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From Act to Impact?

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

Summary Report

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

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From Act to Impact?

Final Report of the *Evaluation of the Social Services and Well-being (Wales) Act 2014 – Summary Report*

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

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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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We established a Study Expert Reference Group consisting of stakeholder organisations across Wales, and we acknowledge the important role they have played in our work. The group was brilliantly run by our three citizen co-chairs – Karen, Margaret and Ana. We wish to thank them for their commitment to the study, and for offering us challenge and an effective sounding board for our ideas throughout. Finally, we want to acknowledge the role of service users and carers in taking the time to speak with us. Often our conversations were overlaid – especially during COVID – with the emotions of people who recognise that whilst things are not perfect, they remain fully committed to wanting to see them improve. We hope that they feel we have represented their views fairly, and that their evidence will help to inform what happens next in the life of the *Social Services and Well-being (Wales) Act (2014)*.

Glossary

Term	Definition
Care homes	Care homes are places of residence for children, adults and (typically) older people. There are two main types of care home (residential and nursing) and people will live in whichever best suits their needs. Care homes may be run by private companies, voluntary or charity organisations, or sometimes by local councils.
Carer	The Act defines a carer as: “a person who provides or intends to provide care for an adult or disabled child...a person is not a carer for the purposes of this Act if the person provides or intends to provide care under or by virtue of a contract.” For the purposes of our study, and therefore aligned with the legislation, the term carer refers to someone who is not paid for their work – those who provide care under or by virtue of a contract are referred to as care workers, or as part of the workforce.
Co-Production	A principle of the Act which aims for people to be more involved in the design and provision of their care and support. It means organisations and professionals working with them and their family, friends and carers so their care and support is the best it can be.
Direct Payments	Direct Payments enable individuals and/or their carers assessed as having eligible social care needs to source care that is tailored to their needs, rather than using existing statutory providers. They are intended to provide greater flexibility, independence, and choice and control over the support people receive.
Domiciliary care	Domiciliary care is defined as the range of services put in place to support an individual in their own home. Services may involve routine household tasks within or outside the home, personal care of the client and other associated domestic services necessary to maintain an individual in an acceptable level of health, hygiene, dignity, safety and ease in their home.
LAs	Local Authorities
Multi-Agency working	A principle of the Act which aims to strengthen joint working between care and support organisations to make sure the right types of support and services are available in local communities to meet people’s needs. The summation of the Act states that there is a requirement for co-operation and partnership by public authorities.
P-FE	Principles-Focused Evaluation
Prevention and Early Intervention	A principle of the Act which aims to ensure that there is access to support to prevent situations from getting worse, and to enhance the maintenance of individual and collective well-being. This principle centres on increasing preventative services within communities to minimise the escalation of critical need.
SERG	Study Expert Reference Group
Voice and Control	A principle of the Act which aims to put the individual and their needs at the centre of their care and support, and giving them a voice in, and control over, the outcomes that can help them achieve well-being and the things that matter most to them.
Well-being	A principle of the Act which aims for people to have well-being in every part of their lives. Well-being is more than being healthy. It is about being safe and happy, having choice and getting the right support, being part of a strong community, having friends and relationships that are good for you, and having hobbies, work or learning. It is about supporting people to achieve their own well-being and measuring the success of care and support.
‘What Matters’ conversation	‘What Matters’ conversations are a way for professionals to understand people’s situation, their current well-being, and what can be done to support them. It is an equal conversation and is important to help ensure the voice of the individual or carer is heard and ‘what matters’ to them.

