measurement of personal outcomes and extrapolation to population trends, and the need to engage all providers:

The real challenge came then when you try to build personal outcomes up into some sort of national measure. I think that's been a real challenge and struggle and it's not one that I think we've resolved (Senior Manager, Regional, National)

Commissioning

- 6.34 In terms of commissioning, strong partnership relationships between different commissioners were highlighted, driven in part by the extant networks that exist for providers to inform the process:

[Engagement and co-production] with our service providers was absolutely essential in terms of developing a joint approach. It's all very well for commissioners to come up with something but if providers can't deliver it they are wasting their time (Operational Manager, Regional, Locality 3)

[O]n a daily basis on duty we have lots of calls from our providers checking in with us or saying 'we're a bit concerned about Mrs Jones, we will go out and see what we can do to support'. If you think about that voice, choice and control that's not just with us, that's also with our providers, its keeping that circle of communication (Operational Manager, LA, Locality 2)

- 6.35 Commissioners working in partnership one with another has been driven by regional working and practice, and national commissioning: *It was one of their key actions they said to take forward, you know, as a board and everything that they required as a Regional Commissioning Unit. So very much we are set up on the back of obviously the legislation which set up the Board in the first instance in 2014, and as part of the area plan they developed after their population Needs Assessment it was they said to drive forward some of this. They were looking for commissioning capacity (Senior Manager, Regional, Locality 2)*
- 6.36 There were a series of positives of joint commissioning identified: *They gave it [recommissioned advocacy services] as a joint contract, which was amazing because local authorities never work together. [...] one of the things that we built into that bid was that in the first 3 months, we would go around and train all the teams on what advocacy was, what it meant under the Act, all that kind of stuff (Operational Manager, Provider Organisation, Locality 1)*
- 6.37 In addition, there was an explicit connection drawn between the work of commissioning hubs, and links to service delivery and finance: *[O]ur level of management, we sit in with the commissioning hub with the people doing the commissioning so that we can make sure that it's connected still to our operational*

delivery and how some of these partnerships are working (Operational Manager, LA, Locality 4)

- 6.38 Positively, there was a sense that practice had evolved such that commissioning for the principles and outcomes of the Act had been realised. However, the majority of participants felt that this process of commissioning for the Act was very much work in progress: *We're moving towards commissioning services being on an outcomes basis for individuals. It all takes time. I think there are, there's some evidence of differences for individuals but if we were to evidence a wholesale regional difference to the lives of individuals it's still quite early days to be able to kind of evidence that at the moment (Senior Manager, Regional, Locality 1)*

- 6.39 Finally, relationship and place-based commissioning was suggested as one of the key ways to align practice with the principles and outcomes of the Act:

So our next priorities are place based working so in its entirety really. You know, moving much more to a relationship based than a transactional based way of working [...]. So we will be commissioning in a person centred way, so have fish and chips for Mr Jones on a Friday, take Mrs Jones to the library, go and watch rugby with Mr so and so. Their care and support plans will be much more focussed on that wellbeing, so that's the big thing that we are doing over the next year or so (Senior Manager, LA, Locality 3)

- 6.40 There were however a series of shortcomings in commissioning practice identified by respondents. Two deficits, around the lack of clarity in commissioning the service offer, and the overall lack of capacity in commissioning officers, were identified as impediments.

But it doesn't talk about much about commissioning does it really in that sense and it doesn't talk about the range of services or specifically what we should be providing. That does leave open for, you know, in terms of how we create the offer. I don't think it's that helpful in terms of how do we manage demand, how do we become sustainable? (Senior Managers, Regional, Locality 4)

- 6.41 Most particularly though, the main identified problem with commissioning during the implementation of the Act was the lack of co-ordination between authorities leading

to distinct and different ways of doing things, with criticism levelled at the lack of impact that regional approaches have had, contradicting points made elsewhere: *We've got 22 local authorities in Wales and quite frankly they can pretty much do what they like as far as commissioning is concerned. It always feels like we are in some sort of competition. I never quite know what the first prize is and how you prove you've won it. There always seems to be a reason why it's different 'here' (Senior Managers, Regional, National)*

- 6.42 Three further issues; missing the voice of individuals in the commissioning process, openness and transparency in commissioning practice, and the need for a more person-centred approach to commissioning, were highlighted by participants.

Safeguarding

- 6.43 In respect of safeguarding, the Act was perceived to have brought in useful changes in language: *The concept of an adult at risk rather than a vulnerable adult as we used to have previously I think is helpful, because it then makes people kind of think in a different way really and it probably aligns as more neatly with practice. I'm thinking within children and family services, I personally think that's been helpful really (Operational Managers, LA, Locality 1)*
- 6.44 New multi-agency working arrangements put in place since the Act's implementation have served to mitigate the risks inherent in safeguarding referrals.
- It's an all family approach, so it's a children's and adult's MASH [multi-agency safeguarding hub] with children's and adult's safeguarding and relevant officers who can deal with a wide range of issues, you know, substance misuse, homelessness, housing, strong police presence, education officials, health officials. So very much of an ethos of the Act multi-agency working trying to ensure the right services are provided (Operational Managers, LA, Locality 2)*
- 6.45 The new Wales Safeguarding Procedures came into force in November 2019. Respondents noted that they provide positive challenges to established ways of working and much needed clarity and continuity. They are still seen as work in progress: *I think there is still a journey to go within safeguarding practice around ensuring that the aims of the Act link into trying to achieving safeguarding.*

Definitely, the All Wales Safeguarding procedures should probably have been closer to the launch of the Act [...] They are the lever because I think even the organisations that read Part 7 of Act were still clinging to the All Wales 2008 Children's Procedures and the All Wales Adult 2013 Procedures. Now that they've been live some of these issues will really start to come to the forefront of practice so potentially we'll be in a different place over the next two to three years (Senior Manager, Regional, Locality 1)

- 6.46 In commenting on safeguarding practice more generally, it was suggested that despite some of the benefits identified, there is room for improvement in multi-agency working, especially in new areas under the Act, like prisons.

I think it's still work in progress [...]. That's equally applicable to the prison because obviously, whilst the prison have a responsibility themselves protecting prisoners we have had some safeguarding referrals from the prison, mainly because they perhaps have come up against situations that they haven't done before, so for example prisoners with dementia (Senior Manager, Regional, Locality 2)

- 6.47 Work undertaken by the National and Regional Safeguarding Boards was seen by participants in positive terms, with the caveat that there is a need for these boards to mature into their role alongside the new Procedures: *There's been areas in terms of establishing various strengthening partnership arrangements, in particular in the board. The duty of candour within the Board around agencies sharing information or highlighting when a particular agency may be experiencing issues at the Board, so that open and honest reflection (Senior Manager, Regional, Locality 1)*

- 6.48 Respondents identified that there was work still be done, and expressed concerns over the capacity available to meet their safeguarding responsibilities.

A lot of the adult safeguarding work has changed and it will be interesting over the next 12 to 18 months to see how that morphs and if it does, just because adult safeguarding can be a much clearer kind of set of circumstances now than it was before (Senior Manager, Regional, Locality 4)

Advocacy

- 6.49 There were critical comments about how advocacy works, for whom and to what end, and the need to demonstrate the purpose and value of advocacy. Differences in implementation across Wales were noted, as well as a ‘fragmentation’ of delivery:

I think there does need to be a more critical look at where advocacy really fits in to the Well-being Act [...]. Advocacy is really necessary, advocacy is the best thing in the world and people stand up and say this and I’ve always said advocacy is good for the same reason. That’s not enough you’ve got to demonstrate it and show it and people have to really understand why it’s a vital part because otherwise you’re either involving people who don’t need to be involved with an advocate because they don’t really need one, or you missed out on people that get left behind (Operational Manager, Provider Organisation, Locality 1)

There is difference between areas and it’s across the whole of Wales if I’m honest with you. You know, some areas still haven’t got the advocacy service into places yet, other areas have not advertised independent professional advocacy service as a separate service and they’ve tagged it on to advocacy services funding so they are saying, things like ‘well we are providing IPA’ (Operational Manager, Provider Organisation, Locality 2)

- 6.50 The ‘statutory demands’ on some social enterprise provider organisations were seen as posing a risk of professionalising the role and blurring of boundaries between a truly independent advocate role: *The more demands that are placed on as statutory demands, the more professional the role becomes. The more again we’ve moved from connecting with people. I don’t want us to be an arm or a sub-arm of social services because the whole point of advocacy is that we are independent and we are not just another part of your multi-disciplinary team (Operational Manager, Commissioned Organisation, Locality 1)*

Summary

- 6.51 This chapter has presented aspects relating to local authority and social services functions and the implementation of the Act.

6.52 Key messages are:

- New approaches which embodied the emphasis on strengths- and asset-based assessment under the Act in understanding people's eligible need around well-being were evident
- Participants reflected on the disconnect between legislative rhetoric and operational reality, especially when faced with the tensions between local flexibility and interpretation versus centralised control
- 'What matters' conversations were reflected on by participants in largely positive terms, seen as a return to good practice
- The challenge for the workforce is that outcomes are subjective and contested, and not fixed or standardised in how they are assessed or collected
- There was an overall sense of the move towards outcomes being 'work in progress'
- There was a sense that practice had evolved such that commissioning for the principles and outcomes of the Act had been realised, but there was considerable progress still needed
- The main issue identified with commissioning during the implementation of the Act was the lack of co-ordination between authorities leading to 22 distinct and different ways of doing things
- In respect of safeguarding, the Act was perceived to have brought in useful changes
- Respondents noted that the new Wales Safeguarding Procedures provide, to date, positive challenges to established ways of working and much needed clarity and continuity

7. Findings – Relationships with Partners: Operational and Strategic

Operational relationships with partners

- 7.1 Using the sub-themes developed from the analysis, part one of this chapter presents a selection of extracts to support key features referred to by participants in relation to operational relationships with partners.

Independent sector

- 7.2 Long-standing, reciprocal relationships between the LA and the independent sector had supported work undertaken to evidence the requirements of the Act: *We have a very long relationship with the Council [...] We are always passing suggestions by each other to do with monitoring reports and evidencing things like outcomes and the statistics that kinds of helps them evidence that they are fulfilling the Act as well. That relationship has definitely been crucial (Operational Manager, Provider Organisation, Locality 2)*
- 7.3 An injection of funding enabled work to update commissioned contracts to align with the Act and deliver a 'very different service' was received positively by the independent sector: *The council just decided to vote another million pound gross into social care and that's not for looked after children, it's not for anything that is demand-led particularly. It's to enable us to mobilise this different organisational construct. If I use domiciliary as an example, the language we are using with providers is, 'look we'll up the hourly rate, we'll move from 17 to 19 or whatever it might be but what we are expecting back from you is a very different service offer'. We are getting a positive response to that (Senior Manager, LA, Locality 3)*
- 7.4 A change in expectations of the delivery of care and support by the independent sector to align with the Act was being progressed albeit at a 'slower pace':
We are saying what we want from them, the [domiciliary] care visits, that this isn't simply a box ticking exercise but rather 'you need to go to Mrs Jones and do X Y and Z'. We're trying to build into new contracts an element of improvement, of enablement within that. It's a slower pace than it has been for us internally, but to slowly change the way that they do their job as well

and how we evaluate how they do their job and clearly who we award the contract to. (Senior Manager, LA, Locality 4)

Voluntary sector

- 7.5 Community resources and assets were seen as a valuable resource, however, a lack of funding meant there were concerns about their sustainability: *It's delightful to hear many of the things that's going on but how do we keep that going when there's massive pressures on funding? [...] All of those things are absolutely so valuable to communities and there's a maze of people out there working on things like that that we use on a regular basis and I can't sing their praises enough. How do we keep that going? (Operational Manager, LA, Locality 2)*
- 7.6 The issue of sustaining community assets highlighted the potential impact on individuals when voluntary services are discontinued through a lack of funding.
- 7.7 Important features of partnerships between LAs and the voluntary sector included reciprocal relationships, and a 'willingness to develop' and work together: *I've got to be frank and I've got to be fair there is a willingness to develop and people are very, you know, the third sector is very keen to work with and around us to try and find solutions to people's need (Operations Manager, LA, Locality 3)*
- 7.8 Furthermore, the Act was seen as enabling partnership working with the third sector: *We've really noticed that since the Act and the implementation of the Act, that closer working with the third sector and building and strengthening that relationship. I can see a big difference in that in latter years to when I think back 10 years ago (Operational Manager, HB, Locality 2)*
- 7.9 However, ongoing issues of resources and funding diverts attention from addressing gaps and community need. For example, the application of grant funding to 'save' workforce posts: *When we had conversations with our service organisations and some of the larger community groups around why they were going for grant funding or whether they could commission together or what the gaps were, their reasons they said was to save posts rather than really think about what the community needed (Operational Manager, Provider Organisation, Locality 1)*

- 7.10 Funding and resource challenges experienced by the voluntary sector also impact sustainability, capacity, the ability to work together, future planning, and alignment to the principles of the Act:

We're very dependent on them [third sector] on a lot of matters. I think we do have an issue about the capacity themselves and to work strategically. They work on a very day-to-day basis but the capacity work and strategic level, I'm not sure about (Senior Manager, LA, Locality 1)

The early intervention needs a lot more input from the third sector or community but my guess is there will be concerns about sustainability about communities being able to do that (Senior Manager, Regional, Locality 4)

- 7.11 Comparisons were made between smaller community groups and larger, established voluntary sector providers. Despite the value of the smaller community groups, their size affects commissioning decisions.

