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Prevention and Early Intervention

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

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

Prevention and Early Intervention

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Glossary

Acronym/Key word	Definition
Advocacy / advocate	Advocacy services can help people to access information and services, get involved in decisions about their lives, explore choices and options, and express their wishes and needs.
Annual Director of Social Services reports	A report required under the <i>Social Services and Well-being (Wales) Act 2014</i> and the <i>Regulation and Inspection of Social Care (Wales) Act 2016</i>
Co-Production	The Act 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.
CP	Council plans
IMPACT	Independent evaluation of the Implementation of the Social Services and Well-being Act
IAA	Information, Advice and Assistance
LAs	Local Authorities
Multi-agency working	The Act 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.
P-FE	Principles-Focused Evaluation
Prevention and Early Intervention	The Act aims to ensure that people can ask for the help they need when they need it to prevent their own situation from getting worse, and carers can access support to assist them in their caring roles and maintain their own well-being.
SERG	Study Expert Reference Group
SSWBA	<i>Social Services and Well-being (Wales) Act 2014</i>
Voice and Control	Voice and Control is a principle of the Act which aims to put the individual and their needs at the centre of their care and support, using their 'voice and control' over the outcomes that can help them achieve well-being and the things that matter most to them.
Well-being	The Act 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.

Acronym/Key word	Definition
WBFGA	<i>Well-being of Future Generations (Wales) Act 2015</i>
WIHSC	Welsh Institute for Health and Social Care, part of the University of South Wales.

1. Introduction

- 1.1 The Welsh Government commissioned a partnership of academics across four universities in Wales and expert advisers to deliver the evaluation of the *Social Services and Well-being (Wales) Act 2014* (SSWBA) (hereafter referred to as ‘the Act’ or ‘SSWBA’).
- 1.2 The independent national evaluation – the [IMPACT study](#)⁴ – has been running since November 2018 and is led by Professor Mark Llewellyn, Director of the Welsh Institute for Health and Social Care (WIHSC) at the University of South Wales alongside Professor Fiona Verity, Professor of Social Work and Social Care, Swansea University.
- 1.3 The partnership also includes colleagues from Cardiff Metropolitan and Bangor Universities and PRIME Centre Wales, and it is supported by the [Study Expert Reference Group](#) (SERG)⁵ with its three citizen co-chairs.

Context

- 1.4 The Act sets out the Welsh Government vision to produce ‘transformative changes’ in social service policy, regulation and delivery arrangements across Wales. These changes are informed by five principles embedded across the Act’s 11 parts. Aligned to it are also structures, processes and a series of Codes of Practice.
- 1.5 It is important to note the nature of the principles and how they are manifested in the experience of service users, carers and the workforce. The five principles do not operate in isolation – they are inter-related and inter-connected. There are overlaps between the underpinning philosophy of each, and as such in the experiences of people it is sometimes difficult to isolate one principle from another.
- 1.6 For example, it is almost impossible to conceive of how co-production, as a principle, can operate without first ensuring that people have voice and control over their care and support. Similarly, prevention often requires that a multi-agency ‘offer’ will be in place for people in order that prevention of crisis can occur. Finally, all of the principles ultimately aim to deliver better well-being outcomes for people, which is a principle itself.

⁴ A bilingual introductory film explaining the structure of the study can be found here: [Ffilm gwerthuso'r Ddeddf / Act evaluation film – WIHSC - YouTube](#)

⁵ For more on the SERG, see: [Study Expert Reference Group | University of South Wales](#)

- 1.7 As such, when reading this report, whilst it is focused on a single principle, there are occasions below when evidence concerning other principles is referenced. This reflects the inter-connected nature of the principles as noted above. Such evidence will be synthesised in the Final Report which draws material from this, and the reports produced on the other principles.
- 1.8 Alongside the five principles, we have 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 associated Codes of Practice.

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

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

1.9 The overall evaluation study 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. In order to bring this about, we draw upon the approach espoused by Michael Patton (2018) in his ‘Principles-Focused Evaluation’ (P-FE) framework which we are using as the theoretical and conceptual underpinning of our study.⁶ There are three key questions that Patton encourages us to consider as part of any P-FE (2018, pp.27-29):

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?

⁶ For more on P-FE see Patton, M. Q. (2018). *Principles-Focused Evaluation - The GUIDE*. New York: Guilford Press. For how P-FE relates to this study, see Chapter 2 in Llewellyn M., Verity F., Wallace S. and Tetlow S. (2022) *Expectations and Experiences: Service User and Carer perspectives on the Social Services and Well-being (Wales) Act*. Cardiff. Welsh Government, GSR report number 16/2022. Available at: [Evaluation of the Social Services and Well-being \(Wales\) Act 2014: expectations and experiences | GOV.WALES](https://gov.wales/evaluation-of-the-social-services-and-well-being-wales-act-2014-expectations-and-experiences).

3. If adhered to, to what extent and in what ways are the principles leading to the desired results?

1.10 There is a clear connection between Patton’s questions, the areas for inquiry in our study, and the five principles underpinning the Act. These connections are considered in detail on a principle-by-principle basis in a series of reports, of which this is one. This report focuses on the principle of prevention and early intervention and has been authored by a sub-team within the IMPACT evaluation study group who have a special interest and expertise in this topic.

The principle of prevention and early intervention

Prevention is at the heart of the Welsh Government’s programme of change for social services (Welsh Government, 2015a; 38).

1.11 The SSWBA specifies principles, requirements, and an architecture for preventative and early intervention initiatives. The general prevention duty under the Act is described in Section 15:

“Section 15: The purposes are—

- (a) contributing towards preventing or delaying the development of people’s needs for care and support;*
- (b) reducing the needs for care and support of people who have such needs;*
- (c) promoting the upbringing of children by their families, where that is consistent with the well-being of children;*
- (d) minimising the effect on disabled people of their disabilities;*
- (e) contributing towards preventing people from suffering abuse or neglect;*
- (f) reducing the need for—*
 - (i) proceedings for care or supervision orders under the Children Act 1989,*
 - (ii) criminal proceedings against children,*
 - (iii) any family or other proceedings in relation to children which might lead to them being placed in local authority care, or*
 - (iv) proceedings under the inherent jurisdiction of the High Court in relation to children;*
- (g) encouraging children not to commit criminal offences;*
- (h) avoiding the need for children to be placed in secure accommodation*
- (i) enabling people to live their lives as independently as possible” (Welsh Government, 2014; 12-13).*

1.12 To advance prevention, local authorities and health boards are required to undertake the following strategy actions: ‘contribute to’; ‘reduce’; ‘promote’; ‘minimise’; ‘encourage’; ‘avoid’ and ‘enable’. Both the general prevention purpose (Section 15 -2) and Section 16 of the Act describe a focus on service user participation in planning, design and delivery of services/programmes, community development and support for third/not for profit sector development:

“Section 16: Promoting social enterprises, co-operatives, user led services and the third sector

(1) A local authority must promote—

(a) the development in its area of social enterprises to provide care and support and preventative services;

(b) the development in its area of co-operative organisations or arrangements to provide care and support and preventative services;

(c) the involvement of persons for whom care and support or preventative services are to be provided in the design and operation of that provision;

(d) the availability in its area of care and support and preventative services from third sector organisations (whether or not the organisations are social enterprises or co-operative organisations).” (Welsh Government, 2014; 14)

1.13 The Act provides high level directives. The detail of what is to be done is explained in Part 2 Code of Practice (General Functions) (Welsh Government, 2015a). The Code unpacks the processes and strategies aligned with a prevention duty more comprehensively:

“The duty to promote means that local authorities must take a proactive approach to planning and delivering models that will meet the well-being needs of all people – children, young people and adults – in promoting models which are based on social values. Personal outcomes underpin the whole system, and the development of any type of service must always focus on this aim, as set out in chapter 1.” (Welsh Government, 2015a; 47)

1.14 Furthermore, the Code sets out an agenda for local participatory planning, cultural change about where and how services are designed and delivered, and the landscape of care provision marked by more not-for-profit social care provision and greater diversity of models of care. Innovation, creativity, active citizenship, participation and collaboration are required. The emphasis is placed on social value.

Regional social value forums are to be co-developed between local authorities and local health boards, and these are to produce triannual reports. Other prevention related requirements under the Act include:

- *local authorities to identify what services in their area can assist with the above.*
- *local authorities can work with other local authorities to perform preventative work.*
- *care and support to include support for carers.*
- *local authorities to support the establishment of social enterprises, user led services and social enterprises.*
- *local authorities to secure the provision of social care and support information and advice service and help people access care and support (Welsh Government, 2014; 12-15).*

Purpose and scope

- 1.15 This report on the principle of prevention and early intervention draws material from both the published literature review⁷ and new evidence from a document analysis of key publications.
- 1.16 As noted above, the report will primarily focus on prevention and early intervention, but there may be reference to the ways in which some of the other principles of the Act (co-production, voice and control, multi-agency working and well-being) inter-relate with prevention in the evidence considered here.
- 1.17 This content provides a window into the way in which prevention duties under the SSWBA were being framed and implemented at a point in time. More formally we have addressed two research questions, both of which follow the overall IMPACT Study Principles Focused Evaluation (P-FE) framework (Patton, 2018). Question 1 has a focus on interpretation and guiding ideas, and Question 2 is about how prevention and early intervention objectives are being implemented.
- Q1. Across Wales, how are local authorities interpreting the SSWBA in relation to prevention and early intervention and what conceptual frameworks are being used to guide the implementation? (Interpretation and thinking)

⁷ Verity, F., Read, S. and Richards, J. (2020). 'Chapter 3: Prevention and Early Intervention Literature Review'. In Llewellyn, M., Verity, F. and Wallace, S. (eds), *Evaluation of the Social Services and Well-being (Wales) Act 2014: Literature Review*. Cardiff. Welsh Government, GSR report number 60/2020. Available at: <https://gov.wales/evaluation-social-services-and-well-being-walesact-2014-literature-review>

- Q2. How are local authorities implementing prevention and early intervention agendas? For instance, are local authorities directly providing the required range and level of services themselves, or if not, what are the arrangements being put in place to meet requirements under the Act? On what basis are decisions being made about preventative service arrangements and who is involved?