1. Introduction/Background

- 1.1 The Welsh Government commissioned a partnership of academics across four universities in Wales in conjunction with a group of expert advisers to deliver the evaluation of the *Social Services and Well-being (Wales) Act 2014* (hereafter referred to as ‘the Act’). This Final Report (of which this is a Summary) is a synthesis of the evidence collected over the life of the IMPACT Evaluation Study.²
- 1.2 The independent national evaluation – the [IMPACT study](#)³ – ran from November 2018 to October 2022 and was 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. The partnership also included colleagues from USW, Cardiff Metropolitan, Swansea and Bangor Universities and PRIME Centre Wales, and it was supported by the [Study Expert Reference Group](#) (SERG)⁴ with its three citizen co-chairs.
- 1.3 Our evaluation study as a whole – and the Final Report in particular – represents an independent and objective assessment of the implementation of the Act and the way in which it has impacted the well-being of individuals who need care and support and their carers, and on the system of care in Wales.
- 1.4 The Final Report builds on a series of publications – [Framework for Change](#), [Literature Review](#), [Workforce perspectives on implementation of the Act](#), [Workforce perspectives on implementation of the Act \(post-COVID\)](#), [Expectations and Experiences of Service Users and Carers](#), [Black, Asian and Minority Ethnic service users and carers expectations and experiences](#), and a detailed report on each of the Principles ([Well-being](#); [Prevention and early intervention](#); [Co-production](#); [Voice and control](#); [Multi-agency working](#)), alongside an analysis of the [financial and economic implications of the Act](#) – to form conclusions about our key questions.

² The full Final Report can be found here: [Final report](#)

³ A bilingual introductory film explaining the structure of the study can be found here: [Ffilm gwerthuso'r Ddeddf / Act evaluation film – WIHSC - YouTube](#)

⁴ For more on the SERG, see: [Study Expert Reference Group | University of South Wales](#)

1.5 Identified as ‘...part of a wider transformation programme for social services in Wales’ (Welsh Government, 2013, p.23),⁵ the Act set out the Welsh Government vision to produce ‘transformative changes’ in social service policy, regulation and delivery arrangements across Wales. It has 11 parts and is informed by five principles: well-being, voice and control, prevention and early intervention, multi-agency working, and co-production. Aligned to it are regulations and a series of Codes of Practice.

Approach

1.6 Alongside the five principles, we identified five domains within which the principles of the Act ‘meet’ the people or organisations for whom the Act should be having an impact – individuals in need of care and support, their carers and family members, the communities in which they live, the workforce that supports them, and the organisations who have responsibilities and duties to discharge as outlined by the Act and its associated Codes of Practice.

1.7 The study uses Michael Patton’s Principles-Focused Evaluation (P-FE) approach, a method for evaluating principle-based initiatives in complex and ‘rapidly changing’ contexts (2018, p.4). There are three central questions that are answered in a P-FE evaluation (Patton, 2018, pp.ix):

1. To what extent have meaningful and evaluable principles been articulated?
2. If principles have been articulated, to what extent and in what ways are they being adhered to in practice?
3. If adhered to, to what extent and in what ways are the principles leading to the desired results?

1.8 The Final Report synthesises all the evidence that has appeared in other reports produced during the lifetime of the study, addressing the three P-FE evaluation questions.⁶

1.9 In all, we heard from more than 450 study participants from across Wales, including service user, carer, and workforce groups, all of whom took their time to provide detailed and comprehensive accounts of their experiences under the Act, from a range of perspectives. A range of methodological approaches were used, including

⁵ Welsh Government (2013) *Social Services and Well-Being (Wales) Bill, Explanatory Memorandum* Cardiff – available at: [Social Services and Well-being Act Explanatory Memorandum](#).

⁶ For details of each of the documents, see [Evaluation of the Social Services and Well-being \(Wales\) Act 2014](#).

interviews and focus groups, document analysis, online consensus testing and building (through Group Concept Mapping), and workshops focusing on 'Most Significant Change'. All of this fieldwork generated a significant amount of qualitative data, and a substantial thematic analysis of the evidence gathered was undertaken.⁶

- 1.10 As with any study of this size and complexity, there are limitations to note. These centred on: the lack of comparability of official quantitative data over time (whether due to changes in how existing data items are collected, because new items are being generated for the first time, or due to collection challenges associated with COVID-19); the fact that the voices of certain groups were not as present in the study as we would have liked (such as Welsh speakers and care experienced young people, for example); and the lack of capacity within the public sector to be able to respond to requests.⁷