Advancing prevention – the role of the third sector

- 7.12 There was a recurring theme about the value and role of the third sector in delivery of support for prevention. Also recognised was the need for 'timely' and less restrictive funding for the third sector to be more active in preventative work:

[T]hird sector organisations could input more if the funding was passed down in a timely manner, more directly and without barriers (Workforce Survey response)

- 7.13 There was also a strategic objective for LAs to engage in partnerships with the third sector, given the fiscal constraints on statutory services in times of austerity: *If you move into prevention as well, it's the first thing that goes isn't it? In a time of austerity, you always look to stop things like that. However, by bringing in our partners, the third sector, our local asset co-ordinators which we've got [here] we've been managing to redirect patients or citizens to other services rather than your statutory or mandatory service (Senior Manager, HB, Locality 1)*

Internal to the Local Authority

- 7.14 There was a view that more collaborative working with internal partners like housing and education is required, as was a need for better understanding of the Act and

how the duties of the Act relate to them: *I can think recently of issues around education, the police and health actually, have got live issues where a more collaborative approach I think would be more beneficial. [...]. I think the first sort of reaction is 'well how much is this is going to cost us?', when actually more effective collaborative work in the long run is going to be more economical (Operational Manager, LA, Locality 4)*

- 7.15 There were differences about the level of involvement of housing experienced by two of the four localities, which were germane to the issues about internal relationships:

I think that housing is playing a bigger role now that it had previously. Particularly as far as it's having more of a focus in terms of people's well-being [...] It's not perfect by all means but I think there is more interaction between the housing and social care and health (Operational Manager, Provider Organisation, Locality 2)

When we were area-based, you'd have more of a link with the housing department because, obviously, it would be more about the area. But because we cover [the LA], we don't really have much, they come to conferences when invited, but apart from that we really don't have the sort of relationship we perhaps should (Operational Manager, LA, Locality 4)

NHS

- 7.16 Some localities referred to well-established relationships with health, which enabled positive working particularly in the care of frail older adults: *Our relationship with health is actually really strong. We have a decade or more history of genuine integration certainly in frail and older adults. We've had genuinely integrated and co-located teams for as long as I've been here (Senior Managers, LA, Locality 3)*
- 7.17 The Act had helped drive the impetus for developing working relationships with health:

We are very much working in partnership with our health colleagues and that's how they roll you know, those teams are together, the relationships have developed as time has moved on (Operational Manager, LA, Locality 2)

- 7.18 Partnerships with health began ahead of the implementation of the Act, discussing to reach agreement and working together. Time had been spent to identify, develop and work with community care services that included consulting and engaging with the community. Mapping community preventative services facilitated in-depth knowledge of existing provision: *We put in community care about six or seven years ago and we've engaged a lot with the community in developing the resources, looking at what resources there are already in the community to signpost people to, looking at what resources needed to be supported and developed. [...]. We call it 'frog spawn', so we've got this sort of frog spawn map of everything out there from the sort of preventative perspective and then we work closely, we work alongside our nurses, our teams etc. (Senior Manager, LA, Locality 3)*

Barriers to integrated working

- 7.19 However, challenges persist with reference to the differences in philosophy and the very different cultures between health and social care, and within health. For example, community service and acute services were described as 'two camps':

I would say that our relationships in [LA] with our health colleagues are strong but nothing where they really we would want them to be because the cultures of the two organisations are very different (Senior Manager, LA, Locality 1)

In health, you still have two camps. You have primary and community services and you have the acute sector. When you have a winter that's being experienced now, you can lose confidence in what you're doing in the community and throw all the money at the acute sector (Operational Manager, HB, Locality 2)

- 7.20 Challenges to integration also referred to a disconnect amongst acute settings and social care, for example competing priorities and outcomes focus. The examples below relate to hospital discharge:

I think that we've got a long way to go in terms of the hospital staff. I think that all they see is a bed and that is a difficult area because I know they are under a lot of pressure to release capacity from the front door. It's been quite difficult. [...]. They see us as a barrier because if Mrs Jones is medically fit

today they want her out regardless of whether Mrs Jones has capacity or not and they don't see that as anything to do with them. We are looking at if Mrs Jones can go home, she may not have capacity, but the family wish her to go home. There are risks associated with that but what they don't realise is that we have to then look at contingencies for Mrs Jones if we are providing a lot of intervention for her to remain at home. They don't see that, they just ask why can't she just go home? That is the bit that we are coming up against. There is an idea that we are holding up discharge (Operational Manager, LA, Locality 4)

[T]he frameworks that we work under, there's restrictions. For instance, in relation to discharges from the hospital and the social care, if there was far more funding around that, and a bit more work needs to be done around that, because obviously that is one of the pressure areas for us (Operational Manager, LA, Locality 2)

- 7.21 Further, participants discussed the difficulty of shifting culture within health to engage in a new way of working whilst acknowledging the competing priorities of other daily pressures faced by health: *On one hand there's an expectation that cultural change and then on the other hand the daily demand is how many beds have you got, how many delayed transfers of care are there, you know. It's a very complex situation, I believe that that is one of the fundamental flaws that we have in trying to take that forward (Senior Managers, LA, Locality 3)*

- 7.22 The extent of understanding and engagements with the Act was seen by some as being dependent on the seniority of professionals in health.

We see front line teams often work in an integrated way but the more you kind of go up the structures within the health service the further away they get from understanding social care (Senior Manager, Regional, National)

There are other parts of the health board that sometimes they don't understand the principles of the Act or they are taught it in different ways, you know, senior consultants in the hospital for instance they don't operate in terms of the principles of the Act (Senior Manager, LA, Locality 2)

- 7.23 Communication issues (hampered by changing in roles at a senior level in health), and agreement about responsibilities and contributions were further challenges to effective partnership working with health: *Once they [citizens] are in hospital the costs sit with us in the first place because we provide the service and then the health board are supposed to provide their contribution. Now getting them to agree their contribution is difficult, getting them to pay the bill we've sent them is even more difficult* (Senior Manager, LA, Locality 1)

Enablers of integrated working

- 7.24 Enablers to integrated working with health included a collaborative 'regional' approach to prepare for implementation. Other facilitators referred to the commitment and 'buy-in' from leaders across health and social care.

There was a strong regional approach that was taken, it was very collaborative approach that was taken. There was learning and organisation departments for social care for each of the three local authorities and the learning and development for health were working on implementing training packages (Operational Manager, HB, Locality 2)

[What] has been very helpful has been the commitment at the most senior levels from the health board and local authorities. [...]. Our director will see the chief executive of the health board if not on a weekly basis, several times a month (Operational Manager, Regional, Locality 3)

- 7.25 Other enablers included the provision of integrated space, which had encouraged multi-agency working, whilst trust and mutual respect helped ensure consistent messages from both organisations: *It's [integration] led to, it's the softer stuff, it's that trust that we understand each other, that we actually do something. So we can actually go back then and providers whatever they get the same message from health as they do from social care. [...]. it's been a win win for us because it's helped us in terms of our delayed transfers of care from hospitals* (Senior Manager, HB, Locality 1)

Mental Health Services

- 7.26 Relationships with mental health were largely discussed in the context of Child and Adolescent Mental Health Services (CAMHS). Negative experiences of some families referred to CAMHS had affected partnership working. Whilst this was mostly attributed to funding, difficulties were also associated to CAMHS engagement with children and young people with complex needs.

I've seen families badly let down by mental health services all the time. [Actually] they are hamstrung by the same resourcing sort of complaints that I have got about my service. [...]. They are not hoarding this money or keeping it away from the kid, they can't have it and that's frustrating but that is not to do with the Act (Frontline Worker, LA, Locality 4)

Some of our difficulties as well and it seems to be the more difficult of our young people, CAMHS then find it, understandably so, difficult to engage with them proactively (Operational Manager, LA, Locality 4)

- 7.27 A lack of resources leading to long waiting lists for CAMHS services can mean increased caseloads for social services who 'hold' and support children and young people who are waiting to access CAMHS: *If there's a CAMHS waiting list, our referrals go up so we become almost like a safety net. I can't keep mopping up health responsibilities by increasing our caseloads here, holding on to those children until they can get a service. But I'd rather do that rather than those children going into crisis and then have to come into care. But I think just by doing that our health colleagues, who are a bit sort of blasé and will take a back seat, will say actually there is a waiting list but don't worry because I've referred them to social service whilst they are waiting (Senior Manager, LA, Locality 1)*
- 7.28 Differences between mental health services and social services highlighted, for example, practices aligned to a 'medical model' and as opposed to a 'social model', and community mental health referring to individuals accessing care and support as 'patients': *[Mental health] It still operates to a medical model not a social model. So we'll still discharge people from hospital without having a 'what matters' conversation with people. Mental health is still broadly a medical model where even*

in the community people are talked about as patients (Senior Manager, Regional, National)

Summary: operational relationships with partners

7.29 This chapter has considered the key features (as referred to by participants) pertaining to operational relationships with partners and the implementation of the Act.

7.30 Key messages are:

- The importance of leadership to initiate and sustain change is clear
- There is great value placed on positive, reciprocal working relationships with partners
- The Act is a driver and lever for developing partnerships with health
- The Act has, to an extent, enabled the integration of social care and health to develop in respect of collaborative regional approaches, commitment and buy-in from leaders, integrated working spaces, mutual respect and trust, and consistent messages to both organisations
- Time and resource are required to build effective partnerships
- The voluntary sector is an excellent partner on the whole, but concerns over capacity, funding and sustainability persist
- Competing 'cultures' of different organisations – especially social care and health – need to be further reconciled

Strategic relationships with partners

7.31 Part two of this chapter presents key aspects referred to by participants in relation to strategic relationships with partners and the implementation of the Act.

Regional structures and organisation

7.32 The effective structures of the different partnership boards were seen as a key aspect that enabled the formalising and strengthening of partnerships between social care, health, and other agencies:

Before we had quite a good strong meeting with one local authority but we didn't have anything as formal with another. Now we have one local delivery board which has the two local authorities, ourselves, police, and fire and so that's probably strengthened that (Operational Manager, HB, Locality 1)

I think by the fact that there are particular structures in place, there are opportunities to just keep hammering home messages, having conversations which can only be helpful [...]. Structures don't change things, people and relationships do, but it is about personalities and coming together and developing relationships (Senior Manager, LA, Locality 3)

- 7.33 However, despite acknowledging the importance of partnership boards, one participant referred to what they perceived as 'another tier of management and leadership': *I know that partnership and integration is important but I struggle with that and these partnership boards. It's just introduced another tier of management and leadership and has taken away from frontline practice (Operational Manager, LA, Locality 4)*

Public Service Boards (PSBs)

- 7.34 There was recognition of the potential for duplication of work between the PSBs and the Regional Partnership Boards (RPBs):

The impression I have is that we haven't really bottomed out what the opportunities of the PSB are because I think they are less tangible in some ways than the RPB. [...] The PSB, [...], we have a work stream that involves children and young people. But then we also have a work stream within the RPB that involves children and young people and one of the things that I'm grappling with at the moment is are we duplicating work? (Senior Manager, HB, Locality 4)

We've got these two pieces of legislation and you've got these boards, it's really difficult to avoid duplication and there maybe somethings that the PSB's are working on that probably sit better with the RPB (Senior Manager, Regional, Locality 2)

- 7.35 Differences in funding between the PSB and the RPB described as ‘money envy’ were highlighted as potentially impacting relationships between the two boards:

There are a lot of sharp elbows in terms of the relationship between the PSB and the RPBs potentially. [...]... it’s not an unmitigated disaster but it’s not always easy to line things up and especially because the RPB came with some cash and the PSBs haven’t (Operational Manager, Regional, Locality 3)

...the Public Service Boards look across the sort of fence and sort of say ‘well hang on look at all the money that they’re getting’ and they’ve created a little bit of noise in the system. I think it’s just a little bit of money envy in one sense and a little bit of the ego in terms of, you know, who controls the budgets. [...]...however I think that’s changing as far we go forward because of the links between PSBs and RPBs (Operational Managers, Regional, Locality 3)