(Implementation)

1.18 The scope of this report is to draw the evidence around prevention and early intervention together, providing a focal point on this principle for those who may be interested in it. We draw such themes together in the summary of this document (Chapter 5) and provide recommendations that are specific to prevention and early intervention. These need to be seen in the context of the overall findings, conclusions and recommendations made in the Final Report (Llewellyn et al., 2023).

2. Methodology

- 2.1 The methodology for the previously published literature review can be read in detail in that document.⁸ The review provides a contemporary picture of the prevention and early intervention agenda and helps to contextualise the findings reported here alongside evidence from the rest of the United Kingdom and internationally.
- 2.2 This report outlines the findings from a document analysis performed on Welsh local authority Annual Director of Social Services Reports, as well as Council / Corporate Plans or updated Performance Reports outlining progress against them. Both documents are statutory reporting requirements for local authorities, linked with both the SSWBA (Welsh Government, 2014) and the *Well-being of Future Generations (Wales) Act 2015* (WBFGA) (Welsh Government, 2015b).
- 2.3 Issued under Section 145 of the SSWBA, the *Code of Practice on the role of the Director of Social Services (Social Services Functions)*, sets out the prescribed format and content of the Director's Annual Report. For example, the report must describe and evaluate what the local authority has achieved against its set annual objectives and government specified quality standards related to the aims of the Act, and outline pathways to improvement. Objectives for the forthcoming year are to be included in the report (2016, p.14-15).
- 2.4 Document analysis was selected as the methodology given that the public-facing reports and plans would, by their nature, demonstrate how local authorities are: i) interpreting and conceptualising prevention and early intervention, ii) discursively reproducing the ideas of prevention and early intervention, and iii) implementing preventative services in the context of legislative requirements.
- 2.5 With these documents being public-facing reports intended to outline local authority progress over time, the methodology of document analysis was specifically chosen to interrogate interpretations of prevention and early intervention within them.
- 2.6 As noted above, the Annual Director of Social Services Reports have a prescribed, standardised format and content, with specific topics and areas mandated for inclusion. Findings are reported in relation to these documents mindful of these prescriptions.

⁸ Verity et al (2020), op. cit.

2.7 The analysis was predominantly exploring discursive representations of prevention but owing to the interconnectedness between this and other related concepts such as co-production, well-being, service design and commissioning strategies, an inclusive approach was taken. In addition, local authority material on the measurement of prevention and existing performance measures collected by Welsh Government, is included in the report and the analysis.

Document analysis study methods

- 2.8 The SSWBA specifies that '*...a local authority must prepare and publish an annual report about the exercise of the social services functions of the authority in respect of that year*' (Welsh Government, 2014; 119). This is also specified under the Regulation and Inspection of Social Care (Wales) Act 2016 (Welsh Government, 2016). A total of 22 Annual Director of Social Services Reports and 22 Council/ Corporate Plans or Performance Reports were included for analysis and uploaded to QSR NVivo.
- 2.9 All documents used in this analysis were publicly available and downloaded from the 22 Welsh local authority websites or requested via e-mail if not uploaded. Given that data reported here are taken from open and public sources, no attempt has been made to anonymise the local authorities. Due to the analysis coinciding with the COVID-19 pandemic, the availability of the most recent Annual Director of Social Services Reports (2019/20) was not consistent throughout the sample. Where reports were unavailable, the previous year's report was included for analysis as a substitute. Given the large overlaps between Council/ Corporate Plans and the Performance Reports measuring progress against them, these documents were largely included interchangeably based on which had been most recently published.
- 2.10 Developed from a literature review undertaken by the study team (Verity, Read and Richards, 2020)⁹, the pre-existing thematic framework used for analysing the documents outlines a set of themes about prevention. It covers underpinning ideas, theories and principles associated with preventative activity (e.g., universal, selective and indicated prevention tiers), the types of activities (i.e., programmes, services, initiatives, projects) associated with this, links to other legislation or documentation guiding interventions, and commissioning or delivery of prevention.

⁹ Section 4 provides further detail on the findings of this literature review.

- 2.11 As the analysis progressed, the framework was developed to incorporate new themes emergent from the documents, as well as the relationships existent between aspects of the framework. This process aligned with the principles of Framework Analysis, including regular meetings between the research team to validate coding processes and the rationale behind any new additions to the framework (Ritchie & Spencer, 1994). Table 2.1 shows the prevention coding framework used for this document analysis. Analysis was a recursive dialogical process between the team members as we discussed interpretations of the document material.
- 2.12 There are limitations to this work. Firstly, as mentioned above, there were inconsistencies in the sample of reports due to pressures associated with COVID-19 impacting some local authorities' publication plans. This meant that not all reports were from the same year and that themes associated with the pandemic were prevalent in only a proportion of the sample. Furthermore, this is only an examination of the content of a small number of publicly available documents at a point in time, and not a comparison over time. As such, this report offers a snapshot of preventative plans and activity in each of the studied local authorities, but not any evaluation data of overarching progress towards their stated aims and objectives.
- 2.13 Relatedly, often the reports signalled reference to other documents such as defined frameworks, standards, population needs assessments, market stability reports, legislation, audit reports, service area plans, social justice strategies and more. For instance, large sections of the planning documents were dedicated to outlining specific council activities and how these dovetailed with the wider well-being goals associated with WBFGA. We were limited in the extent to which we could examine this complimentary material. However, additional reviews of some of these documents were performed on an ad hoc basis to better appreciate and contextualise the content under review. Finally, the documents mentioned a rich array of prevention-related initiatives, but it was outside the scope of this work to examine these in more depth. We did look to the wider literature for evidence on some of the stated prevention programmes, like 'Dementia Friendly Communities' and 'Signs of Safety', and this is explained in the report. As such, this review does not offer findings around how the stated prevention interventions were experienced in practice, nor detailed consideration of their impacts and outcomes.
- 2.14 Finally, this is one source of data about prevention and early intervention and compliments material drawn from IMPACT evaluation interviews with social care

service users, carers, and members of the social care workforce. The final report considers the full range of methods used by the study, while this focusses specifically on the document analysis.

Table 2.1: Prevention Coding Framework

Prevention Theme
A. Prevention Conceptualisation
• Upstream/ Primary/ Universal/ Selected/ Indicated
• Midstream/ Secondary/ Universal/ Selected/ Indicated
• Downstream/ Tertiary/ Universal/ Selected/ Indicated
• Focus/ Individual/ Community/ Population
• Principles (named)
• Future Time Horizons
• Links to Public Health
• Conceptual variations
• Social Capital & Asset Building
• Values-Based
B. Prevention Service Type
• Re-enablement
• Community development
• Community Hubs
• Community Businesses
• Direct Social Work Activity - Individual
• Social Enterprises
• Carer Focussed Initiatives
• Cooperatives
• Information provision/ Education/ Advice
• Short-term prevention projects
C. Measurement
• Population wide measures
• Cost saving measures
• Measurement issues
• Project-specific measures
D. Co-Production
E. Design & Planning
F. Delivery
G. Commissioning
H. Integration with other sectors

3. Findings – literature review

3.1 To set the document analysis further in context, below are a series of summary points drawn from the prevention literature review which are of relevance:

- Prevention in social care is defined in many ways, with concepts around it loosely applied. This has resulted in a range of preventative social care approaches focussed on individual, community and structural engagement. Some authors have argued that in social care practice there is less focus on upstream or universal prevention initiatives than more targeted initiatives.
- Prevention is implemented for a range of different, but not mutually exclusive, reasons. These can include social justice principles, as well as the view that prevention is a way to save money and reduce demand for more costly services. As a counterpoint, many authors argued that prevention should not be seen as a cost-neutral activity but an approach that requires ongoing investment.
- The evidence base around prevention across social care is argued to be underdeveloped, and where evidence is in place it can be underused or overlooked. There are also issues around gathering evidence for prevention given that its main purpose is to stop things from happening and that interventions vary across localities, both of which make meaningful comparisons difficult. Additionally, there is a lack of quality studies exploring these issues in depth.
- There is a range of ‘future time horizons’ within prevention. Some authors have argued that there needs to be both a longer-term future focus alongside a shorter-term focus which is closer to the immediate social care needs and everyday realities of people, families and communities.
- There is an acknowledged need for stronger and more focussed commissioning frameworks that support evidence-based decisions on resourcing preventative initiatives (Verity, Read and Richards, 2020).

4. Findings – document analysis

4.1 In this section of the report, we provide summaries of the key findings from the document analysis. The material is organised using the following subheadings: a) prevention intentions, b) interventions, c) conceptualisation, d) co-production, design and planning, e) commissioning and resourcing, f) interdependence of activities, g) measurement and accountability and h) COVID-19.