Context

- 1.11 In his P-FE framework, Patton requires that evaluators work hard to understand the context within which the study is taking place. P-FE focuses on how principles guide the implementation of interventions or programmes in contexts which are complex, uncertain and 'turbulent', and to what end (Patton, 2018, p.viii). For the Act, these contextual 'environments' were focused on policy complexity, social care delivery complexity, resourcing complexity and population needs complexity.
- 1.12 The Act was introduced at a time preceded by years of managerialism and economic rationalism in public policy and service delivery, and discourses associated with competition, individual rights and risk aversion, in a context of spending cuts. It required organisational cultural change in order to more effectively facilitate joint working with people who use services and their carers through power sharing – and to bring about greater integration and connection between agencies and across sectors.
- 1.13 The challenges of the context described above was exacerbated by everything that happened during and after the COVID-19 pandemic. It is not possible to overstate the disruptive force that the pandemic represented and continues to represent, not just in the form of the immediate operational response that required many people to put themselves at significant risk in order to do what they do to offer care and support

⁷ For further information on these, see pp.12-13 in the full Final Report which can be found here [Final Report](#)

to people. There are also 'legacy' impacts like the financial consequences, workforce crisis and increased demand for services.

- 1.14 The Act is a complex form of intervention operating in a complex context, and ultimately needed to be evaluated as such. The context has shifted significantly during the lifetime of the study, and due to this, the evidence we have gathered is not telling a simple or singular story.

2. Conceptualisation: articulating evaluable principles and the Act

- 2.1 The first of our key questions – to what extent have meaningful and evaluable principles been articulated? – was largely addressed through the work we undertook in the [Framework for Change](#), [Literature Review](#), and to an extent the [workforce perspectives on implementation of the Act](#).
- 2.2 The relevance of having clear definitions of the key principles of the Act is that this reduces potential confusion about their purpose or objectives amongst those operating across the different domains of our study (see Paragraphs 1.5 and 1.6 above).
- 2.3 There is scope to determine a more precise definition of well-being with conceptual coherence that reflects the literature underpinning its use in policy. It is important to be clear that while the National Outcomes Framework (NOF) offers insight as to what Welsh Government considers the constituent determinants of well-being to be, this does not constitute a definition of the concept.
- 2.4 In determining what aspects of life contribute to well-being, the NOF operates sufficiently well to guide practice; however, evidence that the framework is deployed to guide practice beyond initial training is scant.⁸ Beyond practice, the definition and guidance around well-being under the Act has implications for how the well-being of people accessing social care is measured, tracked and reported in Wales. Measures of well-being available during the evaluation were insufficient to determine conclusively whether well-being for people accessing social care has changed since the Act was implemented.⁹
- 2.5 Whether we are all using the same ‘bar’ on which to base such judgements is in doubt. We are left with proxies which serve to provide us with clues as to what the principles are. The challenge is that it is often not clear from the Act what is required to embody any one of these proxies. For example, seeing people as ‘assets’ is used as a proxy in the definition of co-production but not even this is precisely defined.
- 2.6 Evidence from this evaluation indicates there are shortcomings in the tools by which to gauge whether, or to what extent, the principles have been effective in enabling interventions that achieve the objectives of the Act. Rather, it identifies ‘hallmarks’ of

⁸ See Lyttleton-Smith et al. (2023) for more on this.

⁹ Ibid.