- 7.36 Regional differences were attributed to tensions between the PSB and RPB as well as logistical complications of managing and co-ordinating proportionate representation and meaningful involvement from its members: *There will be difficulties because if you’ve got the RPB and the PSB as being one and the same on a regional footprint it becomes unwieldy doesn’t it. What are you going to do with five Chief Execs, what are you going to do, how are you going to get the members represented adequately and properly and which members? (Operational Manager, Regional, Locality 3)*

- 7.37 The notable benefits of citizen and service user groups through their active participation and inclusion within the PSB was seen as an important feature. A move from ‘tokenistic’ involvement also had benefits for the PSB, enabling them to make ‘better decisions’: *We’ve held now twice joint meetings between [organisation] who, you know, are a wonderfully eclectic mix of young people including care experienced young people and disabled young people and they always love it and they always get loads out of it. They’re really looking forward now with their decision to include young people on the PSB because they realise that they make better*

decisions with them there rather than just tokenistically receiving reports from them every now and again (Senior Manager, Regional, National)

Regional Partnership Boards (RPBs)

- 7.38 RPBs were seen positively and were referred to as evolving from 'another meeting' to 'the 'way forward': *We are at a little bit of a turning point now that Regional Partnership Boards have been recognised as being vehicles for good and vehicles for change and people want to be part of them whereas initially it was felt this is another meeting (Senior Manager, HB, Locality 4)*
- 7.39 Early recognition of the Act from health at a senior level was seen to be lacking and comparisons were made between operational and senior professionals understanding and engagement. However, the formalisation and regular meetings of the RPB aided understanding of the importance and relevance of the Act to senior health professionals: *It took longer for there to be a recognition at a more senior level that it impacted on the health service in the way that it did [...]. Once the Regional Partnership Board started to form and the regular, the formalisation of the contact between the senior health managers and the senior local authority managers I think that made a big difference (Senior Manager, HB, Locality 3)*
- 7.40 Work required to develop the RPB included improving relationships between the RPB and the PSB, and a better understanding of the roles and functions of the PSB and its alignment to the work of the RPB: *I think there is more work to be done in terms of the relationship between the RPB and the PSB. For me, the PSB I guess the role I'm in I'm often thinking I'm not sure what should go to the PSB. They feel a little bit more distant and a little bit more removed whereas I'm highly involved with the RPB agenda (Senior Manager, HB, Locality 3)*
- 7.41 The size of the RPB presented challenges to in-depth discussions about health and social care: *In terms of getting into really meaty discussions about the future shape of health and social care I'm not sure it's [RPB] yet been successful in achieving that, and I think that is very difficult because it is enormous (Senior Manager, LA, Locality 1)*
- 7.42 The issue of the size and scope of the RPB was a sentiment echoed by others: *In terms of representation at the RPBs I absolutely understand the logic of all this but*

at the end of the day in a large region like [region] you know, you've got more than a squad and a set of reserves in the room haven't you really. One wonders where you are going to stop (Operational Manager, Regional, Locality 3)

- 7.43 Other work to develop the RPB referred to the structure and attendance of senior professionals:

It's like anything else, it needs the constant attention of senior people, what you tend to find is once systems get bedded down increasingly junior people turn up to meetings it actually is very difficult. It can be critical people not turning up (Senior Manager, LA, Locality 4)

I think in terms of the RPB the jury is still out. I think most of the political leaders if not all of the political leaders are starting to ask questions about the RPB, whether it really has the demographic legitimacy that it should have, whether the balance is right between, I suppose it's that power, word isn't it? Whether the power balance is right between health and councils, and I think the general perspective that's forming is that isn't the case, certainly in [region] (Senior Manager, LA, Locality 3)

- 7.44 Challenges of RPB partnerships made reference to a lack of 'strategic engagement' with the voluntary sector, the effect of which led to third sector partners not feeling listened to or involved. The value of the voluntary sector was seen affording opportunities to 'do innovative' work on a large scale: *[I]t's clear I think, that the social value forums which are meant to be alongside, really don't have the strategic engagement with the Regional Partnership Boards. With several of them if you talk to the voluntary sector, they don't feel they are particularly onside or listened to or at the table in any sense with the same voice as others. [...]...they should be heard, they should be listened and the Regional Partnership Boards should be thinking actively about how we do things to engage not for profit business building so that we can really do innovative stuff at scale (Senior Manager, Regional, National)*
- 7.45 By contrast, others described the voluntary sector as having 'strong representation' and information sharing, being included, and having a 'voice': *I would say a very strong representation [of the third sector] on those boards and from the feedback that we get as the information cascades down and it's quite good because the*

information usually is cascaded down and that's encouraging. Very often third sector representation is a yes tick box and you'll have the high strategic meetings but it doesn't always get cascaded down. I have found personally that we do get to, we are part of that process and we've got a voice (Operational Manager, Provider Organisation, Locality 2)

- 7.46 Similarly, consultations with and the inclusion of partners, for example, the voluntary sector and citizens regarding decision-making was referred to:

We had a conversation in RPB last week, I think it was the director of social services, because Welsh Government had come in and tried to ask us to rubber stamp some things and he said 'we don't rubber stamp things in our RPB, which I think other regions have done. We either move it in the partnership space and we do it properly which means we will have third sector and citizens carers and all the partners around the table to decide how we're gonna spend this money or we don't (Senior Manager, Regional, Locality 4)

Regional Safeguarding Boards

- 7.47 Regional Safeguarding Boards were viewed as positive developments enabling regional working, consistency, a clear focus and 'legitimacy':

I think the Safeguarding Board has been nothing but a good development. In terms of accountability to that board, that each local authority has I think the board has done excellent work because what it's developed is a lot of policy in joint working across the region. [...]. It also gives us very clear focus for the adult and child practice reviews (Senior Manager, LA, Locality 1)

I'm a fan of the Regional Safeguarding side of things. I think that's given a spread and a legitimacy to that work that was missing. Safeguarding is lonely and I think there has been real benefit and consistency produced by that particular aspect (Senior Manager, LA, Locality 3)

- 7.48 A 'smooth transition' to Regional Safeguarding Boards was attributed to an already well established local children's board and the Act providing adult safeguarding on the same legal framework as children's safeguarding: *I think we were fortunate that*

work had taken place within the children's board so the transition to the adult's board was relatively smooth. I think it was partly because the Act had also brought in, had put adult safeguarding on the same legal framework as children's safeguarding [...] (Senior Manager, Regional, Locality 1)

- 7.49 Yet, despite the enablers referred to above, there was acknowledgement of challenges and the work required to implement the new safeguarding procedures: *That's [the new safeguarding procedures] taking up quite a lot of our aspects of thinking around that. [...] While we are trying to create clarity, the challenges are when we are sitting around the room and discussing what that's going to look like and what criteria we're going to be applying and how we're going to do it. That can be quite confusing (Senior Manager, Regional, Locality 4)*

Strategic purpose and direction across the region

- 7.50 To support the strategic purpose and direction of partnerships across regions, there was reference for the need for joint ownership, agreeing plans for joint strategies, and the importance of recognising that priorities amongst organisations will differ:

It is about understanding what our priorities and improvements are, but that again, it has to be jointly owned. It isn't just about us, it's about our partners and ourselves and third party agencies, we just need to have a plan of action really of what our priorities are going forward because each organisation will have different priorities (Operational Manager, LA, Locality 2)

It is about using those pots of money and developing those joint strategies when you have services that are structured very differently internally, and at different pressures in terms of your relationship and the needs of the population (Senior Manager, LA, Locality 4)

- 7.51 The principles of the Act helped set the strategic direction of partnerships and there was discussion about ensuring that strategies are translated into practice: *The principles have absolutely influenced our strategic direction [...]. But in terms of really putting the individual at the centre and saying "what are your goals and how can we collaborate together?" we've got a way to go with that I think (Senior Manager, HB, Locality 3)*

Challenges and issues in regional working

- 7.52 Applying 'a one size fits all' regional approach was seen as being problematic to respond to sub-regional and locality issues: *I would suggest that different footprints are needed for different issues. Maybe you have a regional vision or priorities then you can work maybe sub-regional or even on a locality basis as long as it addresses the gap that's real and able to address. [...] One size fits all it does not work in any field, education, health board, social services. One size fits all doesn't work (Senior Manager, LA, Locality 1)*
- 7.53 Tensions relating to collaboration and implementation were highlighted, as was a 'disconnect' with middle managements involvement with a regional programme: *Middle tier managers weren't that engaged with our work, it was basically either director or head of service level engagement and there was the occasional middle, but by and large they were kept out of the regional programme. There was always that bit of a disconnect really (Senior Manager, Regional, Locality 4)*
- 7.54 Other issues referred to decisions about how money is spent, with reference to inconsistencies across regions. However, an 'evolving' situation was described with strengthened partnerships enabling joint decisions to be made:
- We've got examples from previous years around winter pressures, where money has been released and it's kind of under the auspices of regional working. But it's been released to health and health have made decisions and in different regions there's been different conversations. In some, it's been kind of a unilateral health decision and in some it's been a proper partnership decision. That's an evolving situation [...] I think we are in a better position now than we were 4 or 5 years ago when those relationships were just starting to form (Senior Manager, Regional, National)*
- 7.55 Other concerns centred on 'reinventing the wheel' and recognising what transformative change looks like: *As ever there have been 22 ways of doing this in Wales and then there is the regional ways of doing it and I mean I find some of that really frustrating because we are continuously reinventing the wheel. One of my frustrations is that every local authority seems to have a Transformation Board in place around the Act but when you say 'what is it you are transforming into, how do*

you know when you've got there'? Nobody can answer that question which I think is really interesting in itself in that you can't transform if you don't know what you are transforming into can you? (Senior Manager, Regional, National)

Summary: strategic relationships with partners

7.56 Part two of this chapter has considered the key features referred to by participants in relation to strategic relationships with partners and the implementation of the Act.

7.57 Key messages are:

- Boards and structures have been a key aspect enabling the formalising and strengthening of partnerships between social care, health, and other agencies
- Regional Safeguarding Boards were especially viewed as positive developments to enable regional working
- Work is required to continue to develop the structure of RPBs, and to improve relationships between the RPB and the PSB
- The size of the region presents challenges to in-depth discussions about health and social care integration
- Applying 'a one size fits all' regional approach is problematic in responding to sub-regional and locality issues

8. Findings – Workforce

- 8.1 This chapter focusses on the workforce and the implementation of the Act and is supported by five subthemes.

Caseload, capacity and pressure of demand

- 8.2 A combination of increasing demand for services and complex cases has led to difficulties regarding resources and pressures on the workforce:

We're having to devote every penny that we've got plus more to the point that it's calling the sustainability of our organisation into question to deal with the pressing, incessant demand, volume demand in the system. This isn't because we don't have really strong preventative, this isn't because we are not in a coproduction space, this isn't because we don't have eyes on individuals or families that we think are going to potentially be walking towards us unless we do something. All of those things are in place, they could be better I'm sure but they are in place and still the volume demand keeps rolling and rolling and rolling and that is just, I can see before my very eyes, it's de-energising some of the very best people (Senior Manager, LA, Locality 3)

- 8.3 For some, a (welcomed) increased awareness of adult safeguarding and risk had in turn led to a higher volume of work and pressure: *There's now greater awareness around adult risk practice naturally, and it's a good thing. People are actually reporting adults at risk but there has been pressures on the front doors in terms of having to deal with more safeguarding reports, having to go through that volume is placing increased pressure (Senior Manager, Regional, Locality 1)*

- 8.4 Workforce pressures such as time constraints and high caseloads affect 'meaningful' quality work with families, to instigate a change of approach to the provision of care and support:

I've just been on training for the last three days and I've got all these ideas and I think 'oh I can't wait to go and speak to the social workers to try and do this with the families'. But when are we going to have the time to go and do

this piece of work that actually could be really meaningful? (Frontline Worker, LA, Locality 4)

A really good value and asset based conversation sometimes requires conversations which can be difficult. So we've had that conversation about families not necessarily wanting some of this approach. It may require a lot of investment at time and that can be difficult when you are managing a high caseload (Senior Manager, LA, Locality 1)