Prevention intentions

4.2 We examined prevention discourses in the documents with an eye to what was conveyed about the intentions or purpose of prevention and early intervention. The commitment to prevention and early intervention is seen across the document set. An example of how this is framed is given below:

“The investment in prevention and early intervention, and strong localities and communities, is essential to mitigate the barriers that are experienced by the children and families, adults with ill health and disabilities and older people who we work with. Cardiff Council demonstrates this through policy commitments and the priority afforded to prevention and Social Services within budgets even in the most austere of times.” (Cardiff Social Services Annual Report, 2019; 8)

4.3 Unsurprisingly, given the SSWBA specifies duties on local authorities, there is a close linguistic mirroring of the Act and Code of Practice in for example, the deployment of language of wellbeing, person centred care, reducing need for care and support, and the place of partnerships in preventative work. Examples from the reports of four local authorities illustrate this:

“This report has been developed in line with the Social Services and Well-being (Wales) Act 2014...The Act aims to provide the most radical change to the way in which Social Services is provided since 1948. It focuses on improving the well-being of people who come to Social Services for support. It is person centred and focuses on prevention and reducing the need for care and support. It recognises that responsibility lies not only within Social Services Departments, but also within the wider Local Authority and with partners (particularly Health and the Third Sector).” (Blaenau Gwent Social Services Annual Report, 2019; 1)

“Providing the right support, in the right place, at the right time can make a real difference while ensuring individuals and families can thrive. A people-centred

approach with a focus on prevention and wellbeing helps ensure we support people to lead independent lives. It also reduces the likelihood of becoming dependent on council services. By building on our track record of working with the third sector and private sector, we can support communities to develop their own approaches to local issues.” (Bridgend Annual Report, 2019; 25)

“The main challenge for us as a service is the success of reaching people who are in need of support; the volume of families benefitting from our Family Support Teams is greater than expected. We are being smart in the way that we use our resources and are maximising opportunities to work in partnership and with the local community to meet this demand.” (Conwy Social Care Annual Report, 2020; 43)

“The Hub is a single point of contact for professionals, families & young people to access early help across Flintshire. The aim being to support families with the right help, at the right time from the right service. The Early Help Hub which was established in 2017, is a partnership between Flintshire County Council, North Wales Police, the Health Board and Flintshire Local Voluntary Council. The Hub is a key initiative in our investment in preventative family services.” (Flintshire Social Services Annual Report, 2020; 21)

- 4.4 The need for change and the magnitude of change to meet the needs of these times and those ahead, is commonly mentioned. The prevention agenda is a response to the complex and interconnected contextual issues facing Wales, including population changes and declining budgets. These extracts from the plans of Wrexham and Torfaen highlight these contextual pressures:

“Over the past few years all public services have faced budget cuts on a scale they have never experienced before and the council and its partners are continuing to take difficult decisions as to how to best plan and deliver services. The combined impact of all of these difficult decisions means that public services are changing. Services which people took for granted five years ago may soon no longer be available, be means tested, or delivered in a completely different way.” (Wrexham Council Plan, 2019; 3)

“Between 2011 and 2021, the council expects to have made more than £63 million in savings. By 2021 the population of Torfaen is expected to be 92,769 with 19,928 over 65s and 13,457 school age children (5-16 years old). We have

an ageing population putting pressure on health and social care service.”
(Torfaen Corporate Plan, 2016; 3)

- 4.5 A further sense of these pressures is apparent in both Carmarthenshire and Pembrokeshire Councils' Director of Social Service's Annual Report:

“Over the coming years if there is no national solution the authority will have to have a fundamental debate on how to best meet the needs of the growing number of older people. The service cannot meet the needs generated by the changing demographics without either reducing service provision or funding services at significantly higher rates.” (Carmarthenshire Annual Statutory Director's Report on the Performance of Social Services, 2019; 44)

“As in previous years we have faced significant financial pressures. In 2019/20 we needed to deliver against a cost reduction programme of over £6 million across the department. Our preventions and demand management work along with many other initiatives are supporting us to reduce waste and implement more efficient ways of working whilst we strive to improve service user outcomes.” (Pembrokeshire Annual Report of the Statutory Director of Social Services, 2019; 3)

- 4.6 Prevention in many of the reviewed documents is described through the language of stopping problems from becoming larger or more complex matters by intervening early, again mirroring the SSWBA Code of Practice (Welsh Government, 2015a; 38). Examples of this discourse are shown below:

“The more that can be done where possible to prevent people from having to enter residential care by providing alternative means of support in the community the better.” (Rhondda Cynon Taf Social Services Annual Report, 2019; 22)

“Practitioners work directly with children, young people and their families and carers to stabilise arrangements which may be at risk of breaking down and prevent escalation.” (Powys Director of Social Services Annual Report, 2020; 19)

“The preventive and early intervention work undertaken by the Council and our partners is at the heart of our work...The health and well-being of residents is also important for preventing people having to require acute services and reducing the demand for Council and health services in the long term.” (Newport Annual Report, 2020; 31)

- 4.7 Another common thread across the documents is the language of the promotion of independence, the corollary of which is reducing dependency, as seen in the examples below.

“The Reassessment Project continues, we have appointed an experienced Occupational Therapist to take the project to the next stage which is a review of citizens who have complex needs and packages, with a view to see if we can reduce dependency on care and support with specialist equipment.”
(Denbighshire Director of Social Services Annual Report, 2019; 20)

“This unit is responsible for promoting the independence and well-being of Gwynedd residents by providing timely and high-standard alterations to the homes of children and adults with physical disabilities.” (Gwynedd Council Plan, 2021; 89)

“We will further develop our intermediate care services to enable more people to retain and regain their independence by implementing the hospital to home recovery model.” (Neath Port Talbot Council Corporate Plan, 2019; 32)

- 4.8 Well-being was one of the most coded themes within the framework, with both document sets referencing it, even if only in relation to the WBFGA and the associated measurement of well-being objectives and goals identified in Council Plans. The innumerable projects and initiatives outlined within the reports are founded on the notion that improved population-wide well-being will result in less demand for social services. The agenda of reducing service use demand, including that for tertiary care runs through many of the documents reviewed.

“Overall, we are proud to report that our asset-based approach across our whole service has led to drop in the number of citizens requiring council funded care and support. This is better for citizens, in maintaining independence and for the Council, in reducing demand on our limited budgets.” (Denbighshire Director of Social Services Annual Report, 2019; 18)

“One of our aims is ‘to reduce demand by investing in targeted early help and intervention programmes’. During 2018 to 19, we continued developing our approach and improved well-being by delivering community-based initiatives focusing on early intervention and prevention.” (Bridgend Annual Report, 2019; 34)

4.9 For most councils, however, the discourse of well-being extended beyond this into a diverse range of interventions including housing support, independence for older people, co-produced and individualised ‘what matters?’ conversations, community-based initiatives or support groups, information provision, and ties to reduced demand on services. As well as these above intentions for prevention, there were narratives about prevention and early intervention as a route to responding to poverty, as seen in the examples below:

"The tackling poverty agenda continues to be a focus across the County Borough and is led through a strategic group of not only the council, but also its partners in Health and the Third Sector. However, we are clear that early intervention and prevention in partnership with our communities provides the best possible solution to a range of the challenges we face as a local authority." (Merthyr Tydfil Annual Report on Social Services, 2020; 4)

"Child and Family Services and the Poverty and Prevention service have worked together to develop a dedicated Early Help Team that supports families with children with additional needs and disabilities. This specialist resource will offer families a better response to their needs without unnecessary recourse to statutory services." (Swansea Annual Report of the Chief Social Services Officer, 2018; 42)

4.10 Social capital and asset building are a conceptual lens for actions to respond to poverty and inequality and for building individual or community resilience. Many of the councils that directly mentioned social capital defined it in such terms, though similar discursive threads were also noted in relation to concepts of empowerment, independence / reablement, and ideas of social justice (e.g., Monmouthshire). It was noted that while direct discourse of social capital was relatively muted in the analysed document set, regional Well-being Plans appeared to offer greater theoretical depth on the underpinning logic. On this basis, there were very close associations between the fostering of social capital, co-production and emotional well-being. These aspects are highlighted in the following extracts:

"Local authorities have a role to play in helping individuals and communities to develop social capital. There is growing recognition that although disadvantaged social groups and communities have a range of complex and inter-related needs, they also have assets at the social and community level that can help improve health and strengthen resilience." (Bridgend Corporate Plan, 2021; 14)

“The priorities seek to strengthen and develop the social capital of communities to ensure sustainability and resilience.” (Neath Port Talbot Corporate Plan, 2020; 28)

“We will cultivate social capital and promote access to opportunity and in so doing, will work towards better physical and mental health and social care outcomes.” (Monmouthshire Corporate Business Plan Annual Report, 2019; 34)