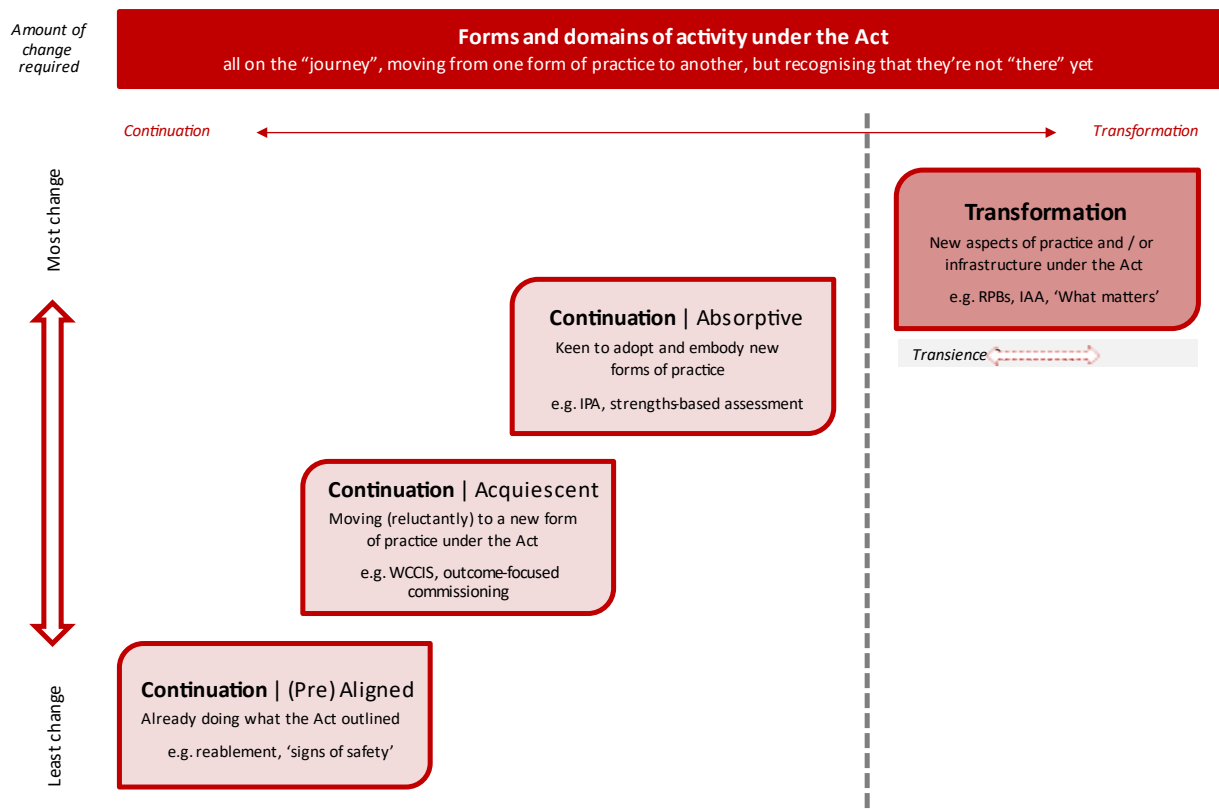
practice and associated values. Thus we are not able to be as definitive about the impact that has been achieved as we would have wanted to be.

- 2.7 The clarity of definitions of the principles is a deficit within the Act, the consequences of which we cover in the next chapter. Yet repeatedly the evaluation data showed support for the principles from service users and carers, and across the workforce. This move towards clarity should not be misunderstood as a call for narrow and absolute precision in definitions at the expense of a more situated and contextual approach, wherein shared values, purpose and approach matter much more than the precise words on a page.

3. Implementation: adhering to the Act's principles in practice

- 3.1 The second of our key questions – *'If principles have been articulated, to what extent and in what ways are they being adhered to in practice?'* – was a key issue explored in the [workforce perspectives on implementation of the Act](#), and also from the perspectives of service users and carers in the ['Expectations and Experiences'](#) report.
- 3.2 From the workforce perspective, we have seen evidence of positive implementation of social services resulting from a focus on the principles. Equally, the general ethos of the Act, giving people more voice and control and approaches such as “what matters” conversations, have helped cross divides that may exist within workforce cultures, albeit not always consistently. This has enabled workers to work beyond prescribed boundaries and explore wider options. The well-being aim of the Act may also have broader positive implications for communities should prevention and early intervention initiatives be developed with clearer understandings of organisational roles in well-being, and a concise, unified understanding of the concept of ‘well-being’ to support this.
- 3.3 In addressing this section’s question, we reflect back on the way we conceptualised the workforce ‘journey’ of implementation, and how it looked in the pre-COVID 19 world (see Figure 3.1 overleaf).
- 3.4 The diagram was an attempt to rationalise the complexity we have seen. It suggests that due to the differential starting points of all of the localities in Wales, 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 to meet the requirements of implementation.
- 3.5 Change in the diagram takes place in two domains. The first domain concerns forms of activity and practice that, 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; Continuation – Acquiescent; Continuation – Absorptive; and Transformation.