- 8.5 High caseloads, capacity and pressure of demand were largely attributed to a lack of workforce. Resource issues led to uncertainty as to whether staff would be replaced if they left: *One massive concern I have is, if one of my staff was to leave now, would they replace that role? Because balancing the books is impossible, practically. An admin staff recently left and you aren't filling that role, you know, so that's one person down [...]. My line manager, he's left recently and they're not filling his role, so I'm taking on the additional 10 people (Operational Manager, LA, Locality 1)*
- 8.6 Workforce shortages were also linked to retention difficulties attributed to social care being a low paid sector, with competition from sectors such as retail: *In domiciliary care, a huge challenge for us as a sector is the retail kind of element in terms of that is a big competitor. If you speak to any care provider, it is basically, it is recruitment and retention that is a big challenge for them. What they say is ultimately it does come back to the pound sign, it comes back well how they pay their staff (Senior Manager, LA, Locality 2)*
- 8.7 Frontline staff raised the issue of new members of staff not fully understanding the care worker role and the effect of vacant posts on the continuity of care provided. Other factors affecting recruitment included pay, and a shortage of people coming into the social care sector (resulting in a smaller pool to recruit from) and the impact of high caseloads and work pressures:
- We've taken staff on they've only lasted a day and thought this is not for me. We've had a lot of agency workers in and when it's your own staffing team you get consistency, we work as a team (Frontline Worker, LA, Locality 2)*

We've had a kind of accumulation of people leaving. It's not because they don't want to work in [LA], it's for reasons of another local authority nearby is paying more, substantially more or a variety of personal or health reasons [...] the pool of qualified staff that all the authorities are looking to recruit from is smaller and lots of social workers opt to work in the less stressful field of adult services rather than children's and certainly children's safeguarding. We do have a number of people off with anxiety and stress related to work, because of the caseloads they are carrying and because of the pressure they feel (Operational Manager, LA, Locality 2)

- 8.8 Short-term grant funding resulting in short-term employment contracts and job instability were other reasons attributed to retention issues with the loss or turnover/churn of 'really good staff' leaving for permanent contracts elsewhere: *This year-on-year grant funding is a problem as I can't get really good permanent staff because the minute there's a permanent job on offer, they go for the permanent job. I have people dip in and out, really good staff dip in and out of that service because I can't give them anything more an assurance of a 12 month contract. (Senior Manager, LA, Locality 1)*

- 8.9 Funding restrictions hampered staff time to undertake meaningful work with comparisons made to when resources are available to do so: *I've had my foot on our throat of our staffing resource certainly this financial year meaning that the chances of people having time to do a nice piece of work, you know, I'm not saying it's completely impossible but it would've made it really difficult. Whereas now I'll be saying 'no, no, no'. I'll take my foot of the throat of our staffing resource but I need reassurance that we're going to use that resource to do good stuff (Senior Manager, LA, Locality 4)*

Change

- 8.10 Culture and workforce change is an ongoing process, with participants acknowledging difficulties to move to a new way of working and to embed change:
- Some of the new social workers coming through now it's [culture change] is easier because they've been only trained on the new Act and they don't have*

any, you know, pre-way of doing something (Operational Manager, LA, Locality 1)

Some staff get it immediately but the majority of staff don't get it immediately and there's some staff who'll never get it, so that's a big piece of work (Senior Manager, Regional, Locality 4)

- 8.11 Additional challenges included trying to manage completing demands whilst instigating a change in practice: *We are in a very pressured world within children's services in terms of numbers competing demands, budgetary pressures, so trying within that to get cultural practice change to through to the far finger tips of your organisation is quite a challenge, but I'd say we are well on track with it (Senior Manager, LA, Locality 3)*

- 8.12 An enabler to facilitate workforce change was the inclusion of staff in discussions within in a supportive space (e.g. supervision, meetings):

I worked with the team around what they wanted to achieve, what were their drivers? What were the things that were important to them? (Operations Manager, LA, Locality 3)

Ongoing monthly meetings are happening which challenge and change approaches and practice. The change programme is being led by practitioners (Senior Manager, LA, Locality 2)

- 8.13 Strong, consistent leadership was seen as central to workforce and culture change with the provision of a clear directive on the shift to an outcome, asset-based way of working:

The director has talked a lot about reducing people's expectations of what service the council will provide. [...]. That mind-set needs to carry on (Senior Manager, LA, Locality 1)

I think leadership's really important and I think that's really important at a political level too. So [LA] have had [name] championing it really, really strongly and that's made a massive difference (Senior Manager, Regional, National)

- 8.14 A shift to a person centred way of working, instigated by leaders 'a number of years ago', helped embed long-term change: *We've had a direction of travel now for the thick end of 6, 7, 8, 9 years. I could take you back to the genesis of it, I know where it started and people have been working with consistency, with consistent leadership, with a set of principles and an ethos, which really is about person centred. [...] In our own way we codified that for ourselves a number of years ago and I think we've had high level social care leadership that's looked to bring that to bare (Senior Manager, LA, Locality 3)*
- 8.15 The value of consistent leadership was further highlighted, referring to motivations and the pace of change being hampered by a high turnover of leadership roles across authorities: *I've had probably four different heads of service because of the different restructuring processes since 2016 so that all has an impact. But also then in the wider organisation with directors changing, heads of service changing, I think our education department had four or five different, what were chief officers at the time and then director, but four or five different ones in the space of four or five years as well. That kind of change can really affect the pace of it as well and the motivations of different people and how they see things (Operational Manager, LA, Locality 4)*
- 8.16 A change in recruitment practice placed an emphasis on behaviours and attitudes rather than qualifications to recruit staff with shared values to work differently:
- I have to say our elected members, our chief executive officer and all our chief officers, we've done quite a lot of work on innovation, and recruiting on behaviours and attitudes rather than qualifications. Because you've got to have the right people. If they are motivated and they hold true to what you're trying to do, then they'll go through the pain (Operations Manager, LA, Locality 3)*

Impacts on workforce

- 8.17 Despite some challenges around shifting culture and workforce, the move to an asset-based way of working had positive impacts on staff. Benefits included the excitement of working differently, job satisfaction and motivation, and the value of working with individuals to achieve outcomes:

It's exciting coming to work and that sounds a bit of a silly thing to say. I love my job and I love stories that I hear back from the staff about the great things they've done in supporting people out of managed care and looking at other options. I guess for the team, I would say they probably feel the same
(Operational Manager, LA, Locality 2)

Now it's definitely more meaningful and I work cases now and I feel quite proud of what I've achieved and helped that family achieve rather than being the big bad social worker (Frontline Worker, LA, Locality 4)

- 8.18 Staff were more content through having 'freedom' to work with citizens and families and spending more time in the community and less time in the office. However, barriers (e.g. caseloads, time pressures) were acknowledged:

Staff have indicated they do feel more content in the work they are doing and trying to work in this way [...]. The Act does give people the freedom to work in the way that's more in line with social work but other things get in the way, other barriers get in the way like being busy etc. (Senior Manager, Regional, Locality 4)

Supervisory and managerial staff are spending more time planning and reviewing clients in the community and spending less time office based
(Survey Response, Workforce)

- 8.19 Whilst the positive impacts on the workforce were discussed, adjusting to change was described as a 'transition' requiring adjustment and continued learning: *I've got to adapt to this now going into other people's houses and listening to what they are going to tell me instead of me making a decision for somebody else* (Frontline Worker, LA, Locality 2)

Practice

- 8.20 Practice implications were largely seen as positive; working with, and empowering citizens and families was seen as a welcomed shift: *I remember the days I used to go out with a child protection contract of expectations and it would be a list of things, we'd be giving that to the family and saying 'you need to do that'. There was no*

involvement whereas now we sit down with families and say 'right what's going to work for you'? (Frontline Worker, LA, Locality 4)

- 8.21 Other examples included the freedom to work beyond a 'prescribed suite of responses', and work with other professionals to explore care and support options: *It's taken away that feeling of having a prescribed suite of responses for a prescribed suite of needs. I think what it's done its articulated good practice principles and enshrined those within the Act but those good practice principles were there in pockets but now it's confirmed that this is the way people should be working (Operational Manager, LA, Locality 2)*
- 8.22 The provision of an enabling environment that supports 'traditional' social work values was viewed to be important to facilitating a change in practice: *It's a bit like turning the ship around a little bit to make sure that we've got all of those bits that enable our colleagues to work in the way that we all want to (Operational Manager, LA, Locality 4)*
- 8.23 However, practical challenges for example, trying to complete forms with 'difficult concepts' was challenging when working with individuals with learning disabilities, or individuals with additional learning needs: *The paperwork that the Welsh Assembly or the region have produced, we are not very complimentary of it. [...] They were designed for people who could read, who could write, who could understand different concepts. It wasn't done for people with learning disabilities at all and so we were struggling as a social work team to fill out these forms (Operational Manager, LA, Locality 1)*
- 8.24 Ongoing support from managers, coupled with a focus on continuing to develop social workers were important aspects to sustain the change in practice: *I remember when the Act came in, some people just clicked with it and some people were struggling with it. But it's about how do you support them and that's the role of the service managers, and team managers are really important so they can pick up who has got it and use them as the leverage for change for those who might not have clicked with the principles in one way (Senior Manager, LA, Locality 1)*

Training

- 8.25 Considerable training had taken place (internal and external to the LAs) in relation to the Act, for example, the principles of the Act and the codes of practice:

It was getting ourselves into groups and looking at the code of practice and then the paper presentations were out. We sat down and looked at that, had some input from Social Care Wales of what the expectations were, the timescales, what should be happening and then we attended a two-day training (Operational Manager, HB, Locality 4)

Our training department were superb in fairness, they did a lot on 'what matters', collaborative conversations, you know, how social workers interact with families and carers and it was mandatory, nobody escaped, everyone went (Operational Manager, LA, Locality 2)

- 8.26 However, a lack of inclusion and opportunities to attend training of all to whom the Act applies was highlighted: *We had numerous sessions but maybe those sessions didn't necessarily include all the partner agencies and there may have been quite limited opportunities for partner agencies to attend. Maybe those opportunities went to senior managers but then your frontline officers who are dealing with safeguarding issues who may not have had the opportunities to go on some of those learning workshops (Senior Manager, Regional, Locality 1)*
- 8.27 Misunderstanding of the Act was attributed to a lack of engagement from partner agencies to attend training opportunities offered: *We put some generic training sessions on for staff and we did invite the blue light services to attend that to get that overview. Actually, the take up from external organisations was quite low really. We were disappointed really with the take up in respect of that, but again I think that maybe reflects what people's understanding was of the Social Services and Well-being Act (Senior Manager, Regional, Locality 1)*
- 8.28 Training around the Act was viewed as requiring continued development and reviewing to ensure the 'values and ethos' continue to align to training programmes, and that the workforce continue to develop their understanding: *There still needs to be the Act training as part of everything, it's the thread through everything we do. [...] So checking ourselves, you know, sometimes you can deliver training, you*

could be delivering training on anything, but we have to ensure that the values and ethos and how we work and the language we use is aligned in the training (Senior Manager, Regional, Locality 4)

- 8.29 Newly qualified social workers, trained in the new approach of working, were recognised as embedding it within their practice: *You've got an increasing body of new social workers coming through who are being trained in this new approach, you know, actually come out of college and come into post here who are very much ingrained in that new approach (Senior Manager, LA, Locality 1)*

- 8.30 However, not all participants shared this perspective:

My observation of newly qualified staff and we do have a number here is that I'm not getting the sense that they are being well trained in the Act. [...]. You have to think, well the people who are probably training them, the lecturers and the people who didn't practice under the new Act but old legislation, have they been able to move on enough, have they been able to understand what it really means on a day to day basis to work differently? (Operational Manager, LA, Locality 2)

- 8.31 Ongoing training needs identified included areas focussed on practice delivery. Examples provided included Independent Professional Advocacy and the principles of the Act: *There are still areas of ambivalence, confusion, disagreement across different authorities in relation to different situations, cohorts of people, how providers understand it, and how social work practitioners are aware and understand it and implement it (Operational Manager, Provider Organisation, Locality 3)*

- 8.32 Training on understanding the Act in relation to individual staff's roles and in communicating that understanding clearly to the individual they are supporting was seen as requiring further work.

Summary

- 8.33 This chapter has considered key features (as referred to by participants) in relation to the workforce and the implementation of the Act.
- 8.34 Key messages are:

- Managing and developing social workers is an ongoing process
- The provision of support from leaders, service and team managers is crucial in the further implementation of the Act
- The change to an asset-based way of working has had a positive impact on the workforce. Benefits included an opportunity to work differently, job satisfaction and motivation, and the value of working with individuals to achieve outcomes.
- Increasing caseload, decreasing capacity and pressures of demand are rate-limiting factors on the continued 'journey' of implementation, impacting the ability and extent to which the workforce can initiate and sustain change, specifically in respect of:
 - Increasing demand and complexity
 - Workforce capacity exacerbated by recruitment and retention issues

9. Findings – Data

- 9.1 The data presented in this chapter presents a selection of extracts to support key features referred to by participants in relation to data and implications of the implementation of the Act. Findings are presented using a series of sub-themes developed from analysis.

