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

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

Mark Llewellyn, Fiona Verity, Sarah Wallace and Sion Tetlow.

For further information please contact:

Rebecca Cox

Social Services and Integration Division

Welsh Government

Cathays Park

Cardiff

CF10 3NQ

Email: Rebecca.Cox@gov.wales

Table of contents

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 Implementation of the Social Services and Well-being Act
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
WG	Welsh Government
WIHSC	Welsh Institute for Health and Social Care
WLGA	Welsh Local Government Association

1.   Introduction/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 (IMPlementation 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

Key deliverables – work to date

Framework for Change (April 2019)

1.5   Outlines how the duties, principles and ideals, mechanisms and practices laid out in the Act are guides to certain outcomes, most notably the fulfilment of well-being for people in Wales and sustainability of services. The [Framework for Change](#) gives an overview picture of the key underpinning assumptions of the Act; key guiding directions and principles; organisational, cultural and service delivery shifts which are required; the institutional arrangements that have been established to deliver on the duties and other requirements of the Act; key activities and roles to be played by various sectors; and the anticipated short, medium and long term outcomes.

Literature Review (August 2020)

1.6   There is a [review of the literature](#) to inform the evaluation of the Social Services and Well-being (Wales) Act 2014. The literature against each of the six themes in the study were reviewed: well-being, prevention and early intervention, co-production, multi-agency working, voice and control, and financial and economic implications. This has helped position the evaluation of the Act in the wider academic and policy literature in order to build on the existing knowledge base and debates pertaining to each of the study themes.

Process Evaluation (February 2020)

1.7   Each of the key deliverables above have helped inform and shape this process evaluation phase.

Aims and objectives of the Process Evaluation

1.8   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

1.9   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

1.10   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.

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   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?
3. Leading to the desired results?

Participants and sampling

2.3   A combination of purposeful and stratified 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

---

[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] 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.

objectives of the evaluation. Purposeful sampling was stratified (Patton, 2001)[5] via workforce and organisation within four local authority 'footprints' (see 2.6.2).

Data collection

2.4 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.

2.5 It is important to note that the data collection took place prior to the COVID-19 pandemic, between January and March 2020.[7]

2.6 The core elements of the approach used for data collection were threefold:

1. *Wales-wide survey of key stakeholder organisations/networks across Wales*

   An online pro forma of 8-10 questions was developed based on the objectives of the process evaluation and sent to key stakeholder organisations. 30 responses were received

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 – and 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.

---

[5] Patton, M. Q. (2001). *Qualitative research and evaluation and methods* (3rd ed.). Beverly Hills, CA: Sage.

[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.

Total number of interviews and interviewees

2.7   The total number of interviews/discussion groups conducted with each of the LA footprints, national stakeholders, and citizens/service users was n=100. 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 was n=152.

3.   Key findings/messages

Principles of the Act

General overview

3.1   There was a recurring view that the principles of the Act form an important values-based framework for action: *I would say the principles are pivotal to everything that we do (Senior Manager, LA, Locality 3)*

3.2   Implementing the principles of the Act was reported to need time as part of an ongoing and continuous 'journey' of change: *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)*

Prevention

3.3   There are some positive examples of prevention models and practice, but this is seen by some as patchy:

- *Getting dementia can be delayed…[b]ut in some cases it can't, getting 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 (Survey response)*

- *I guess from a prevention perspective we've got our front door and sitting before the front door we've got our local area coordinators and we are going from strength to strength with [them] and developing them from a prevention perspective (Senior Manager, LA, Locality 4)*

3.4   There are mixed accounts of the investment in prevention, with reports of underinvestment as well as some allocations to 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

3.5   There were positive examples of co-production in the development of individual and community interventions for care and support: *[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)*