Interventions

- 4.11 The variation of prevention activity is evident. At one level there is a common pattern that the same prevention interventions appear in local authority annual reports, with Information, Advice and Assistance Services (IAAS), advocacy, reablement and rehabilitation, support for carers, preventative services for children and families, and safeguarding actions commonly repeated between localities. These initiatives appear to have been driven by their inclusion in the SSWBA Code of Practice.
- 4.12 Common too is implementation of programmes, or evidence-based interventions, that were originally developed in other places / contexts. Examples of the latter as seen in the documents reviewed, are ‘Care Closer to Home’, ‘Dementia and Age Friendly Communities’, ‘Community Connectors’, ‘Local Area Co-ordination’, ‘Team around the Family’, ‘Mental Health First Aid’, ‘Golden Thread Advocacy Programme’, ‘Care to Co-operate’, ‘Signs of Safety’, ‘Think Safe’, ‘Stay Steady, Stay Safe’ - a falls prevention programme, and ‘Recovery oriented services’. Some of these are national Welsh programmes, with others being interventions originally implemented outside Wales.
- 4.13 Many of the replicated interventions have underpinning logic models and theoretical frameworks that guide the work. For example, local area co-ordination is a model of locality-based, asset-based community development, that originated in Australia in the 1980s (Lunt, Bainbridge and Rippon, 2021). It incorporates familiar community development processes: strengthening people’s links and networks, and mobilising local assets, resources and energy for change. There is an evidence base (including data collected in Wales) about local area co-ordination and the positive impact for individuals and collective impact (Local Area Co-ordination Network; Swansea University, 2016). An example of a comprehensive community

development programme is described in the 2019 Anglesey Local Authority Annual Report, an extract from which is below:

“Local Asset Co-ordinator project is a community-based approach encouraging adults and their families to take the lead in developing their own support systems whilst focusing on their strengths and abilities. It is essentially a preventative model but is now proving beneficial also to those who may already be in receipt of statutory services.” (Isle of Anglesey Annual Directors Report on the Effectiveness of Social Services, 2019; 14)

- 4.14 A further example is within the Director of Pembrokeshire’s Annual Report, with the innovative and creative use of community development to support small business generation:

“Care Inspectorate Wales noted that the Council has invested in prevention services and that this budget should ensure a longer-term reduction in demand. They highlighted the development of the community catalyst approach to support the development of very small businesses, which will offer greater choice and flexibility to Direct Payment users.” (Pembrokeshire Annual Report of the Statutory Director of Social Services, 2019; 15)

- 4.15 ‘Care Closer to Home’ is a Welsh initiative that attracted financial investment from Welsh Government. Dementia Friendly communities is an international and UK wide initiative; many Wales local authorities are listed as active dementia friendly communities on the Alzheimer’s Society website. The globally focused World Dementia Council has been compiling the evidence base for these types of interventions (World Dementia Council, 2022).

- 4.16 It is rarely the case that a local authority is implementing a singular approach to prevention. The descriptions of interventions within the document set repeatedly illustrate how prevention is a web of activity that occurs simultaneously in many domains, levels, or spaces. The named interventions span a continuum of actions and actors: sector liaison strategies, community focused strategies, place-based strategies, connector strategies, individual focused strategies, planning strategies. They also focus on different population groups and presenting issues (e.g., reducing social isolation, dementia supports, family support, supporting independence, care provision and so on). Some of these interventions are services and others community development. There is usually a different language in community

development, most notably the nomenclature of “people” rather than “service users”, and the duration of involvement is longer.

- 4.17 Some comprehension of this multi-pronged approach to prevention is seen in the examples below, which describe local authority objectives and arrangements when enacting preventative work:

“There is now a legal requirement on the service to develop a range of early intervention and prevention strategies that include collaborative arrangements with communities and the voluntary sector to support independent living. The Act also dictates closer partnership working with the Health Board, third sector and communities to ensure effective strategies that promote and maintain independence.” (Ceredigion Corporate Strategy, 2017; 11)

“We will make the Information Advice & Assistance (IAA) service as effective as possible, focussing on prevention and early intervention, working with community and third sector organisations, to achieve better outcomes for individuals...We will improve the population health and well-being across the 3 tiers by continuing to implement a preventative framework with clear outcomes of each tier. a. Prevention b. Early intervention c. Promoting Independent Living”.
(Carmarthenshire Annual Statutory Director’s Report on the Performance of Social Services, 2019; 47)

- 4.18 Another example of a multi-faceted approach to prevention is outlined below, with this including the availability of local area co-ordinators:

“Swansea is working closely with colleagues in health, other Council services and the third sector to make sure there are a range of preventative and early intervention opportunities available before children, families, individuals and carers need to access statutory Social Services support. These include through our roll out of Local Area Coordination and the development of the Family Support Continuum.” (Swansea Annual Report of the Chief Social Services Officer, 2018; 25)

- 4.19 Many reports mention the need for cultural change within organisations and processes to support a reorientation to prevention and early intervention. This was seen as an area for improvement in the Cardiff 2018/9 Annual Report: for the ‘Design of services to change – proactively seek to keep people well rather than respond in a crisis’ (Cardiff Social Services Annual Report, 2019; 33).

4.20 Preventative activities or interventions named in the Code of Practice were often visible in reports reviewed. These interventions are 1) information, advice and assistance services, 2) reablement, 3) advocacy, 4) prevention with children and families and 5) support for the development of third sector activities. In the following discussion we explore how each of these five preventative activities are described in the document set.

Information, Advice and Assistance Services

4.21 The SSWBA placed duties upon local authorities to provide an information, advice and assistance service (IAA) (Welsh Government, 2014b; 15). While this is treated separately to the Act's section on 'preventative services', the overlaps between the provision of IAA and 'contributing towards preventing or delaying the development of people's needs for care and support' – an underlying purpose of preventative services - are clear (Welsh Government, 2014b; 12). This interlinkage is further clarified in Part 2- Code of Practice for the SSWBA, where additional guidance is offered on the role of IAA:

“The information, advice and assistance service is central to the success of the transition to the care and support system under the Social Services and Wellbeing (Wales) Act. It is an opportunity to change the perception of social care and support services in Wales. It must promote early intervention and prevention to ensure that people of all ages can be better supported to achieve their personal outcomes, and explore options for meeting their care and support needs.” (Welsh Government, 2015a; 62)

4.22 The documents reviewed are replete with examples of the implementation of the IAA service and the development of DEWIS Cymru, often presented as both an information tool for residents, as well as a mechanism to guide future service provision.

“The Dewis Cymru Information Portal was first launched in 2017/18 as an online resource for accessing well-being information across Wales. This portal acts as an effective signposting tool for residents to access information about preventative services/resources/networks.” (Vale of Glamorgan Director of Social Services Annual Report, 2019; 24)

“The total number of telephone and e-mail contacts received by our corporate Contact Centre was 37,720 in 2018/19. This is significantly less than the total

number for 2016/17 which was 43,219 and 2017/18 at 42,943. We believe that the number has reduced because customers are now able to access more information in their community through community connectors and over the internet by accessing the Dewis Cymru information directory.” (Pembrokeshire Annual Report of the Statutory Director of Social Services, 2019; 8)

“Throughout 2018/19, in accordance with the requirements of the Social Services & Wellbeing (Wales) Act, staff within Caerphilly’s Information, Advice and Assistance (IAA) Service received training to support having ‘meaningful conversations’ with service users, their families and carers about what really matters to them.” (Caerphilly Annual Report of the Director of Social Services and Housing, 2019; 8)

- 4.23 With IAA services central to the preventative agenda embedded in the SSWBA, performance measures associated with this dimension of local authority provision were reported on from 2016-17 to 2018-19 via StatsWales¹⁰. The prescribed metrics for IAA were as follows:

PM23. The percentage of adults who have received advice and assistance from the information, advice and assistance service and have not contacted the service for 6 months. (Statistics for Wales, 2022)

- 4.24 In 2020, the Performance and Improvement Framework (PIF) was implemented. This included the collection of new [activity and performance metrics](#). The equivalent metric in this revised framework were as follows:

AD/001: The number of contacts for adults received by statutory Social Services during the year

AD/002: The number of contacts for adults received by statutory Social Services during the year where advice or assistance was provided. (Statistics for Wales, 2022)

- 4.25 Though the SSWBA and its Codes of Practice establish the IAA services as preventative, measurement of their role in producing better longer-term outcomes for those engaging with it remained underdeveloped. A review of the evidence by

¹⁰ StatsWales is a health and social services data base. (<https://statswales.gov.wales/catalogue/health-and-social-care>)

Welsh Government highlighted that research into IAA service performance has omitted the longer-term impacts associated with it:

“The major omission from the evidence base is a critical mass of material outlining the outcomes and impacts of IAG¹¹ support by delivery method... This makes it hard to disaggregate and attribute impact to individual methods when eventual impacts fall outside the scope of time limited evaluations that do not incorporate a longitudinal element.” (Welsh Government, 2013; 8).