Feedback from service users

- 9.2 There were varying opportunities to collect feedback from service users. For some, feedback forms focussed on the service received ‘more than the individual’. In general, service user feedback was seen as requiring improvement:

They are very basic questions and sometimes we don't get the opportunity to collect the end of service info. We do carry out random evaluation and feedback, but it relates to the service they receive more than the individual (Survey Response, Workforce)

In my area of work, that kind of, ‘How did it feel for you? Did you achieve your goals? What impacts has that had on relationships?’ We tend to have that through feedback then. I think in terms of an end of term report, it would be ‘still developing, room to improve’ (Operational Manager, HB, Locality 2)

- 9.3 Acknowledging that capturing service user feedback can take time and effort, one participant described a ‘bottom up’ approach and co-developed feedback forms, but capturing service user feedback provided an opportunity to learn.

It takes effort and it's like you know, our people are being very motivated to try and make that happen and the people are like ‘I don't fill forms in, I'm way passed filling forms in’. [...]. We've had a very bottom up approach to changing some of that and we've done a lot of and they arranged testing and they arranged for people to look at them and comment on them (Operational Manager, HB, Locality 2)

Carers and service user reps, parents and carers and families of the individuals, they've given us feedback which, at the time you can think, ‘oh, that's a bit harsh’, but it actually is really helpful to how we ensure the project

develops appropriately and it's involving them (Operational Managers, Regional, Locality 4)

Measurement

9.4 Improved integrated working with partners was attributed to an improvement in Key Performance Indicator (KPI) reporting: *We're focusing on early intervention, we're focusing on integrating services, we're joining up better together, we're working better with education. All of that has contributed to the higher level KPIs and those tend to be figures that we're asked for by the Welsh Government (Operational Manager, LA, Locality 4)*

9.5 Quality assurance frameworks and audits provided reassurance about capturing outcomes and supported reflective practice. However, Welsh Government performance indicators was seen to be at odds with the direction of the Act and its focus on outcomes.

We're still counting performance indicators for Welsh Government, but don't always support those kind of difficult outcome measures. They don't underpin them, let's put it that way. Sometimes it feels like that the Act is telling us to work one way, yet we're still counting inputs and outputs rather than getting to the nub of really evidencing what outcomes really mean and expressing it, communicating it in a meaningful way (Operational Manager, HB, Locality 2)

9.6 A lack of a clear steer from Welsh Government was seen as unhelpful in this regard: *I think the Welsh Government could have been bold and could have said 'you're gonna work with these tools in the system, in this model', then you could have measured it throughout there because you would have a benchmark for everyone. But that didn't happen. They said 'you're the local authorities, get on with implementing this model' they just changed the name of the same teams. That's not helpful, I don't think that was helpful at all (Operational Manager, LA, Locality 4)*

Qualitative data – new forms of narrative and story

9.7 Capturing 'softer' qualitative outcomes to evidence outcomes was a welcome shift from the traditional focus of quantitative data collection and measurement:

Within all the boards that I sit on here the direction is very, very clear that we want to have that qualitative data come back. We want to continue to review and evaluate and the question that is always being asked, 'so what is the impact and what's the evidence of that impact'? So what we are trying to move away from in terms of the performance indicators (Operational Manager, LA, Locality 2)

Our cabinet members absolutely love it, you know, because it brings meaning to the work for them doesn't it, rather than the numbers they get a sense of the work that we are doing and the impact on our communities and our families (Senior Manager, LA, Locality 4)

- 9.8 Despite acknowledging further work is required, the Act was referred to as helping to prioritise the focus on individual outcomes: *It [the Act] has enabled us to push for the performance data around personal outcomes etc. We haven't got it, we certainly haven't got it cracked and there's always room for improvement, but a lot of the reporting that we took forward going back five-ten years ago would have been maybe data driven (Operational Manager, Regional, Locality 3)*

- 9.9 Examples of reporting qualitative outcomes included the use of case studies, and written and video stories. Yet, despite the welcomed shift to capturing qualitative outcomes, experiences of a 'focus on counting' ensued:

There is still I think more of a focus on counting, and what have we done and how many have we done and have we done those things to timescales as opposed to what difference have you made (Operational Manager, LA, Locality 4)

The issue we've got is that Welsh Government still require delayed transfers of care and that's the number of patients, the number of days, they work by average length of stay, [...]. In a way, we are stymied by the requirements of Welsh Government as well aren't we? (Senior Manager, HB, Locality 1)

- 9.10 Challenges to capturing and evidencing qualitative data included the uncertainty of how best to do it, how 'soft intelligence' is defined, and how to best to report it:

We need to make sure we capture information in a way that reflects the ethos of the Act. [...]. It's easy to capture information about quantitative staff but

qualitative the stuff is more difficult and we need to do some work about that (Senior Manager, Regional, Locality 4)

I think we are not the only local authority, but we are struggling sometimes to think how much stuff do we need to report and gather and what is actually data and what is soft intelligence and maybe thinking about how case studies and stuff like that fits into (Senior Manager, LA, Locality 1)

- 9.11 Concerns were raised about the capacity to gather qualitative evidence and the change required in the workforce to move away from 'historical' ways of working:

I wish we had access to some people and some software that could analyse some of our stories and bring out some of the cost savings, but also some of the qualitative and other saving of avoidance and benefits that come out of that (Operational Manager, LA, Locality 4)

We're trying to become more outcome-focused linked to the Act and that's quite challenging in many ways, because it's very different to the historical way we're working and it's changing those cultures (Operational Manager, LA, Locality 1)

Outcome measurement

- 9.12 There are difficulties in attributing positive outcomes to a particular intervention or type of support provided:

It's really, really difficult because what you're looking to evidence is something that's counter-factual. The only way you can do that is by almost plotting what would have happened to an individual in a traditional sense, and what has happened. But there's so many factors that come into that, because you can't attribute it to a specific thing (Operations Manager, LA, Locality 3)

We might say we did this intervention and this was the outcome and then a local authority might say 'yes but there was this, this and this happening as well' and they might have affected the outcome so it might not have been your bit that made the difference (Operational Manager, HB, Locality 1)

- 9.13 A move away from the use of a 'checklist' with individuals towards staff feeling confident to ask meaningful, different questions and record outcome measures required support and clarity about language and meaning: *That was a bit of shift to explain to people that we go from a checklist of things at the end of it and to what they actually mean. So when you're having a conversation, you're not just filling them in because you won't fill them in, but actually to help to make that happen. [...]. I remember at the time, we'd often end up with things that would either be blank where people just wouldn't ask. So I think that it was more not necessarily that they were struggling to do it, it was the remembering to ask it and you don't want it to seem tokenistic (Senior Manager, Regional, Locality 4)*

Performance and improvement framework

- 9.14 New performance indicators supported case management and more preventative outcomes reporting, although there was a need to continue to improve: *I think with the new performance indicators, or the metrics they call them from Welsh Government now, we are starting reporting more frequently in management team meetings in terms of the preventative side. [...] I think we are strengthening all that but I think it's something that we need to improve (Senior Manager, LA, Locality 1)*
- 9.15 There were concerns about a lack of guidance from Welsh Government about the new performance and improvement framework ahead of its introduction, coupled with limited staff capacity: *Whilst they've [Welsh Government] agreed the metrics, what we'll be actually measuring, they haven't actually been a technical spec as yet. Bearing in mind we're only six weeks away, that's going to be an awful challenge to implement as well as doing the end of the year stats for us, because most of us are very small teams [...] It is a real, real challenge in terms of manpower to support these things (Operational Manager, LA, Locality 1)*
- 9.16 The introduction of the performance and improvement framework was seen to be at odds with the introduction of the Act. Others noted that work undertaken with Welsh Government, helped LAs understand the requirements.

[it] should have been done a lot sooner because we've had an aspirational Act that the new performance and improvement framework matches better, but we are only just now bringing that in.[...]. we've lost a bit of momentum,

a couple of years of momentum by not having that evaluation framework in that performance framework years ago (Senior Manager, Regional, National)

I think they're [Welsh Government] working well with us to understand what the requirements are so I think that's quite a positive in that respect (Operational Manager, LA, Locality 4)

Quality

- 9.17 The quality and consistency of data collected were dependent on a number of variables. For example, being aware of, and measuring service user's interaction with voluntary sector agencies, and differences between the structure and set-up of LAs 'front doors' into services: *The number of times we signpost people to relevant information that will help them with their issue is going to be difficult to measure. We can measure number of calls that person made to the local authority and the health board but what about the conversation that happens in the community at third sector level? [...]. ...in some front doors you will have maybe children's and adults' together with third sector partners so obviously the number of calls increases as there are more people sat at that front door that have been diverted to that number. [...]. It's the consistency in that level not all the local authority social services' front doors are the same, so you can produce data but how can you compare it (Operational Manager, Regional, Locality 3)*
- 9.18 Other factors influencing quality referred to differences between performance capturing systems in children and adults social services: *From a service perspective, child and family, and adults are in different places. When I came in, child and family had a very mature performance capturing system, but adults had yet to be formed. [...]. We've come a huge way in capturing our data but we've still got a way to go, particularly in adults (Senior Manager, LA, Locality 4)*
- 9.19 The development of a joint dataset between social care and health offered confidence about the reliability of data collected, although work continued to understand and meaningfully respond to the detail of the data: *Because our early health directorate services are in a separate directorate, we've been working over the last couple of years on developing a joint data set. The aim of it is to look and evaluate children's journeys from early health and stepping up and stepping back*

down etc. and the impact services are having. I think for me it's not so much about the reliability of the data it's about the relevance of the data. We can collect all the data in the world but it's that 'so what' question (Senior Manager, LA, Locality 2)

Reporting performance

- 9.20 Data captured helped inform changes to service delivery, whilst systems developed with practitioners enabled information sharing with a range of professionals including agency staff:

We've made changes in the way that our community teams are made up, we've identified that sometimes we don't have to have night call outs or we don't have to have night sitter. Some people just need a courtesy call or just need a check-in or reassurance and that has been, we have been able to implement projects on the back of that evidence (Senior Manager, HB, Locality 3)

[Our system] has been designed with frontline practitioners. There's been OT, social work, admin and nurse all in the room with the designers of the computer system and it has been laid out how we would support somebody. [...]. The outcomes then can be seen by the care at home team. We've got a couple of private agencies that have access to our system with a read only so they can see the outcomes for the person as well (Operations Manager, LA, Locality 3)

- 9.21 Reviewing service development helped inform areas for improvement: *There is a real focus on that outcome-focused review and getting that right going forward is a key priority for us. We are undergoing a social work restructure at the moment, and part of that will be to create a dedicated review team (Senior Manager, LA, Locality 4)*

Welsh Community Care Information System

- 9.22 There was agreement amongst participants about the importance of one integrated information systems across health and social care to support partnership working and information sharing:

A true Community Research Team will only be truly integrated when we're using one IT system which is the whole purpose of WCCIS and nobody's actually doing that as yet. You've got bits of it in lots of places, but nobody's actually doing it truly in terms of having your workers, in terms of your health, occupational therapists, your district nurses who are very much paper-based at the moment, all aligned, and that's going to be a massive challenge (Operational Manager, LA, Locality 1)

[With WCCIS] There'll be the return to that more integrated approach which will be beneficial and I guess that's the drive isn't it, it's to have a wider working base of people using a single system with a single client record which will make it better for the client and the individual (Operational Manager, LA, Locality 4)

- 9.23 Benefits of the WCCIS system referred to included improved measurement against the themes of the Act, reducing the number of operating systems, and better caseload management and support:

It [WCCIS] will be due for implementation in the middle of this year which will help us significantly reduce the number of systems that we're operating off of, to be able to see that in a different way (Operational Manager, LA, Locality 4)

Their [social worker] caseloads can be seen on the dashboard [...]. That tells them actually then what forms they've got ready, what they need to be doing, if they've got any LAC notifications coming up, if they've got any child protection concerns, any new cases coming on, any new paperwork needed doing. Then there's a time scale, so it allows them to manage their work easier. Now, our practice leads can actually see those as a line manager and support those (Operational Manager, LA, Locality 1)

- 9.24 The introduction of WCCIS is perceived as a journey of learning and adapting. Effectively extracting and analysing data and producing reports from the system were ongoing issues yet to be resolved:

How we're able to analyse and usefully use that data when there's so much of it is quite challenging and that's quite a cultural shift for a lot of service areas as well (Operational Manager, LA, Locality 4)

There was a lot of difficulties with it [WCCIS] that have been ironed out over the two to three years [...]. The information that's in the system is a lot more reliable, but it's about us trying to work out what we need from the system and what data we need and how to get it out (Senior Manager, LA, Locality 1)

- 9.25 Furthermore, work to fully understand the full capability of the programme was seen to be absent: *Part of it is, as a programme, it's understanding the capability of the programme that's been commissioned and therefore when there are inherent weaknesses in it, how are you going to mitigate against those to support the Act? I don't think that work's been done, or if it has, I'm not aware of it (Senior Manager, Regional, Locality 4)*

- 9.26 Frustrations associated to the use of WCCIS referred to its functionality and its portability:

You can move some things around, but every time that a form is changed, even if it's just a full stop here or there, that form is defunct because we can't clone it (Operational Manager, LA, Locality 1)

The portability of information is difficult because there's no one central point that moves that information around with people. Although WCCIS is seen as the guiding light of what that's going to deliver on, the jury is out on that, so local authorities obviously are reluctant to want to pick that up anyway (Senior Manager, Regional, Locality 4)

- 9.27 Finally, whilst WCCIS was highlighted as a means for sharing patient records, a lack of infrastructure to support mobile working was a barrier: *We need a much better infrastructure to allow our staff to have mobile working and real time results and input to support us. Whilst WCCIS is starting to move and it's a way of sharing a patient record, the bit for me we need our staff to have mobile working and access to the patient record in the persons home (Senior Manager, HB, Locality 3)*

Summary

- 9.28 This chapter has considered key features (as referred to by participants) in relation to data and the implementation of the Act.
- 9.29 Key messages are:

- Capturing 'softer' qualitative outcomes is seen as a welcome shift from solely quantitative data collection and measurement
- The Act has helped prioritise the focus on individual outcomes
- There are identified advantages, and frustrations, associated with the functionality of WCCIS
- Challenges to capturing and evidencing data include:
 - Uncertainty of how best to do it, how to best to report it, a continued emphases on quantitative data, and time/capacity to do it meaningfully
 - Difficulty attributing positive outcomes to a particular type of support or intervention
 - Learning to use WCCIS effectively, especially in respect of data extraction, analysis and reporting

10. Findings – Financial and Economic Implications

- 10.1 In general terms, the financial and economic implications were an important theme in the discussions, given the need-led nature of the service, the unpredictable nature of that need, and the growing complexity of people with those needs.