3.6   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: *Co-production is great in principle, doing it is much more difficult. Again, we'd have things whereas an authority you've got to co-produce everything now and you've got to engage with everything. Well a, it's not possible and b, you can't always do it […] if you've got eight people together, that's eight different views, not necessarily agreeing, so there's a real challenge around that. It's great to say you need to work in a co-productive way, I think sometimes it's understanding the real complexities and challenges in that as well (Operational Manager, LA, Locality 4)*

Well-being

3.7   Well-being is seen as integral to social care, but as a concept is contested and subject of much discussion: *…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)*

3.8   Enabling well-being requires the implementation of all the principles: *…from a public health perspective there is quite a large focus around the well-being agenda and certainly looking at the compassionate communities and what's been commissioned more recently, that is very much about looking at loneliness and isolation, being able put the 'what matters to me' question at the centre of a discussion with health staff, looking wider then at sort of community connectors and health connectors (Senior Manager, HB, Locality 3)*

Voice and Control

3.9   Examples were given of positive interpretations of impact resulting from a focus on 'voice and control' and more awareness of how supporting voice and control can be better undertaken.

3.10   Fragmentation and overlap of advocacy services was reported, along with the need to keep raising awareness of the importance of advocacy: *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 and Commissioned Organisation, Locality 2)*

Multi-agency working

3.11   Strong commitment to, and positive examples of, multi-agency working exist. However, there is fragility, gaps and inconsistencies in multi-agency working: *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)*

3.12   Multi-agency work needs to be based on trust, relationships, communication and organisational capacities to support this work: *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)*

Act Implementation

3.13   The Act has enabled new ways of working including practice change, and developing and strengthening partnerships: *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)*

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)

3.14   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: *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)*

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

3.16   Implementation, and the shift to a new way of working, is an ongoing process. There is acknowledgement that implementation is a journey: *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)*

3.17   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)*

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

Local Authority and Social Services functions

Assessments

3.19 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: *…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)*

3.20 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: *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)*

'What matters' conversations

3.21 'What matters' conversations were reflected on by participants in largely positive terms, seen as a return to good practice: *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)*

Outcomes

3.22 The challenge for the workforce is that outcomes are subjective and contested, and not fixed or standardised in how they are assessed or collected: *It is quite subjective, outcomes, that's the issue I think. So measuring outcomes, so I guess if*

people feel they were supported to do what they wanted to do or to achieve what they wanted to achieve or to re-think their situation in a different way then I guess then the outcome would be that they would be feeling supported to focus on what matters to them. It's quite subjective (Operational Manager, HB, Locality 2)

There was an overall sense of the move towards outcomes being 'work in progress': *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

3.23   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: *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)*

3.24   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: *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 Manager, Regional, National)*

Safeguarding

3.25   In respect of safeguarding, the Act was perceived to have brought in useful changes: *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 Manager, LA, Locality 1)*

3.26   Respondents noted that the new Wales Safeguarding Procedures provide, to date, positive challenges to established ways of working and much needed clarity and continuity: *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)*

Relationships with partners: operational and strategic

Operational relationships with partners

3.27   The importance of leadership to initiate and sustain change is clear: *[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)*

3.28   There is great value placed on positive, reciprocal working relationships with partners: *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)*

3.29   The Act is a driver and lever for developing partnerships 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)*

3.30   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: *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)

3.31   Time and resource are required to build effective partnerships: *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)*

3.32   The voluntary sector is an excellent partner on the whole, but concerns over capacity, funding and sustainability persist: *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)*

3.33   Competing 'cultures' of different organisations – especially social care and health – need to be further reconciled: *…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)*

Strategic relationships with partners

3.34   Boards and structures have been a key aspect enabling the formalising and strengthening of partnerships between social care, health, and other agencies: *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)*

3.35   Regional Safeguarding Boards were especially viewed as positive developments to enable regional working: *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)

3.36 Work is required to continue to develop the structure of RPBs, and to improve relationships between the RPB and the PSB: *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)*

3.37 The size of the region presents challenges to in-depth discussions about health and social care integration: *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)*