Reablement Services

4.26 Reablement services are notably intertwined with many of the Act’s core principles such as well-being, co-production, voice and control, and prevention. Among numerous other initiatives, reablement is cited within the Code of Practice as a core dimension to the intended ‘preventative services’ mentioned throughout the SSWBA:

“Reablement can be a key element of preventative services. Timely, direct access to targeted reablement services helps people, including children, to maintain ability in the long term.” (Welsh Government, 2015a; 42)

4.27 Elaborating on this notion of prevention, the Code of Practice promotes reablement to help service users to live as ‘independently as possible’, with this framed in terms of improving the ‘skills and resilience of an individual in their specific situation’ (ibid; 43). While in practice this should necessarily encompass a wide range of activities and interventions, the overarching aims of reablement offer potential for measurable personal and service outcomes. It should also be noted that, while children are included in the scope of reablement services, the predominant focus for much of such provision is older people and maintaining their independence. In terms of reablement, the SSWBA introduced new performance measures built around many of the new principles underlying it, with these being reported from 2016-17 to 2018-19 via StatsWales. In terms of reablement, the initial performance measures introduced immediately after the SSWBA came into force featured two metrics:

PM20a. The percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later (Statistics for Wales, 2022)

¹¹ IAG: Information, Advice and Guidance

PM20b. The percentage of adults who completed a period of reablement and have no package of care and support 6 months later (Statistics for Wales, 2022)

4.28 For 2020-21, the PIF also included equivalent metrics to monitor reablement services:

*AD/010 The total number of packages of reablement completed during the year
Of those, the number that:*

AD/011a Reduced the need for support

AD/011b Maintained the need for the same level of support

AD/011c Mitigated the need for support. (Welsh Government, 2020)

4.29 Many of the council documents reviewed describe and reflect on work they are doing in reablement. For example, Ceredigion Council describe it as an integral aspect of their approach: *“The underlying principles of early intervention, de-escalation and reablement continue to be part of the golden thread of our transformation of social care services.” (Social Services Statutory Director’s Annual Report, 2019, p.7).*

4.30 The Council below quantified the savings to the tertiary health care sector of their reablement work.

“The Integrated (Health and Social Care) Community Resource Team (CRT) focusses on enabling citizens to access appropriate support including access to reablement provision that promote independence and reduce dependency on traditional models of care and support. The expansion of the reablement support provided during 18/19 has included: Increasing the numbers of intermediate care / assessment beds from 4 to 8 beds, using available flats in sheltered housing schemes and care homes to support early discharge from local hospitals. It has been estimated that a total of 1,928 potential hospital bed days have been saved by this new model of working.” (Blaenau Gwent Social Services Annual Report, 2019; 11)

Advocacy

4.31 Advocacy is a key plank in the prevention agenda of the SSWBA and has overlaps with the principle of enabling voice and control for service users and carers (Welsh Government, 2015a; 42). Throughout the document set are references to the development of advocacy interventions within a wider programme of activities:

"We recognised that some people are unable to give their opinions on services or their thoughts on how services can improve. We commission specialist advocacy services for adults and children to ensure that people who find it difficult are still able to have their voices heard." (Torfaen Director of Social Services Annual Report, 2019; 10)

"Since the introduction of the National Advocacy Framework, all children and young people have access to advocacy and have an 'active offer'. This ensures all children and young people who become looked after or whose names are on the Child Protection Register are visited by an independent advocate." (Rhondda Cynon Taf Social Services Annual Report, 2019; 18)

Such references to advocacy demonstrate the importance of providing service users of all ages access to trusted individuals that represent them, more so if they are unable to do so themselves. This particular focus of the preventative agenda hinges on gathering knowledge of 'what matters' to service users and, through this, identifying interventions that may aid their well-being.

Children and Families

- 4.32 Duties and responsibilities linked to care experienced children (CEC) in Wales were outlined in depth within Part 6 of the SSWBA (Welsh Government, 2014; 62). This defines looked after children as fitting into one of the following two criteria:

In this Act, a reference to a child who is looked after by a local authority is a reference to a child who is—

(a) in its care, or

(b) provided with accommodation by the authority in the exercise of any functions which are social services functions, apart from functions under section 15, Part 4, or section 109, 114 or 115 (Welsh Government, 2014; 62)

- 4.33 As with IAA services, the SSWBA itself does not specify services dedicated to CEC as preventative, but Part 2 of the Act once more clarifies this: *"The preventative approach includes promoting children being brought up by their families and preventing children becoming looked after"* (Welsh Government, 2015a; 38). Specifically, this implies that prior to children becoming looked after there is a period where preventative action aims to support them to be brought up by their own family, thereby not entering the care system. Additionally, though, the various duties

and responsibilities on local authorities mandate a range of other activities once a child becomes looked after. These include the general duty to secure sufficient accommodation for CEC, to safeguard and promote the child's well-being including their educational achievement, and to maintain and review the child's care and support plans (Welsh Government, 2014; 62-70). As CEC progress towards becoming care leavers, the SSWBA also outlines the responsibilities for local authorities to manage this transition, particularly in regard to entering education, training and employment (Welsh Government, 2014; 78-84).

- 4.34 Services designed to support families and family environments for care and support include programmes delivered by local authorities and sectors including the third sector. Again, there is mention of the continuation and introduction of specifically designed preventative programmes, like Flying Start and Repatriation and Prevention (RAP) project.

“The council has two family centres that provide a range of services. For example, the Parenting Team offers early intervention for families who need parenting support – including one-to-one help and group sessions. Both family centres provide Flying Start services for children who need extra help and support.” (Wrexham Director of Social Services Annual Report, 2019; 44)

“Earlier intervention to prevent escalation of need - making sure those children and their families receive the right help at the right time to prevent unnecessary escalation of need.” (Merthyr Tydfil Annual Report on Social Services, 2019; 3)

“The further development and coordination of early intervention and prevention activities means that Children & Families are supported at an earlier stage to avoid escalation into statutory services wherever possible. During the year there has been a further co-ordination of early intervention and prevention activities including Flying Start, Families First, and Youth Justice Prevention service.” (Ceredigion Social Services Statutory Director's Annual Report, 2019; 10)

“In Children's Services investment in prevention and innovation in Social Work practice have reduced the total number of looked after children to amongst the lowest in Wales.” (Carmarthenshire Annual Director's Report on Social Services, 2018/19; 2)

“The Repatriation and Prevention (RAP) project has two main aims - firstly to provide intensive support and therapeutic input for looked after children and the

young people who were looked after up to the age of 25 who are suitable to be repatriated to their home community in Flintshire. Secondly, it works towards minimising the number of placements out of the Flintshire County where such a risk is deemed imminent.” (Flintshire Social Services Annual Report, 2020; 18)

Third Sector / Not for Profit Organisations

- 4.35 The SSWBA sets an agenda for the development of activities/strategies and initiatives in the third sector. There were numerous examples across the document set of visions, planning and actions towards this agenda, as well as the interlinkage of this to prevention:

“Earlier in the year we held a joint workshop with Children’s Services and the Third Sector. The purpose of the workshop was to explore how we could would (sic) better together and identify opportunities for how the third sector could help us to deliver on our some of our key priorities.” (Wrexham Director of Social Services Annual Report, 2019; 18)

“The team work to a prioritisation framework to assess referrals and have a clear process for prevention and coproduction with third sector services.” (Powys Director of Social Services Annual Report, 2020; 23)

“We are working with public and third sector organisations to embed a culture of early intervention and prevention through, for example, the Resilient Families Programme. This is part of the Integrated Family Support Framework, the purpose of which is to co-ordinate and organise the contribution of services providing support to families.” (Rhondda Cynon Taf Social Services Annual Report, 2019; 40)

- 4.36 Again, this work is multifaceted, reflective of the diverse landscape of community organisations and groups. Some local authorities articulate this agenda under community development, community building, resilience or caring communities’ frameworks. Bridgend local authority, for example, co-produced a ‘strengthening communities’ and building resilient communities plan with the third sector. As reported by this council, the range of work towards this agenda includes joint planning, financial supports to community organisations, activities and processes to support volunteers, work with communities on recreation and wellbeing activities, support for service users using community facilities and so on.

“We value our partnerships with community-based organisations which help us identify the best way to deliver services that meet local needs. A ‘Building Resilient Communities Plan’ was produced with the third sector. Also, we gave financial assistance to a variety of organisations that provide important services to help us improve well-being.” (Bridgend Annual Report, 2019; 35)

4.37 Pembrokeshire local authority has devolved a funding scheme to the local Pembrokeshire Association of Voluntary Services (PAVS):

“The Caring Communities Innovations Grant Scheme administered by PAVS on behalf of Pembrokeshire County Council and Hywel Dda University Health Board aims to:

- Develop locally-led innovative projects based on local need*
- Improve care coordination between social services, health, housing, third and independent sectors*
- Focus on preventative care and to avoid unnecessary hospital admission or delayed discharge*
- Improve the resilience of local communities and their ability to support frail older people to access and enjoy their normal network of community and family relationships.*

This scheme offers small grants of up to £5,000 to voluntary and community groups and social enterprises, Town & Community Councils.” (Pembrokeshire Annual Report of the Statutory Director of Social Services, 2019; 28)

4.38 Throughout the reports are specific examples of co-working with the third sector, with various projects and initiatives attributed to such collaboration. This partnership working is regarded highly within the documents, reflecting the Welsh Government intention that it forms a key component of how preventative social care is provided. That said, there is undoubted complexity in how such partnerships are arranged and maintained, with the funding scheme outlined in respect to Pembrokeshire not replicated across Wales and funds for such activities rarely being ring-fenced.

Conceptualisation

4.39 In the review of the literature undertaken for the IMPACT study, tiers of prevention were noted, and prevention was often discussed in reference to a public health discourse or tradition (e.g., upstream, midstream and downstream; universal,

selective (i.e., targeted) and indicated; primary, secondary and tertiary – see Box 1 for definitions) (Verity, Read and Richards 2020).

	Primary Prevention	Secondary Prevention	Tertiary Prevention
Definition	Primary prevention activities are directed at the general population and attempt to stop problems before they occur, e.g., education on healthy behaviours.	Secondary prevention activities with a high-risk focus are offered to populations that have risk factors associated with particular problems, e.g., screening and testing for specific conditions.	Tertiary prevention activities focus on where problems have already occurred and seek to reduce the negative consequences of problems and prevent their recurrence, e.g., managing diseases once diagnosed to limit progression.