The problem with social services is the control and demand. It's a service where you can't say 'no, that's your budget and that's it'. It's a lot more difficult with social services and the pressures are on demand for services than they are in. [...]. We can't say 'we are not doing it because we've run out of money', can we? (Senior Manager, LA, Locality 1)

What we are experiencing now is the complexity and the number of conditions that individuals are living with. You are not talking one or two things, people are living with five or six different things, medical conditions that we would never have seen even five years ago. Five years ago these individuals would have been in long stay hospital beds so it's really hard (Senior Manager, LA, Locality 2)

Austerity and financial pressure

- 10.2 Having tough savings targets was an important factor for participants:

Austerity has meant that we're constantly driving for really significant savings. I think when I started, our overall target for the three years was something like 13 million and it was an incredible challenge to try and achieve that when all you saw was high demand and lack of resources (Operational Manager, LA, Locality 4)

I've been pushing for savings, savings, savings, savings. That's all I've done in 4 or 5 budgets. If it had been implemented at a time when we had enough money to look at what we were doing and implementing it in a positive way it would have been different, but it was always been firefighting (Senior Manager, LA, Locality 1)

- 10.3 There was a perception that the cuts associated with austerity meant that services are now as lean as they can be, and that things would have been easier without the pressure of cuts:

I think it kind of feels like we've got to a point where we are as lean as we can be. [...]. Something is going to give somewhere isn't it one would suspect (Operations Manager, LA, Locality 3)

I think we would have been far further ahead if we could have at least just stood still. If the resources had stayed and the demographic changes hadn't grown so much or, you know, less of them. But both things were happening at the same time, demand increase and real actual cash disappearing. (Senior Manager, Regional, National)

- 10.4 Budget pressures linked to austerity had led to overspending within social services: *This year, in spite of making savings collectively, we've had a real pressure in terms of the budget and I'm overspent significantly. They've had a look into that overspend as to why it's happened, high cost cases and the like (Senior Manager, LA, Locality 1)*

- 10.5 Austerity has led to a reduction to the statutory provision of services rather than some of the important but discretionary activities with social services: *We've had to reduce what we do spend is the reality of it. What we spend on externally commissioned services, we've had to reduce that really to, certainly within the area that I'm responsible for, it's condensed really to statutory kind of provision (Operational Manager, LA, Locality 4)*

Loss of overall capacity

- 10.6 Austerity has led to lost skills, and an overall removal of 'headroom' with social services departments: *We are working through uncertainty on a year-by-year basis. We are anticipating that every year we will have to cut back further and further. It's officers who are not seen by the public but play a huge role in terms of providing services for the local authority, their roles no longer exist. People who would have had the time, space and capacity to much more to engage with citizens and work on projects around coproduction, their roles are long gone. [...]. Officers will now be carrying out of lots of HR and finance functions because their roles won't exist in the local authority so those things have had a big impact in terms of capacity of officers to do that (Operational Manager, LA, Locality 2)*

- 10.7 This has led in certain places to recruitment and retention problems, and the associated high costs of agency staff which are prohibitive: *We are predicting a huge overspend and that spend is in a number of key areas and one of those is in social work and we have the same problem in [LA] that we have everywhere else. There's an inability to recruit and retain staff. We're not doing too horribly badly, but that is a big cost to us because the agent has charged us eye-watering amounts for agency staff* (Operations Manager, LA, Locality 3)

Reprioritising and rebalancing

- 10.8 One of the consequences of austerity and financial pressures has been the need to control demand and lowering expectations within the population and dealing with competing priorities within local government:

Now the Act is secondary to the fact that we need to do something to try and control demand and lower the expectation people have of social services and what they provide (Senior Manager, LA, Locality 1)

We've always said during austerity or whatever it's called that we prioritise education and social care, and that has meant that the proportionate hits on our finances has been less than in other areas of the authority (Senior Manager, LA, Locality 4)

- 10.9 At times, this has led to the need to disinvest in certain services, be imaginative in securing funding, and redirecting services away from local authorities.

In a time of austerity, you always look to stop things like that. However, by bringing in our partners, the third sector, our local asset co-ordinators which we've got we've been managing to redirect patients or citizens to other services rather than your statutory or mandatory service (Senior Manager, HB, Locality 1)

It's a challenge, a daily challenge, and having to be very imaginative about how you're gonna afford, how you're gonna pool this support that this child needs from like thin air. It is a challenge. [...]. So if you're gonna give that child the support it's less time for another family then (Frontline Worker, LA, Locality 4)

Consequences of funding arrangements

10.10 There have been a number of short-term funding impacts affecting the quality and/or sustainability of commissioning and the challenge to long-term sustainability due to austerity and financial pressures. The more positive aspects of the 2020/21 settlement were raised, but with caveats:

10.11 There was an interesting set of views expressed about how issues linked to austerity both had been driven by the Act, and had not driven by the Act:

In some way it's been helpful because I think the Act's given a non-money reason to do some of the stuff we need to do which is always good in terms of framing it. [...]. I think that has been helpful to give the context to why we are doing some of the stuff because there is always a danger that it comes across as it's always about the money and nothing else and it's not about achieving better thing for people (Senior Managers, LA, Locality 4)

People don't make that connection quite as clear as we might do, you know, some people will just say 'oh well you're just cutting services', they don't say to us 'you're cutting services because of the Social Services and Wellbeing Act' (Operational Manager, LA, Locality 1)

10.12 The 'cost-neutral' position as proffered at the time at the implementation of the Act was commented upon: *What's been difficult is the expectation that there would be no, that there were no resource implication, that's been a significant thing for local government within the context of us having to make cuts. That has been really hard, so a competent political question has been, you know, how you manage resources, how do you manage that and the changes we've introduced whilst in keeping with the Act (Senior Managers, LA, Locality 2)*

10.13 Financing prevention is also a dilemma identified by participants. As suggested below, there is a tension between how to free up or access the funds for prevention in times of austerity and high demand on core services: *I think practically as well one of the things that would help us and has been suggested to help us is alternative preventative services, that's been very difficult. I think we, particularly in my service area, you're looking at, do you take it out of the resource of frontline for want of a better word secondary services and put it into primary care lower level*

services. [...]. So the development of an alternative providing the services has been difficult, certainly in this financial climate. You have to take from Peter to pay Paul and the norm would be I suppose, in all honesty, at times we struggle to meet our legal requirements in various aspects. So the idea you take more from core services is a very difficult thing (Senior Manager, LA, Locality 4)

- 10.14 In contrast to views expressed above, and building on the earlier section which noted preventative models that are being implemented, there was a view from some local authority respondents that resources are being allocated to prevention, and that it has 'made a difference': *...actually what has made a difference is the increased use of prevention and the focus on prevention within the intakes teams has meant especially in the team I'm working with, extra resources have gone into prevention and it does feel as if there is more being taken (Frontline Worker, LA, Locality 4)*

Funding and resources

Short-term grant funding

- 10.15 Some of the timescales associated with short-term funding were felt to be particularly unhelpful, and actually more of a problem than a solution for some which can lead to the principles of the Act being undermined.

Today we've had a letter from the Welsh Government saying there is an extra £10 million to be spent by the end of March for the winter pressures. Well, we won't be able to recruit anybody in eight weeks to do that, so whilst we are grateful that Welsh Government is giving us another £10 million it's going to be challenging to do anything that will make an impact (Operational Manager, HB, Locality 1)

We get letters from Welsh Government in January saying we want you to spend this money on something new by March, and it's just. You can't do anything fantastic with that money when you haven't got the notice surrounding it. [...]. I think something around the Welsh Government grants, the additional monies and having a much more grand and longer-term approach to that would be hugely helpful (Senior Manager, LA, Locality 4)

- 10.16 There is an inherent and associated lack of stability and sustainability in short-term arrangements, which are felt to be problematic, including the opportunity costs of servicing such grants, and the time-lost in managing the contracts of staff.

There are conversations going on quite urgently about what the exit strategy for that is and where we find the money from. [...] From my point of view, I'm fairly optimistic, because what we're doing is making a positive impact, I'm fairly optimistic that the money will be found from somewhere, but I wouldn't want to get into a situation where we're applying for six or 12 months of grant here, there and everywhere, because that just takes time up, doesn't it?
(Operational Manager, LA, Locality 4)

It doesn't provide stability, there's a lot of anxiety in terms of staffing, you get people who are good staff who will leave because you can't guarantee where they are going to be for the next year. [...]. I would prefer to have more security in terms of the core business and if we did, there would be enough money within that core budget to be flexible and be innovative (Operational Managers, LA, Locality 2)

- 10.17 In addition, the quality of commissioning and service was perceived to be negatively impacted: *If you are looking to commission services you can't really commission a contract, especially with public contract regulations as well, where you've got to lead in time in terms of procurement. You've got to turn a tender around within six months. So often by the time they are in place, you've done a tender and you've got a few months left to get the other side of it* (Senior Managers, LA, Locality 2)

- 10.18 Building on all of the factors above, questions were raised about the overall effectiveness of such short-term funding arrangements associated with the Act, and the ways in which short-term funding has come to be relied upon as 'core' funding: *Due to the years of short-term funding that we've received, we've actually probably, not through intention, ended up embedding that into our core services and budget anyway in how we deliver* (Operational Manager, LA, Locality 4)

Pooled budgets

- 10.19 Pooled budgets held a particular place in the dialogue around the financial and economic implications of the Act given that they have been mandated by Welsh

Government in certain circumstances. It was noted that in order for them to be effective, serious leadership is required across and between organisations: *I think it could work, but you'd have to have everyone really signed up to that and you'd have to have leaders at the top who are responsible for that budget that had a genuine understanding of health and social care and not one. You would have to have real sign up (Operational Manager, LA, Locality 2)*

- 10.20 For a number of participants, pooled budgets were very much a means and not an end, but that making them a requirement had the effect of subverting their purpose somewhat: *I think mandating partnership is an odd concept. It's an oxymoron really. How can you force people to work in partnership? There are always struggles. How long have we been talking about pooling budgets? 15, 20 years? How closer are we? I don't think we're any closer than we were 15, 20 years ago when we were talking about pooling budgets. [...]. I think the cost involved in doing all the financial modelling and unpicking, all that kind of stuff would just make it not worth the effort, frankly (Operational Managers, LA, Locality 3)*
- 10.21 For others, there is at best a disconnect between the rhetoric and reality of pooled and other budgets, and at worst outright negativity about the role that they are playing and can play in order to foster effective partnership as envisaged by Part 9 of the Act: *At the moment, we send money to one authority, we sent it on Tuesday evening and by Wednesday afternoon they've sent it back to us, and that's a pooled budget? No it's not. Unless they change commissioning and how the authorities and health come together across the region and they commission on a joint basis and there's a body that runs the funding and actually purchases properly, this will make no difference at all (Senior Manager, LA, Locality 1)*

Integrated Care Fund (ICF)

- 10.22 Overall, respondents felt that the ICF has facilitated work in line with the principles of the Act:
- I think it's very positive because we have been able to use that funding to be able to develop the services to meet the requirements of the Act and without that funding we would not have been able to invest in the way that we*

needed to, to be able to develop these services (Senior Manager, LA, Locality 2)