Figure 3.1: Perspectives from the workforce about the journey of implementation – Pre-COVID 19



- 3.6 Clearly there have been several ways in which implementation has been successful in translating the principles into practice. The evidence suggests that the five principles offer a valuable ‘interconnected’ framework and that the implementation of the Act is an ongoing journey.
- 3.7 A focus on well-being as an aim for social care services was received as a positive direction by people both accessing and delivering services. It appeared to have positively impacted the working cultures and capacity for innovation of organisations responsible for social care delivery. The concept operates as an ideology that rallies professionals around the individual and families. But there remains a considerable agenda to be worked on, in part because of the way in which COVID-19 has adversely consumed time, attention and capacity away from the focus on translating the Act’s principles into practice.
- 3.8 Impacts of the pandemic on the translation of the principles into practice were many. In some ways, there was a deceleration in implementation, delivery of provision, and integrated working, all of which were set against wider social and economic impacts, and an increase in need. In other ways, there was acceleration in response to the

pandemic. Implementing new ways of working and models of care, and enhancing integration during a time of significant crisis, highlights the resolve and commitment to continue to advance and implement the principles of the Act.

- 3.9 Overall, however, there was a view from the perspectives of service users and carers and from some workforce participants, that implementation has not been as successful as envisaged. There is a disconnect between legislative rhetoric and operational reality.

4. Optimisation: allowing the principles to deliver the desired results under the Act

- 4.1 The final question – *‘If adhered to, to what extent and in what ways are the principles leading to the desired results?’* – is summative in nature, drawing on a range of evidence collected, but in particular the perspectives of service users and carers in the [‘Expectations and Experiences’](#) report, coupled with additional material provided in the reports on each of the principles ([Well-being](#); [Prevention and early intervention](#); [Co-production](#); [Voice and control](#); [Multi-agency working](#)).
- 4.2 There is clear and compelling evidence of incredible amounts of hard work, passion, commitment, adaptiveness and goodwill from stakeholders involved in the Act, given the scale and scope of the challenges facing both the care workforce and unpaid carers. However, there remain challenges for people who use services and carers when it comes to realising the prospects offered by the principles and focus of the Act.
- 4.3 There were positive accounts in our data of an ability to be heard, to influence and have needs met, and often there was acknowledgement of the role of individual social service staff in making this happen. The implementation of assessment tools and processes – supported (or otherwise) by resources and multi-agency working – were key factors shaping how the experiences of service users and carers were enhanced or limited. There is a need to address underlying issues around the balance between the power and control offered to citizens as part of the Act (which includes having greater financial control) and the feelings of disempowerment that can characterise people’s experiences.
- 4.4 Working much more effectively between and within sectors is critically important and the Act has been a positive step in placing greater emphasis on the need for health and social care services to work together. There is evidence that partnership working between social services and health services can work well but was often perceived to be problematic at best and in some cases non-existent, to the detriment of service users and carers. This sometimes manifested itself in the need for service recipients to take on the responsibility for bridging gaps between agencies. From a service user and carer perspective, we see that although the Act was seen as a positive development in promoting greater coordination of services, an absence of effective

multi-agency working in the provision of care and support was more the norm rather than the exception.

- 4.5 Our evidence also suggests that if the key outcomes of the Act are to be delivered, there is a need for greater recognition of the third sector's key role in this work, and for further investment in this sector.
- 4.6 It is not possible to disaggregate the impact of the Act from the impact of the pandemic or other possible influences in relation to the overall well-being of service users. There is also not enough reliable quantitative evidence relating to the measurement of well-being for people covered under the Act to state definitively how well-being has changed for the population of interest. However, what is clear is that the experience of service users and carers, as reported previously, has been directly impacted by COVID-19.
- 4.7 For the majority of service user and carer respondents interviewed for this evaluation, their experience was one of frustration. They perceived a series of barriers which served to work against the experience 'offered' and 'promised' by the Act's underlying principles. These included a relatively 'tokenistic' approach to listening, power imbalances between themselves and professionals, the need to constantly chase professionals for support, and a lack of recognition of their rights especially around issues of cultural sensitivity among others.
- 4.8 Based on this evidence, we suggest there remains a distance between the highly aspirational rhetoric of individual agency under the Act and the extremely complex and, often, imperfect matter of enacting this in individual cases, which can create frustration and stress. This was particularly acute where people in need of services sought to obtain them and found that provision was unavailable or not delivered in a manner that supported their well-being or was unsuitable for them.
- 4.9 There are two important things to say in response to this section's overarching question. The first relates to the initial clause in the question. There had been adherence to the principles in the implementation of the Act to some extent, but the data points to variation in quantity and quality across Wales. Secondly, there have been material and unforeseen contextual factors which have legitimately impeded the extent to which the desired results can be achieved. Our evidence suggests that the Act is providing a framework for a renewed form of practice, but to ascertain the pace towards delivery of the results and outcomes is a hugely complex issue. Limitations