Box 1: Definitions of Primary, Secondary and Tertiary Prevention

4.40 These named conceptual frameworks were rarely transparently outlined in the reviewed document sets. It was noted that there was greater discourse around these matters in the associated Well-being Plans and regional Population Needs Assessments which were outside the scope of the analysis. That said, it is worth highlighting some of the models mentioned in these texts to contextualise how prevention is discussed within the primary document set. For instance, the North Wales Population Assessment referenced a ‘windscreen’ model of prevention, though this was predominantly in relation to children and younger people’s services as opposed to across the life course:

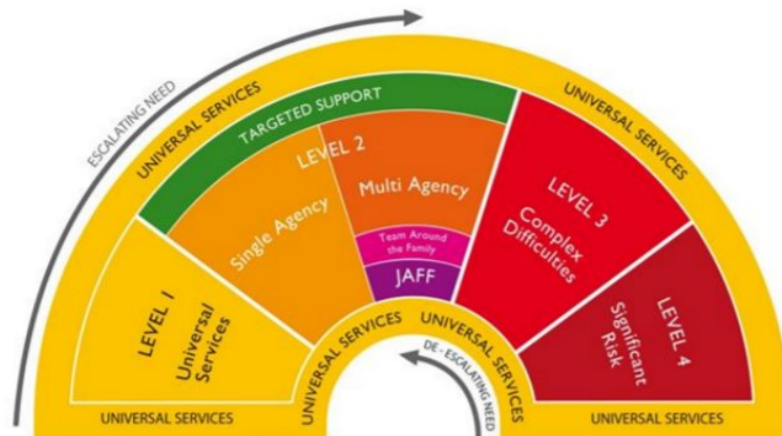


Figure 1: IPC Windscreen Model of Prevention, in North Wales Population Assessment (pp. 68)

4.41 Alternatively, the West Wales Regional Partnership Board Annual Report (2021) saw prevention in terms of a ‘triangle of care and support’:



Figure 2: West Wales ‘Triangle of Care and Support’ approach in West Wales RPB Annual Report, (pp.9)

4.42 This particular model was hinged upon a ‘*whole system approach to health and social care, which is focussed on health and wellbeing, and on preventing illness*’ (West Wales RPB Annual Report; 2017; 9). Within this the various strata offer differing initiatives and approaches ranging from the community-focussed ‘help for strong communities’ to those associated with hospital discharge such as reablement.

4.43 For the analysed document sets, references to these underlying strategies were either implicit or, more commonly, altogether absent. While the general notion of preventative work – activity made to alleviate deterioration in a situation or ‘...contributing towards preventing or delaying the development of people’s needs for care and support’ – was alluded to sporadically throughout the reports and plans, any direct reference to forms of conceptual categorisation were minimal.

4.44 Universal services were explicitly mentioned in some locales e.g., Cardiff, Swansea and Pembrokeshire. In Swansea and Pembrokeshire, these categorisations were referenced without a great deal of explanation but predominantly in relation to provision of information, e.g. “*It is possible that requests may increase as we further improve and develop information and signposting to universal services through our first point of contact*” (Pembrokeshire Corporate Plan, 2020; 37), and “*we differentiate between an Information, Advice and Assistance Approach, which is*

where people can get help from a range of community and universal based services and the Information, Advice and Assistance Service.” (Swansea Annual Report of the Chief Social Services Officer, 2018; 21). For Cardiff, a slightly different perspective was provided:

“We want young carers to be prioritised as a distinct group with a new pathway that supports the identification and assessment of young carers through our early help and statutory front doors and through our universal services e.g. schools and GPs.” (Cardiff Social Services Annual Report, 2019; 33)

- 4.45 Raised in the context of young carers and referring to universal services as being schools and GPs, this understanding of prevention is naturally bounded. Other councils also provided alternative views of universal prevention activity, albeit also entwined with the theme of enabling interdependence. Caerphilly, for instance, described prevention in the following terms:

“This objective is in its totality is about preventing poor health and building more resilience in our citizens over the life course to enable a better quality of life. There are many contributions to this area that are not always instantly obvious, for example we have a capital programme to improve drainage on playing fields which will allow fixtures to be played during periods of bad weather, improved drainage will maximise the use of pitches and therefore prevent cancellations and for sports to continue...Demand on already stretched services such as social care, primary and secondary health care, can be reduced by supporting residents to have a healthy and independent life for as long as possible.” (Caerphilly Corporate Plan, 2019; 63)

- 4.46 The use of the example of playing field drainage implies another level of universal service, and across the life course, that may be indirectly influencing other activities. Again, while these references were relatively oblique, they were present particularly in relation to housing and regeneration and the subsequent benefits across the breadth of the population.
- 4.47 The concept of targeted prevention interventions was more prominent than that of universal services, but though the frequency of references were greater the depth of the discourse was broadly similar. This was largely passing mentions of ‘targeted interventions’ or ‘targeted approaches’ in various contexts:

“Conwy’s reablement service provides short-term intensive and targeted support for individuals over the age of 65 who, due to illness or hospitalisation, need help to regain their independence and confidence.” (Conwy Social Care Annual Report, 2020; 15)

“Providing early, targeted and holistic interventions can therefore help reduce the likelihood of poverty occurring in our communities.” (Carmarthenshire Council Corporate Strategy, 2019; 18)

“We will deliver a national programme and targeted intervention through the Book start programme to introduce literacy and numeracy for babies and young children.” (Neath Port Talbot Council Corporate Plan, 2019; 22)

- 4.48 This targeting approach involves population specific objectives and approaches. The first example above relates to those aged 65 or over and covers the multiple objectives of the reablement process anchored on regaining independence and confidence. This could include personal care, meal preparation, housing adaptations, getting in and out of bed, picking up prescriptions and a wide range of other activities looking to prevent further dependence on acute services. The other examples relate to poverty and, subsequently, literacy for young children and babies. In general, there appeared to be little explicit outlining of the decision-making process in the documents reviewed, behind targeting one social group or another. It was noted that the related document set of Population Needs Assessments, performed by Regional Partnership Boards, apparently provided greater detail on these matters but were outside the scope of the analysis. Within Council Plans and Social Services Reports, the level of detail remained anecdotal and taken-for-granted based on its elucidation elsewhere.
- 4.49 Finally, there were no references explicitly made to indicated or tertiary prevention activities. Again, it was unclear whether this was because such activities were termed in other ways or not perceived at this conceptual level. Reablement, for instance, would fit the definition of an indicated preventative intervention, given it is looking to ameliorate a known, pre-existing problem and prevent ongoing dependency on formal services. It was also unclear, given the limited references available whether targeted and indicated interventions were conceptually separated at all, or if one term was loosely being used for both.

Co-Production, Design and Planning

- 4.50 Whilst co-production is the focus of a separate thematic report, the close connections between this and prevention were evident from the content of the local authority documents reviewed. Co-production was explicitly referenced by numerous local authorities both in relation to the achievement of well-being objectives identified in corporate and council plans, and regarding the wider principles of the SSWBA. For instance, Social Services Reports and Council Plans often incorporated sections entitled 'How Are People Shaping Our Services', or similar, with reference to both SSWBA and the WBFGA within these. Such instances often highlighted the links and relationships between such activities and prevention work. Well-being objectives, quality standards and improvement priorities commonly referenced the importance of co-production within cited aims such as '*Working with people and partners to protect and promote people's physical and mental health and emotional wellbeing*' (*Isle of Anglesey Annual Directors Report on the Effectiveness of Social Services, 2019; 14*). The preventative nature of co-production is discursively present within these references, albeit indirectly, with references to better individual well-being outcomes and subsequent reductions in demand for services.
- 4.51 Alongside these more generalised indications of service approach, co-production was mentioned in relation to specific projects and departments. Examples include co-produced disability reviews (Carmarthenshire Annual Statutory Director's Report on the Performance of Social Services, 2019; 29), respite break planning for children and younger people (Powys Director of Social Services Annual Report, 2020; 10), homelessness prevention events (Denbighshire Director of Social Services Annual Report, 2019; 5), and care leaving strategies (Merthyr Tydfil Annual Report on Social Services, 2020; 27). Many councils also established the importance of working with communities and individuals in a range of different contexts without explicitly mentioning the term 'co-production'.
- 4.52 There was limited conceptual depth in these documents from most local authorities on why co-production was beneficial, with many using one or two sentences to provide justifications such as: '*A central feature of the strategy is co-production, giving our citizens a voice and enabling them to help shape and defining how services should be delivered both now and in the future*' (*Vale of Glamorgan Director of Social Services Annual Report, 2019; 26*). That said, one or two spent a

little longer outlining the reasons for adopting such an approach. Conwy, for instance, offered a clear social value-driven explanation for this form of service provision:

“A detailed self-assessment report into social value within Conwy included recommendations to develop a corporate Social Value Strategy, and to support the embedding of social value into local partnership structures...Co-production by its very nature is intrinsically linked with social value. If we improve co-production, more social value will follow. Within Conwy Social Care, we are moving towards a more co-productive approach to commissioning and contract monitoring of our commissioned third sector services.” (Conwy Social Care Annual Report, 2020; 55)

Again, the broader context for the above quote was the SSWBA and its overarching principles that guide councils towards co-productive approaches.

Commissioning and Resourcing

4.53 Our evaluation focus is on how prevention is conceptualised, implemented and its impacts. A recurring theme in the IMPACT prevention literature review is the importance of having in place planning and commissioning frameworks, and resource allocations to enable the provision of locally responsive preventative initiatives (Verity, Read and Richards, 2020). Commissioning strategies were referenced liberally throughout both document sets. At the broadest level, they were often mentioned in relation to the principles of sustainable development established in the WBFGA. Relatedly, there were many references to the Integrated Care Fund and the theme of public services, third sector, voluntary and private partnerships through which commissioning decisions were generally emergent.