[T]he Act has allowed, particularly around the ICF partnerships that we've developed both with [health board] and of course with social services and housing in [LA], we've been allowed to really extend our services. So we provide a huge preventative role in terms of falls, accidents in the home, housing support services to prevent people from going into residential care (Operational Manager, Provider & Commissioned Org, Locality 2)

- 10.23 ICF money was also perceived to have enabled and built capacity in regional working as a key element of the implementation process: *In terms of the way the ICF money is discussed and spent it's a totally open and transparent process and I don't think there is any dispute these days about who has got what and all the rest of it because it's all done out in the open (Operational Manager, Regional, Locality 3)*
- 10.24 There were however, a series of concerns expressed over sustainability and timelines, especially for the third sector: *What we've tried to do as well through some of the ICF funding is having more third sector involvement which are trying to keep people supported within their own communities for a longer time before they hit any of the statutory services. [...] It's really difficult sometimes to get exit strategies, once you've proven something works, finding that then from core is extremely challenging (Operational Manager, HB, Locality 1)*
- 10.25 Overall, there were both positive and negative impacts on partnership working perceived, including the fact that there are missed opportunity of such short-term funding streams: *If you knew you were having five years of ICF money five years ago, you could work out what the size of the pot is, work out a plan to implement the projects over that five-year period, you may get bigger projects, and you may get better projects (Senior Manager, LA, Locality 1)*

Transformation Fund

- 10.26 The Wales-wide £100m Transformation Grant was seen as a significant amount of money enabling of change, or potentially enabling of change, as a grant-funding stream:

The transformation money, that's really significant money and we're really, very ambitious and in terms of what we are going to deliver on that, it's building on what we've already got in place in terms of a whole system model (Senior Manager, LA, Locality 2)

We've used some of the transformation monies to actually help us in that way and it's basically been looking at leadership, culture, how do we work (Senior Manager, HB, Locality 1)

- 10.27 However, there were concerns expressed over the perceived lack of clarity and purpose to which the funding could be used: *[W]e need to be really clear about what is it we are expecting to deliver through the transformation and then are we delivering it. It's about business cases isn't it? It's about a much more quantitatively focussed approach to saying 'if we spend this money here, it will deliver us this saving in that area by this date' (Senior Manager, HB, Locality 4)*

Direct payments

- 10.28 Despite direct payments being highlighted as a 'really good' concept, a number of challenges were noted. In particular, the responsibility of individuals as employers, recruitment issues, and the question of the extent to which an individual is actually in control of who they employ:

The way direct payments is sold to people is still that thing of 'hey it's great, you are getting control, you have it, it's yours'. But then you realise you are going to be an employer and you have to be responsible and you have to have liability insurance. Yeah there is a bit they don't really like to tell you about. Those are the realities (Operational Manager, Provider and Commissioned Org, Locality 1)

The Act says we've got to offer people direct payments, it's one of the first choices and that's really difficult. Culturally in [this LA] people don't want to be in employers, they want it to be arranged for them. That's a bit of an issue, recruiting personal assistants that's a major issue as well, really that's difficult to achieve. The concept of providing direct payment is really, really good because you are providing people the voice and control over the care they

receive but to achieve it is difficult because recruitment is difficult (Senior Manager, LA, Locality 1)

Savings

Making savings and business case thinking

- 10.29 Participants noted that the implementation phase for the Act came about at a tricky moment for public services, in the middle of a period of austerity. They further highlighted the challenges of attributing change in budgets and savings to the activities and duties associated with the Act.

I think the prevention linked with budget and money saving is really, really, really complicated and not at all straightforward (Operational Manager, LA, Locality 4)

We were able to work out from a financial view this is the average cost for a child out of county, this is the cost of that property in terms of staffing, paying for the property, food whatever, we were able to cost that out. We could work out 'well that would cost us £X per child, this is what it's costing us at the moment, this is what it's saving'. So certain projects, it's easy to do but other projects it's a lot more difficult to do (Senior Manager, LA, Locality 1)

- 10.30 Given all of the challenges alluded to, a 'business case' mentality has been brought to bear within social services in order to achieve savings:

What's developed over the last 20 years is quite a strong business mind and there's also the need to save a lot of money, especially over the last 10 years. As a consequence, even though most would support the notion of working with a not for profit sector, at the end of the day who is going to be able to deliver it better and for the fairest price, and they don't tend to come into it, they don't tend to get a look in (Operational Manager, Regional, Locality 3)

The main focus for me with the service is what are we doing on spending, how are you controlling your budgets, what savings plans have you got, how are you going to implement them, have they worked, have we actually achieved the savings. (Senior Managers, LA, Locality 1)

Positive impact by working alongside the Act

- 10.31 There were however a number of comments that reflected on the positive impacts on savings to budgets of working in alignment with the Act:

I could look at some of the activity in one of my teams for instance and I could say by the way that they are doing things now compared to four years ago, that they have saved X amount of pounds (Senior Manager, LA, Locality 2)

We can do that and we can pick up cost avoidance figures to say if this person had carried on without the support of the local area coordinator, then this might have happened in their life and it would have cost this. Some of that might be, actually, they don't need a care package from social services so we can cost that, so that's the cost that's avoided (Operational Manager, LA, Locality 4)

- 10.32 The importance of partnership and sharing the burden of saving across different organisations, including partners in the voluntary sector was a supportive feature: *The communication, the consultation, looking and making sure that they were sustainable for the longer term but it didn't quite fit with the region financial strategy though. I guess because of reputation and because of experience and because of relationships, I've been able to navigate that [...]. I'm really proud of where [LA] is in that and what we've been able to achieve and what we've been able to deliver (Senior Manager, LA, Locality 2)*

Summary

- 10.33 This chapter has considered key features (as referred to by participants) in relation to the financial and economic implications of the Act.
- 10.34 Key messages are:
- Participants noted that the implementation phase for the Act came about at a difficult moment for public services, in the middle of a period of austerity
 - Negative impacts of austerity and financial pressures were identified and linked to:

- Overspending within social services and a reduction to the statutory provision of services
- Controlling demand and lowering expectations whilst trying to manage competing demands within local government
- Consequences of funding arrangements, and questions about the overall effectiveness of such short-term funding arrangements
- There is an identified disconnect between the rhetoric and reality of pooled budgets and questions about their role
- Several difficulties associated with short-term funding were identified, primarily the lack of stability and sustainability in such arrangements, like the opportunity costs of servicing grants, and time lost in managing staff contracts
- The Integrated Care Fund (ICF) was perceived to have helped facilitate work in line with the principles of the Act, but could have potentially had greater impact if it had been better planned
- Savings were also linked to the positive impact from working alongside the Act, with an emphasis on partnerships and sharing the burden across different organisations

11. Conclusions

- 11.1 In drawing this report to a conclusion, there are four elements to reflect upon. The first uses findings from the interviews to focus attention on priorities for further implementation of the Act and priorities for the Welsh Government. The second conceptualises the data collected during the process evaluation. The third provides feedback on the aims and objectives of the evaluation. The final section reflects on issues emerging from this phase of the study, and considering the implications for the remainder of the project.

Thoughts from respondents

Priorities for further implementation

- 11.2 Priorities for further implementation of the Act included the continuation and development of integration and partnerships, monitoring and evidencing outcomes, and the infrastructure to facilitate integrated working.
- 11.3 To realise the full potential of the Act, the importance of an open dialogue between Welsh Government and LAs, and reciprocal working relationships was highlighted: *In order for it to happen, Welsh Government and local authorities have to work together, we can't have the situation where 'oh well it's in the Act we are covered' and then local authorities saying 'oh well tell them to give us the money'. There's got to be some kind of conversation going on between them (Senior Manager, Regional, National)*
- 11.4 Data monitoring and capture to evidence outcomes and impact were also seen as a priority: *It is important to ensure that monitoring and funding is intelligently linked to the implementation of the Act, particularly to ensure that the measures organisations are carrying out are genuinely and effectively linked to the core principles (Survey Response, Workforce)*

Next steps for Welsh Government

- 11.5 Messages for what the Welsh Government should do next included a move from short-term to long-term approaches to develop/sustain community models and resilience, and longer-term sustainability including funding, consistency of practice, and whole system buy-in and transformation: *Short-termism absolutely kills*

community engagement models. I know that when you introduce politics into anything, long-term things go out of the window, because when you put in politics you have to show a quick win, don't you, and produce something within a certain number of years. But if we really want resilient communities that are connecting and confident, we need a long-term approach at that, it's a generational thing rather than an every four/five years political calendar kind of thing. That's one thing, getting rid of short-termism (Operational Manager, LA, Locality 4)

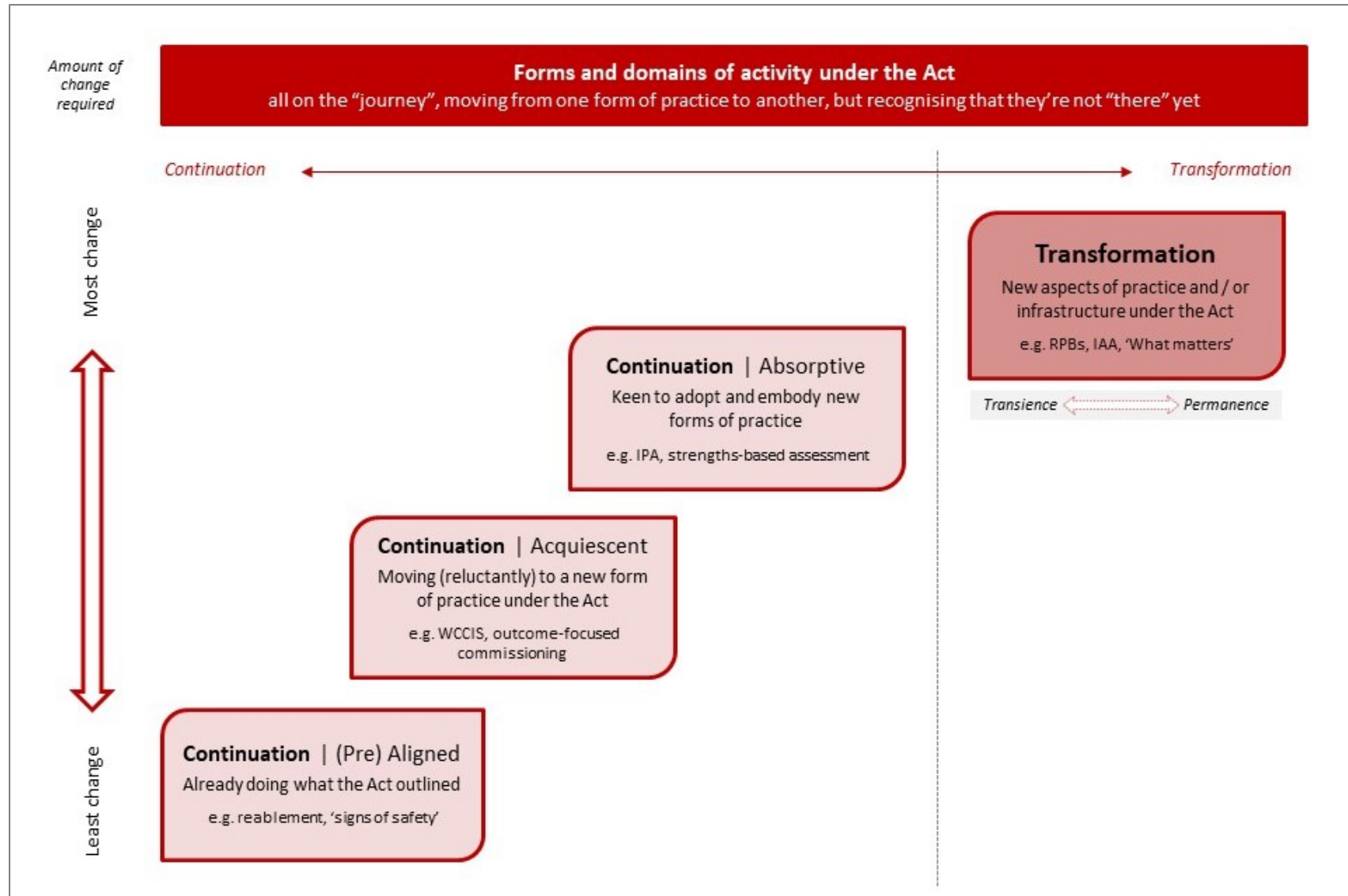
- 11.6 Comparisons were made between health and social care with a call for parity of funding between the two: *They are different models, one free at point of supply, one charged for, you know, and only free if you're unable to pay. That doesn't help, the funding model doesn't help, but equally money going in to health as opposed to social care has not helped so our position and my position would be to fund to at least the same level (Senior Manager, LA, Locality 4)*
- 11.7 Sustainability was highlighted in the context of funding but also a lack of consistency in practice across Wales: *We have 22 authorities some of which are so small they are barely sustainable. In reality how can you practice in this way if you don't have enough and also, you have such inconsistency in approaches across Wales (Operational Manager, HB, Locality 2)*
- 11.8 There was an emphasis on Welsh Government helping to ensure the Act is embedded and to promote recognition that its duties apply to all organisations providing care and support: *There was no recognition that this Act required funding to implement and there wasn't enough recognition to the fact that our key partners outside and inside the council will need to be on board with it really as much as we are. So my expectation, or my hope, is that they [Welsh Government] would listen, that they have a good look at how it panned out, what can they do to ensure it's wider and more embedded in and it's not just all on a social services department to do that (Operational Manager, LA, Locality 2)*
- 11.9 Funding was only one element seen as enabling long-term sustainability. Other important aspects included consistency in practice and embedding the Act across Wales, and a 'whole system transformation', driven by leadership that focusses on valuing the workforce: *There is something about if you are going to create a*

sustainable health and social care system all of the bits of it have got to be sustainable to allow you to do that (Senior Manager, LA, Locality 4).