on resources and disparate local provision – alongside external factors outside government control – appear to be preventing people’s experience being optimised. Outcomes are not yet being delivered in the consistent and sustainable way that the Act outlined.

5. From Act to Impact? Recommendations and test questions for transformation

5.1 So, what do we conclude? The bullet points that follow represent the 'story' of our study. They are a series of statements that encapsulate the evidence we have gathered, and the challenge that we conclude now exists in thinking about the Act:

- The legislation, and the principles underpinning it, provides a well-supported framework for change in the practice and delivery of social services;
- 'Journeying' is a consistent and helpful metaphor used throughout the study by people who use services, carers and most particularly the workforce to describe the process of transforming those principles into practice;
- The context within which the Act is placed has altered over time, and in unprecedented ways. Forces around the global public health pandemic, the workforce crisis, and the cost-of-living crisis, combined with longer-term challenges around demography and austerity, have created new and acute realities which either did not exist at all in 2016, or at least not to the same extent;
- The 'place of settlement', where a consensus of optimism and focus about the Act existed in 2016, has been disrupted by all those contextual forces. These uniquely challenging circumstances have forced stakeholders away from that place of settlement;
- There is clear and compelling evidence of the incredible amounts of hard work, passion, commitment, adaptiveness and goodwill from all stakeholders given the scale and scope of the challenges facing both the care workforce and unpaid carers, but there is also clear and compelling evidence of the problems that remain within the system. The Final Report, however, is not a story of attribution – the situation is contested, complex, nuanced, and messy without simple explanations and straight-forward solutions;
- The evidence demonstrates that we can be most positive about how the Act was conceptualised; the evidence suggests we can be less positive and slightly more challenged in considering the implementation, and less positive again, given the contextual challenges outlined, in thinking about service delivery and optimisation across the whole system;

- There are consistent and cross-stakeholder strengths identified in the phase of the Act's life when it was being formulated and conceptualised (as enacted). There is a largely positive, but somewhat mixed picture about the phase when the Act was translated from legislation 'on a page' into delivery (as practised). There is a much more negative perspective offered from service users and carers unable to achieve the desired results from the care and support they received as consistently as they would want (as experienced);
- Due to this, our study concludes there is a growing sense of divergence in practice and outcomes away from the original vision of social services as portrayed by the principles – where social services play a role in supporting individual and collective well-being, where teams of practitioners work together across agencies to provide people with opportunities to express their wishes, exercise control over their future, and co-produce their outcomes when, and only when, preventative measures are no longer able to keep them away from the doors of social services;
- This has resulted in a number of people interviewed for this study feeling a sense of disconnect from the promise of those principles, attributable in part to the factors that have impacted on social services since the Act's instigation, and frustration had built around this;
- The series of 'test questions' (see below), identified through the analysis undertaken by the study team, provides a platform for renewal and re-focus around the core principles of the Act. Our recommendation is that these questions can be a vehicle to support dialogue amongst stakeholders in order to invigorate and revitalise the vision the Act lays out post-COVID; and
- The journey towards the realisation of the ambitious aim of the Act is not complete, as expressed universally in the view of the participants of this study. The question is, therefore, what does the next stage in that journey look like, who needs to take it, to where does it lead, and when will we know when we have arrived?

'Test questions' mapped to the strategic intentions of the Act

5.2 Building on this, we have identified 19 questions which are arranged and mapped to eight of the strategic intentions of the Act. These questions are borne out of the analysis and synthesis of the total evidence we have collected, and each question builds on areas of limitations identified within that evidence.