4.54 There were several areas in which particular service area commissioning strategies were regularly highlighted in relation to prevention, for instance within care placement for children and expansion of foster carers, as well as with older people and the prevention of admission to care homes:

“Generally, we will continue to regard care homes as an important part of the range of services that are available to people and communities. We expect to commission significantly fewer residential care home placements over the next 15 years” (Merthyr Tydfil Annual Report on Social Services, 2020; 29).

The implication of this discourse of fewer care home placements, is that commissioning will prioritise early interventions to enable older people to remain in their own home, with this having a bearing on the number of care home placements likely to be available in the future.

- 4.55 Another common reference point for the commissioning of prevention work was the provision of Early IAA Services or Early Help Hubs. Again, these were seen to offer reduced demand on other statutory services by preventing problems from deteriorating. The extent to which such services were able to proactively reach out to at-risk communities and individuals was seemingly limited, with self-referral appearing to be the most common access route.
- 4.56 The broader emphasis on commissioning and delivering preventative services was widely linked to the Five Ways of Working of the WBFGA which were generally woven into the justifications for well-being objectives and decision-making on the delivery of services. It was noted, though, that any links made between prevention, the well-being objectives and commissioning processes were often quite oblique within the documents. Such references were largely restricted to one or two sentences and given there was no explicitly named underlying strategy, were felt likely to be included due to reporting requirements.
- 4.57 Three particular types of resources were discussed in relation to prevention across the documents: redirected resources, prevention related savings, and additional funds for prevention (i.e., pooled budgets and additional specific purpose funds). In regard to the latter, references to the Intermediate Care Fund, as well as Transformation Funding, were relatively common. The use of such Funds, while not earmarked for preventative work per se, saw large overlaps with some of the initiatives associated with prevention, such as reablement and support to keep children with their families. This reliance on time-stamped and finite funding was set against a potentially contradictory discourse of ensuring financial sustainability and making the best of limited resources:

“Integrating our approach will make sure that our resources are used in the places they are needed the most, and as efficiently as possible. Making our reducing financial resources stretch as far as possible is vital for future sustainability.” (Monmouthshire Corporate Business Plan Annual Report, 2020; 48)

“Despite a reduction in the budget areas for both Adult and Children’s Social Services, we have continued to deliver services to those people who have been assessed as being the most vulnerable in our community. To date we have achieved this through focussing the limited resources on those areas that will have the maximum impact in maintaining people’s independence.” (Merthyr Tydfil Annual Report on Social Services, 2020; 4)

“Despite our progressive approach to working with partners, collaboration in relation to developing alternative models of service delivery remains an ongoing challenge in a climate of diminishing resources.” (Vale of Glamorgan Director of Social Services Annual Report, 2019; 7)

4.58 Each of these extracts highlights underlying tensions between the new practices associated with the preventative agenda and ongoing resource constraints. Often prevention is framed in terms of delivering budget reductions over time, and thereby being pivotal to maintained financial sustainability. While many preventative initiatives are funded through bespoke pots of money such as those outlined above, there were concerns about how such work would become mainstreamed in localised contexts of limited core budgets and resources. The need to plan with financial limitations in mind is simultaneously a driver and a challenge for a preventative agenda.

“Short term transformative investment is very welcome but the risks when it comes to an end are significant for organisations and most importantly for the people who are supported by the services it funds.” (Cardiff Social Services Annual Report, 2019; 3)

“Budgets have reduced over the past few years, mainly due to the reduction in the Welsh Government grant. Nevertheless, people are living longer, and often with complex health conditions, and so the demand on our services and budget is increasing... Therefore local plans of a transformational nature are in progress that will seek to respond to the challenge of delivering health and care services in more coordinated methods within the financial envelope.” (Gwynedd Director for Social Services Annual Report, 2020; 28)

“Despite the challenges of the financial climate, we continue to protect direct service delivery. We aim to provide best value, be efficient and not duplicate...to mitigate the effects of financial pressures, we ensure that we access and

maximise grant funding wherever possible to enable us to continue working innovatively and effectively within our services.” (Conwy Social Care Annual Report, 2020; 54)

Interdependence of Activities

- 4.59 This theme was developed within the prevention analytical framework to highlight the complex interlinkage between preventative initiatives and other elements of council provision, such as housing and transport. The theme also gathered evidence on the potential impacts of these interdependencies, both intended and unintended. Most commonly, the interdependencies between different prevention areas and approaches were highlighted through well-being objectives, quality standards and improvement priorities. Within both document sets, specific preventative projects were linked to well-being outcomes, with the priorities often associated with the WBFGA (e.g. Gwynedd, Monmouthshire). It was notable that the discourse on these interdependencies was fairly limited, again often covered in one or two sentences:

“To enable residents to reach their full potential requires the successful combination of a number of factors like good employment opportunities, the correct mix of skills and training; the availability of quality and affordable housing and access to a high quality natural and built environment” (Isle of Anglesey County Council Plan, 2017; 9).

- 4.60 While discursive coverage of the interlinkage between different types of council activities was present, it was often anecdotal as opposed to being explicitly and rigorously outlined. An exception to this was the more comprehensive system of well-being goals and underlying commitments in Monmouthshire’s council plan (Monmouthshire Corporate Business Plan Annual Report, 2020; 7). Within this planning process, a matrix was developed to illustrate how one commitment may influence another. In doing so, this mapped out more holistically the reach and implied value of each commitment and what may happen as a consequence of its completion. More widespread adoption of explicitly interlinking preventative social services and other council activity may aid understanding of how such activities theoretically intertwine and influence one another, what is being prevented, in which service area, and the development of measurement indicators looking to validate this.

Measurement and Accountability

- 4.61 The measurement of prevention in social services is challenging due to inherent difficulties associated with monitoring what has been prevented, as well as the attribution of causal factors. As such, the manner in which prevention has been accounted for by local authorities was noted to have developed over the years of reports which were included for analysis.
- 4.62 The Performance and Improvement Framework (Welsh Government, 2020) adjusted many of these metrics, as outlined in respect to IAA and reablement services earlier in this chapter. Largely, though, it was possible to map the previous measures onto those included in the most recent guidance.
- 4.63 Issues of local authority accountability and governance were embedded throughout the analysed documents. Sections entitled ‘How We Deliver For Our Citizens’, ‘How We Do What We Do’, ‘Our Partnership Working, Political and Corporate Leadership, Governance and Accountability’ (Merthyr Tydfil, Cardiff, Powys etc), as well as references to financial scrutiny and transparency, were included as part of general reporting guidelines and procedures within both document sets. While most texts may not frame these sections explicitly in terms of accountability for residents and service users, it was notable that one or two councils made this clearer, with the Corporate / Council Plan reports aiming *“to evaluate how well we have done to help citizens hold us to account on our performance”* (Monmouthshire Corporate Business Plan Annual Report, 2020; 2) or that *“the annual report is used to demonstrate accountability to citizens and service users”* (Blaenau Gwent Social Services Annual Report, 2019; 1).
- 4.64 Furthermore, local authorities referred to a range of other documents and legislation to demonstrate ongoing preventative efforts in respect to specific issues, such as poverty inequality. One such link came through several references to Strategic Equality Plans, Social Justice Strategies and regional Well-being Plans:
- “The Council’s Social Justice Strategy demonstrates our commitment to address inequalities and improve outcomes for the county’s people and communities. This dovetails with the Strategic Equality Plan, produced under the Equality Act 2010.”*
(Monmouthshire Corporate Business Plan Annual Report, 2020; 74)
- 4.65 It is worth noting that annual social services reports themselves are framed as a core means by which local authorities demonstrate accountability to citizens. As

such, there are requirements on authors to ensure that the reports are not overly long and are written clearly and concisely. Additionally, to ensure further effective accountability each annual report must be presented to the council by the Director of Social Services in each authority.

4.66 The clearest link between preventative working and local authority accountability within the documents was through references to well-being objectives associated with prevention. Though these links were rarely made explicit, council performance was holistically monitored and measured via such objectives. However, while such population-wide measures were included and reported, the micro-level details of how individual well-being outcomes are tracked and monitored was not overtly clear. At a population-wide level, numerous councils termed specific indicators as Public Accountability Measures (e.g. NPT, Cardiff, Anglesey, Bridgend), monitoring elements such as pupil attendance in schools, average calendar days taken to deliver a Disabled Facilities Grant, and number of visits to a leisure centre. Notably, the extent to which these measures were reported in the document sets varied between local authorities, though those with less information may report such measures in related reports.

4.67 For specific prevention activities associated with the SSWBA, the most notable population-wide indicators of progress against well-being objectives were ‘The percentage of adults who have received support from the information, advice and assistance service (IAA) and have not contacted the service again during the year’ and ‘percentage of adult protection enquiries completed within 7 days’.

4.68 Alongside these measures, numerous councils stated that such metrics were only able to provide certain elements of the overall picture with alternative means of performance measurement also introduced:

“Caerphilly Social Services is committed to making sure that people are able to make their voice heard, whether this is about how our services are developed and delivered in the future or whether it is about a service they are receiving now. We do this in a number of different ways including, undertaking surveys, contract monitoring processes, responsible individual visits, complaints and compliments, consultation events and feedback from Inspections.” (Caerphilly Annual Report of the Director of Social Services and Housing, 2019; 6)

4.69 Extracts from complaints and compliments and project-specific case studies offered more detailed, individual perspectives on the wider well-being objectives, demonstrating more values-based outcomes than are covered by the population-wide indicators. For one or two councils, this was explicitly referenced as a key part of their accountability and governance approach, as with Merthyr Tydfil:

“Qualitative data can elicit a rich account of the complexities involved in supporting well-being and provides a deeper understanding of the context within which our services exist. The way in which we do this is to outline the way we are supporting these improvements using case studies.” (Merthyr Tydfil Annual Performance Report, 2020; 29)

4.70 The use of case studies in reports was broadly universal, albeit with variability in the extent to which they were used.