3.38 Applying 'a one size fits all' regional approach is problematic in responding 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)*

Workforce

3.39 Managing and developing social workers is an ongoing process: *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)*

3.40 The provision of support from leaders, service and team managers is crucial in the further implementation of the Act: *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)

3.41   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: *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)*

3.42   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: *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)*

- Workforce capacity exacerbated by recruitment and retention issues: *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)

Data

3.43 Capturing 'softer' qualitative outcomes is seen as a welcome shift from solely 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)*

3.44 The Act has helped 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)*

3.45 There are identified advantages, and frustrations, associated with the functionality of WCCIS: *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)*

I think we can focus ourselves and measure ourselves different in the coming year or possibly in the coming two years because our tools need to change, the frontline assessment tool, but also with the introduction of WCCIS our measurement will change. So therefore, we'll be able to be bang in line with the themes of the Act and measure ourselves better against them and I'm quite optimistic that is going to happen. So I'm quite confident I'm excited about the future (Operational Manager, LA, Locality 4)

3.46 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: *We*

19

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

- Difficulty attributing positive outcomes to a particular type of support or intervention: *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)*

- Learning to use WCCIS effectively, especially in respect of data extraction, analysis and reporting: *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)*

Financial and economic implications

3.47 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: *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)*

3.48 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: *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)*

- Controlling demand and lowering expectations whilst trying to manage competing demands within local government: *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)*

- Consequences of funding arrangements, and questions about the overall effectiveness of such short-term funding arrangements: *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)*

3.49 There is an identified disconnect between the rhetoric and reality of pooled budgets and questions about their role: *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)*

3.50 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: *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)*

3.51 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: *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)*

3.52   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: *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)*
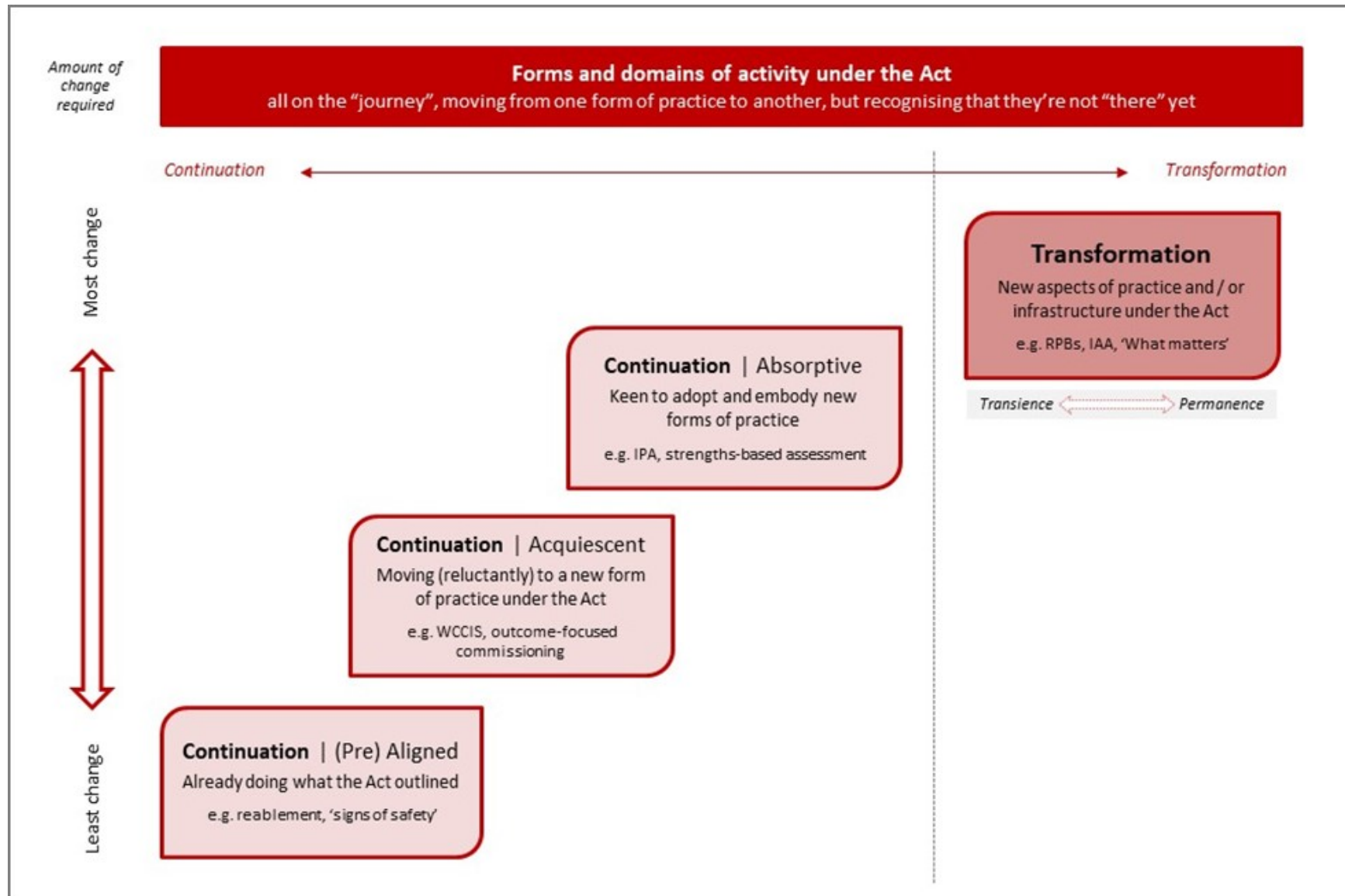
4.   Conclusions