- 5.3 They are framed as open questions for the sector to contemplate ahead of whatever the next steps in the journey will look like:

Strategic Intention 1: Providing help and support to people to assess their needs and organise and secure the care and support services they require

What needs to be done to ensure there is improvement in the:

1. delivery of social care such that it reinforces compassionate, relationship-centred forms of care and support services?
2. way that assessments for social care support are undertaken, when, and by whom so that they are better able to deliver the best possible well-being outcomes for individuals and carers?
3. sufficiency, appropriateness and sustainability of funding so that everyone who has needs as defined by the Act can be supported and cared for?
4. workforce recruitment and retention, to ensure workforce quality, sufficiency and sustainability?

Strategic Intention 2: Creating systems and approaches that put the citizen's view first, are based on genuine co-production and give people more control over their lives and their care and support to achieve better outcomes for their well-being

What needs to be done to ensure there is improvement in:

5. local government mechanisms and accountability for achieving people's rights under the Act without having to resort to an adversarial complaints process?
6. the agency of citizens ensuring that the voices of those seldom heard and often marginalised resonate, leading to a step-change in their experiences?
7. the range and quality of innovative forms of citizen-directed support available under the Act including, but importantly not limited to, Direct Payments?
8. support for those principled and motivated individuals who are in a position to champion and help embed co-productive practice?

Strategic Intention 3: Placing the well-being and prevention agenda at the heart of strategic planning, commissioning and delivery of services; and Strategic Intention 6. Creating an effective interplay between well-being, prevention, co-production, assessment, eligibility and support

What needs to be done to ensure there is improvement in the:

9. understanding of underlying issues and causal factors to inform prevention strategies in social care alongside effective models, resources and organisational cultural shifts?
10. balance between the sometimes competing tensions of the duty to provide locally determined provision to meet social care needs (as identified by the Population Assessments and defined in Area Plans), and the importance of providing 'universal' social care provision irrespective of geography which avoids a 'postcode lottery' being perceived?
11. refreshing and redefining the interconnected thinking underlying the key principles of the Act, to re-engage people and keep the principles dynamic?

Strategic Intention 4: Producing a whole system change and the creation of new models of care and service delivery

What needs to be done to ensure there is improvement in the:

12. development of a culture of innovation, creativity and quality improvement, rather than just of compliance?
13. role and status that social enterprises and co-operatives have under the Act in order to better support individuals, carers and communities?
14. extent to which good practice, and system knowledge 'travels' across Wales?

Strategic Intention 5: Adopting a 'whole' local area approach, based on meaningful engagement, to understanding and meeting the needs of the local population and Strategic Intention 8: Ensuring access to good information, advice and assistance for people to find universal services available in the community

What needs to be done to ensure there is improvement in the:

15. quality, range, consistency, and implementation of data collection, analysis and interpretation in order to inform quality improvement and service development?
16. population planning and engagement processes that meaningfully engage local populations about needs?
17. information, advice and assistance that service users and carers have prior to, and on entry to the social care system, alongside an understanding of their rights under the Act, so that their expectations are appropriately managed?

Strategic Intention 7: Achieving integration of local government services and between local authorities and their partners, particularly the NHS, to achieve better outcomes for individuals, carers and communities

What needs to be done to ensure there is improvement in:

18. multi-agency working and practice (including safeguarding), and in the practices of remote and distant working for some forms of interaction?
19. technological solutions that enable people to live independently, especially in a post-pandemic context of system pressures and workforce shortages?

Concluding remarks

- 5.4 The Act's framework was established to enable transformational policy, organisational and system-level change, leading to change in the delivery of care and support. The outcome of all of this activity would be reflected in the experiences of those receiving care and support, and over time, lead to enhanced well-being of service users and carers, and the attainment of sustainable social services.
- 5.5 We have to conclude that, on the basis of the evidence that has been collected over the last four years, these destination points have yet to be reached at a system wide level, although there have been significant forces that have served to delay and divert people along the journey.
- 5.6 The question now really concerns the extent to which the sector as a whole believes that in addressing our test questions together, it may be possible to restate a common purpose. If so, the full realisation of the principles offers the willing traveller the map and guidebook as to how this can be achieved.

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