Conceptualising the findings

- 11.10 There is considerable complexity (and a degree of contradiction to an extent) in the findings presented in the report. There is a wealth of information in the preceding pages, based as it is on a substantial evidence-base. The comments provide very many perspectives across the whole of social services and partner organisations.
- 11.11 Figure 11.1 (overleaf) provides an attempt to rationalise the complexity we have seen. It offers a conceptualisation of the feedback received into two principal domains: a transformation modality, and a continuation modality.
- 11.12 It suggests that due to the differential starting points of all of the localities in Wales, and especially the four localities included in this phase of the study, four different forms of practice have been embodied in the implementation process of the Act to date. These different forms of practice have required varying degrees of change in order to meet the requirements of implementation.
- 11.13 The logic behind the diagram is that the red rectangle represents the totality of activity across social services. Below which is all the activity under the Act that have been discussed during this phase of the study. This activity is all 'on the journey' shifting from one form of practice to another.
- 11.14 There are two other important axes. Along the left hand side is the amount of change that is required to deliver against the Act requirements. At the bottom of this diagram therefore are aspects/features that require the least amount of change to be implemented, and towards the top are the aspects/features that require more change.
- 11.15 Change is taking place in two domains. The first domain is within which forms of activity and practice continue on, where things to a greater or lesser extent had already been established prior to the Act's implementation. The second domain concerns forms of practice that in order to meet the duties and requirements of the Act, required an element of transformation. There are four stages within this process.

Figure 11.1: Continuation and Transformation forms of practice in response to the Act's implementation



Continuation | (Pre) Aligned

- 11.16 The stage that requires the least change and is a form of continuation is the one in the bottom left corner of the diagram called 'Continuation | (Pre)-Aligned'. A range of respondents mentioned that they were already doing things that the Act outlined before the Act itself came into force. Therefore, they were 'pre-aligned' with the Act's requirements ahead of the implementation date. Some examples in this stage include reablement, and the practice of 'signs of safety' in children's services. These forms of practice required therefore very little change in order to meet the duties under the Act.

Continuation | Acquiescent

- 11.17 The second stage 'Continuation | Acquiescent' are forms of practice that have needed slightly more change to meet the duties of the new Act and required people to move somewhat reluctantly on occasions to new forms of practice as required under the Act. This might have included areas around data systems like WCCIS for example, or changes in commissioning practice for outcomes as people acquiesced from one form of practice to another.

Continuation | Absorptive

- 11.18 The third form of continuation activity 'Continuation | Absorptive' is one where there was much greater enthusiasm for the change, where people were keen to adopt and embody new forms of practice that the Act was requiring. There was still a continuation of the way things were being delivered to an extent, but a much more positive sense of adopting and absorbing new forms of working. For example, this may have been around Independent Professional Advocacy, which was seen to be a positive new development. Similarly, what matters conversations and strengths-based forms of assessment were also positively welcomed, adopted and absorbed into practice.

Transformation

- 11.19 There is the divide between the continuation forms and transformation forms of practice required by the implementation of the Act. Across that divide are aspects that have required most change to bring about, largely because they did not exist before the Act came into being. Some of these were transformational forms of

practice like Information, Advice and Assistance services, which were requirements of the Act that had no precedent prior to April 2016. There were also brand-new forms of infrastructure under the Act like RPBs. What remains to understand about these transformational forms is the extent to which these are transient whereby they come and they go, or whether they are more permanent forms of transformation whereby they come and they remain.

Assessment against the aims and objectives

- 11.20 The following questions represent the key features of the aims and objectives of the process evaluation. Below, and drawing on the evidence presented in the report above, we provide our assessment against them.

How has the legislation been implemented at a national, regional and local level?

- 11.21 To a large extent, the legislation has been implemented effectively at a national, regional and local level. There is evidence of the Parts and Sections of the Act, and the associated Regulations and Codes of Practice, in all of the data in this report. That is not to say that all of the Act has been implemented as fully, as quickly, or as equitably as might have been anticipated, but without a 'timeline' for the process of implementation, it is difficult to assess whether the picture that emerges from this report is the one that we should have expected to see nearly five years into the life of Act.

What has been the role that the wide range of organisations that are impacted by the Act have had in this implementation?

- 11.22 The implementation of the Act has been a collaborative experience, but perhaps not as co-productive an experience as might have been anticipated or desired. Statutory organisations have developed good relationships throughout the process of implementation, although there is scope for improving and deepening certain of these relationships. There is universal support among all of the stakeholder organisations for the principles of the Act, but there is a need to underscore that support so that the more co-productive aspects of working together can be fully realised.

What planning was undertaken by key partners for the implementation of the Act and was this sufficient (including planning by Welsh Government, Local Health

Boards, Local Authorities, the third sector, the independent sector and other key partners that are considered to be relevant)?

- 11.23 Reflecting on the evidence-base gathered as part of the process evaluation, clearly a significant amount of work was undertaken by the key organisations involved in the implementation process. Primarily this focused on initial training, both at a national and local level. Much of this training has been repeated since the implementation date. Local authorities appeared to be best prepared for the Act's implementation, and perhaps the group least prepared were service users and carers. There was a considerable debate about the thrust behind the Act, of individuals taking greater responsibility for themselves and recognising the strengths and assets they have, with a lack of messaging and awareness raising. There are now concerns that this could serve to undermine the overall aspirations of the legislation.

Have all the components of implementation to date have been completed as intended?

- 11.24 Participants noted consistently that the implementation of the Act was a process not an event, and that they are 'on the journey' towards implementation. By definition this metaphor behoves two further questions to be asked – if organisations and the workforce is journeying, to where are they headed, and by when will they arrive? Respondents were candid about the fact that it may never be possible to 'complete' the task of implementing every line of the legislation, in no small part because nothing is fixed in policy and practice, and the Act is constantly reshaping itself. The advent of the Coronavirus Act and its (potential) implications for the Social Services and Well-being Act is a good example of this.

Have the components of the Act permeated into practice?

- 11.25 From the evidence base presented,, it is clear that components of the Act have permeated into practice – both in terms of the operational functions of social services departments and their partners (in respects of, among others, Information Advice and Assistance services, strengths-based assessments, what matters conversations, etc.), but also in respect of how the principles of the Act are informing that practice. However, there is an acknowledgement that this a 'work in

progress' and that, for example, services that are genuinely co-produced, with service user and carer voice and control at their heart, are yet to be fully realised.

What has been the interpretation of the Act at a national, regional and local level?

- 11.26 The approach of the Act and the principles behind it received universal approval from respondents. On the whole, the Act was seen as an enabling piece of legislation, a framework for change, which has catalysed and stimulated a more person-centred approach to the work of social services, and closer integration between health and social care, alongside key partners in the voluntary and independent sectors. In its abstract form, the 'Act' is held up as an exemplar – the challenge is in the delivery and implementation of its ambitious agenda.

What has been the experience of those involved in implementation, with particular focus on integration, co-production, leadership, management, interaction, training and provision of services in Welsh?

- 11.27 There have been mixed experiences in respect of the different factors listed above. On balance, the implementation has been a positive experience for most of the people, most of the time, but there are certain challenges that have arisen and are as detailed in the pages above.

Next steps

- 11.28 In this final section, we present a number of issues that were raised in response to the findings which help to set an agenda for the remainder of the study by both the localities we included and the SERG. They focus on a number of the areas that the study will consider as it takes its next steps into the impact evaluation phase which will centre on the experience of service users, carers, families and communities. It's also important to note that due to the timing of the events (October 2020) there were comments made about the impacts during the periods of lockdown that have occurred in Wales since March 2020.

Public awareness of the Act

- 11.29 On public awareness of the Act, and the lack of it, there were a number of comments about the 'pushback' on citizens, given the responsibility of public bodies to ensure they are offered and know their rights. There were questions about whether the balance is right between statutory bodies and individuals, and whether this is an 'active offer'? Public awareness was acknowledged as a massive challenge, with a feeling that workforce awareness should also have risen.

Regional Partnership Boards

- 11.30 There was a sense that relationships with between local authorities and health had improved through the RPBs, but often does not have sufficient 'room' for other agencies. The perception is that after the statutory partners have taken what they need, the voluntary sector and independent sector are 'left with scraps'. The rhetoric is of equal partners around the table but the reality is different.
- 11.31 Carer and citizen representatives feel that the RPB scope and remit is so large that decisions are taken outside of meetings and presented back as more of a sense checking rather than true co-production. The voice of children is also thought to be lost in some of these conversations, and are not felt to be heard in the RPB.
- 11.32 The money within RPB is invested in established systems, and not enough in the services to keep them out of the system in the first place.

Funding for other non-statutory partners

- 11.33 Given that so many non-statutory organisations have risen to the significant challenge since March 2020 and helped to prevent a number of people from going into care or into hospital, there are concerns that funding will continue to be cut.
- 11.34 There was a view expressed that the balance isn't right between the expectations on the voluntary sector and the funding provided for it which is having an impact on service users and carers.
- 11.35 No-one wants to accept the reduced and rationed and straitened situation that some people now find themselves in.

Experiences under lockdown

- 11.36 There were real concerns expressed that under lockdown there has been a shift towards medical model thinking dominating national policy-making. It was also perceived that the workforce has shifted towards helping people survive rather than to live. There were questions about how to get back the focus on 'living'.
- 11.37 It was noted that from a carer's perspective, the experience of last few months has been very challenging.
- 11.38 There were issues raised over what the Coronavirus Act will mean for the principles and approach of the Act in the long term.

Voice and control and phases of involvement

- 11.39 Questions were raised over the extent to which relationships between the workforce and individuals been resilient enough to survive the challenge of the last months.
- 11.40 It was suggested that 'amount' of voice and control that people have had is particularly important to understand at different phases of their engagement with social services. There are perhaps four different stages of involvement:
1. When people first contact the local authority;
 2. During the assessment process;
 3. When developing the care and support plan and how that is designed; and
 4. In the way that the workforce responds to people.
- 11.41 It was suggested that it would be interesting to understand this dynamic pre-COVID-19, during COVID-19, and post- COVID-19.

Relationships and the principles of the Act

- 11.42 It was noted that it is very difficult to legislate good relationships, and that some of the structural and organisational barriers undermine goodwill.
- 11.43 There is a parallel between the key principles and ethos of the Act, and working relationships. Are those professional relationships co-productive? Does everyone in those professional relationships have voice and control? What matters to professionals in those relationships? What strengths and assets you bring to those relationships and partnerships? Has anyone ever asked these sorts of questions?

Could partnerships and relationships be assessed against the principles of the Act to forge connections between partners more effectively?

Closing thoughts

- 11.44 The next phase of the study (January 2021 onwards) will hear extensively from all service users, carers, families and communities to ensure that we provide balance against the perspectives from the workforce. Ahead of that, the following represents a developing list of questions to be carried forward into the impact evaluation phase of the study:
1. How well are the expectations of service users and carers being met in their experiences of social care and social services?
 2. To what extent is co-production embedded in social services practice and assessment?
 3. How have service users experienced care assessments and case management since the Act was introduced?
 4. To what extent are service users given voice and control in their interactions with social services?
 5. To what extent are financial pressures and austerity impacting frontline services, practice and care provisions?
- 11.45 The Act clearly has legitimised change, and has been a catalysing force in the development of social services, and local authorities' relationships with key partners in health, the voluntary sector and the independent sector. Four years after the Act came into force, there is considerable evidence of the difference made, but also in respect of the difference still to be made. It's important to recognise that whilst implementing the Act is an ongoing journey, it is also the law.

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