Conceptualising the findings

4.1   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.

4.2   Figure 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.

4.3   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:

- 'Continuation | (Pre) Aligned' echoes those professing that they were already doing what the Act outlined ahead of implementation
- 'Continuation | Acquiescent' describes those (reluctantly) moving to a new form of practice under the Act
- 'Continuation | Absorptive' reflects continuity with extant practice simultaneous with those keen to adopt new forms of practice
- 'Transformation' presupposes the greatest amount of change, reflecting new aspects of practice / infrastructure under the Act

Assessment against the aims and objectives

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

4.4   To a large extent, the legislation has been implemented effectively at a national, regional and local level. 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.

Figure 1: Continuation and transformation forms of practice in response to the Act's implementation

Amount of change required

Forms and domains of activity under the Act
all on the "journey", moving from one form of practice to another, but recognising that they're not "there" yet

Continuation ← → Transformation

Most change

Least change

Transformation
New aspects of practice and / or infrastructure under the Act
e.g. RPBs, IAA, 'What matters'

Transience ← → Permanence

Continuation | Absorptive
Keen to adopt and embody new forms of practice
e.g. IPA, strengths-based assessment

Continuation | Acquiescent
Moving (reluctantly) to a new form of practice under the Act
e.g. WCCIS, outcome-focused commissioning

Continuation | (Pre) Aligned
Already doing what the Act outlined
e.g. reablement, 'signs of safety'

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

4.5	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)?

4.6	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?

4.7	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?

4.8   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?

4.9   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?

4.10   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.

Priorities for further implementation and next steps for Welsh Government

4.11   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.

4.12   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. Data monitoring and capture to evidence outcomes and impact were also seen as a priority.

4.13   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.

4.14   Comparisons were made between health and social care with a call for parity of funding between the two. Sustainability was highlighted in the context of funding but also a lack of consistency in practice across Wales.

4.15   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.

4.16   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.

Closing thoughts

4.17   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 provided through this process evaluation report.

4.18   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.

References

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

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

Patton, M. Q. (2001). *Qualitative research and evaluation and methods* (3rd ed.). Beverly Hills, CA: Sage.

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.

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