4.71 The Code of Practice in relation to Measuring Social Services Performance for the SSWBA does not specify quantitative performance measures for the community development processes mentioned in Section 16 of the Act, nor for the duties under Section 15. Additionally, there are no reported measures around local authorities promoting participatory planning or civil society developments/not for profit initiatives. As we understand it, within the scope of measuring the performance of social services, there is no central requirement for uniform data collection on community development and the development of the social care not-for-profit sector. This data might be collected in other functional areas within the LA and the broader region, including population assessments and market stability reports.

4.72 Finally, discourses of measurement in relation to cost-saving, reduced budgets and increasing demand for services were notable in each of the council’s document sets. These were generally prevalent during Forewords and Introductions to the reports, albeit in passing. More broadly, many councils dedicated sections to the ongoing financial strategy of the council, outlining where cost-savings were being made and what was still required e.g. ‘Our Financial Performance’ etc. Again, these were often tied to wider sections on council governance and accountability:

“For 2018 to 19, our target budget reduction was £6.123 million and as in previous years, we continue to be committed to finding at least 50% of these reductions with smarter use of resources while minimising any reductions in services.” (Bridgend Annual Report, 2019; 41)

- 4.73 Some population-wide indicators were also suggestive of reducing demand for services and thereby saving money: “The percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later” or “the percentage contacting information and advice services and progressing no further into the system”. It was noted that many of the population-wide metrics, while demonstrating effort to understand the effect of preventative measures, had potential to be interpreted in contradictory ways. For instance, while successful reablement initiatives are obviously welcomed, the measure outlined above only seeks to measure the reduction of care provided, as opposed to the quality of the outcome. Placed in the context of the broader discourse of cost-saving, there remains a looming concern that such measures may be focussed on these benefits rather than purely social value.
- 4.74 Much as we track and evaluate preventative measures in health by the progression of an illness, the extent to which decreased well-being can be similarly deployed in social care becomes a key question. With well-being arguably not fully encapsulated by existing measures and metrics, the possibility of understanding the effectiveness of prevention activity in this area remains complicated.

COVID-19

- 4.75 Unfortunately, not all of the documents analysed were from the same timeframe with many 2018/19 Social Services Reports being the most recently available at the time of analysis. Where possible, 2019/20 reports were analysed and, as may have been expected, COVID-19 was a recurrent theme within them. The interrelationships between this and other themes was most prevalent with regard to safeguarding issues and the ongoing provision of care and support.
- 4.76 There were numerous instances where COVID-19 appeared to impact on the planned provision of certain preventative projects, mostly in relation to co-production initiatives and group activities.
- 4.77 Discursively COVID-19 was regarded as provoking considerable upheaval to service provision:

“The worldwide COVID-19 pandemic has affected the way we work since late February 2020, with Corporate and Business Continuity Management plans implemented following national guidance” (Isle of Anglesey Annual Directors Report on the Effectiveness of Social Services, 2019; 4).

“As I am writing this report and as we go into 2020/21, we are still in the midst of the crisis and the challenges we have faced have been significant across both Adult and Children’s Services.” (Merthyr Tydfil Annual Report on Social Services, 2020; 6)

“The impact of the Covid-19 pandemic has been considerable on everyone, and ensuring we sustain a safe, healthy and productive workforce has been a priority” (Monmouthshire Corporate Business Plan Annual Report, 2020; 58).

4.78 However, alongside this disruption, the overriding tone is one of pride in local authority workforces maintaining essential services, as outlined in the quote below:

“Since mid-March our Social Care world looks and feels very different, although I am proud to advise that to date we are pretty much business as usual, and where we have had to make adjustments, we hope that this has not had too severe an impact on our staff and service users.” (Conwy Social Care Annual Report, 2020; 3)

4.79 That said, several local authorities acknowledged that the pandemic had halted capacity for some services to be maintained. For instance, several reports offered progress updates demonstrating clear impacts on ongoing social care or community-based prevention initiatives, such as Early Help Hubs:

“We recognise that many residents and communities have not been able to access the necessary facilities and IT equipment to support their training, accessing jobs and the services to support their needs. As our Hubs reopen we will be offering support to those that have lost their jobs during Covid-19 and throughout the recovery phases.” (Newport Annual Report, 2020; 17)

4.80 The activities impacted by the pandemic ranged from community or early help hub provision, community engagement events, schooling and associated educational activities, and numerous well-being or social capital related initiatives. While some councils acknowledged that significant social care and support needs may emerge as a consequence of the pandemic (e.g. Monmouthshire, Merthyr Tydfil), others also highlighted the significant growth of volunteering, third / private sector, and organic community-based activities emerging in response to the pandemic: *“We are heartened by the impressive response from the community also, with individuals, groups and businesses working together to support friends, neighbours and strangers. We hope that the networks built will remain after the outbreak has*

subsided, continuing to support those in need” (Flintshire Social Services Annual Report, 2020; 4). These developments are in line with the various preventative duties and activities specified under the SSWBA.

5. Summary

- 5.1 The reports and council plans analysed for this work were written several years after the implementation of the SSWBA and all demonstrated evidence that over this time new ways of thinking, planning and engaging with research around prevention have been adopted. There is a rich tapestry of prevention work with demonstrable interconnections across levels, domains, population groups, approaches and aims.
- 5.2 These interdependencies illustrate the interlinked nature of prevention (values, approaches, and intentions) across the work of a local authority. However, the extent to which these interdependencies were understood and articulated by each local authority varied considerably with relatively few directly linking them together. Perhaps as a consequence of this, there appeared to be an emphasis on targeted preventative interventions, which were potentially more easily measured, over universal services.
- 5.3 This lack of overt interdependence between forms of preventative working may be partly attributable to the lack of integrated prevention frameworks that conceptually tie them together. While linked documents such as Population Needs Assessments and Well-being Plans provide greater insight into the ideas underpinning the preventative agenda, the extent that this is factored into the thinking behind preventative initiatives was demonstrably variable.
- 5.4 The intentions and objectives behind prevention were far-ranging. Across the document set these included: stopping problems from beginning; reducing the impact of crises once they have happened; reducing costs and demand for statutory services; building individual and community resilience; fostering social capital; ameliorating inequalities associated with poverty; and reducing the burdens on tertiary health care. While many of these intentions of the preventative agenda were discursively entwined together within the analysed documents, it was noted that they did not always naturally coalesce with one another.
- 5.5 The interconnectedness between many other principles associated with the SSWBA and that of prevention cannot be overstated. Ideas around co-production, multi-agency working, well-being, and voice / control were commonly referenced when discussing preventative initiatives and approaches. This suggests that the implicit and explicit links between principles of the Act are being followed through into

statutory reporting and are embedded, to some degree, within preventative thinking across local authorities.

- 5.6 There was significant evidence of ongoing cultural and organisational shifts within local authorities to accommodate new practices emanating from the Act. These shifts varied significantly but included: redistribution of funding and resources, greater partnership working with the third sector, development of multi-agency teams around particular issues, and a move towards general preventative working. However, accompanying study data gathered from interviews with social care professionals and reported in the IMPACT Process Evaluation (Llewellyn et al, 2021) highlighted that many of these organisational changes were restricted by short-term funding for preventative initiatives, as well as a broader need to funnel resources into those reaching crisis. The importance of integrated funds and Welsh Government specific funding was pronounced for prevention work.
- 5.7 The prevention initiatives explicitly outlined across the local authorities largely overlapped with those mentioned in the SSWBA's Code of Practice. While some authorities demonstrated farther-ranging initiatives and approaches, there was general consistency in references to IAA services, reablement, advocacy, support to keep children with their families, and third sector-based interventions. That said, once more, the depth to which each local authority demonstrated active engagement with these varied significantly.
- 5.8 Relatedly, there were numerous instances of evidence-based preventative initiatives being replicated between local authorities, mandated by Welsh Government, or borrowed from best practice across the world. These included 'Care Closer to Home', 'Local Area Co-ordination', 'Mental Health First Aid', the 'Golden Thread Advocacy Programme', 'Dementia and Age Friendly Communities', 'Community Connectors', 'Care to Co-operate', 'Recovery Oriented Services' and many more. Furthermore, many of the other preventative initiatives cited within the documents may also have an evidence base underpinning them, but this was not explicitly outlined in the documents reviewed.
- 5.9 Aside from population-wide metrics around reablement and IAA services and a limited range of case studies presented in Annual Reports, there was little evidence presented around the impacts of prevention. This was particularly the case for universal and community-based initiatives with the potential for far-reaching but difficult-to-capture well-being outcomes. Greater efforts to understand the role that

such services can provide at an individual and community level would benefit future planning and decision-making around preventative services.

Recommendations

5.10 Based on an assessment of the evidence in respect to prevention and early intervention the following recommendations in three areas are therefore proposed:

1. **Development of more conceptually rich models of prevention in social care which include structural domains as well as interpersonal and individual domains.** The Act has enabled a clear focus on prevention and the need for strategies and models for prevention to be implemented. There is also evidence of a rich tapestry of prevention related work in practice, and also awareness of the limitations and challenges of putting prevention into practice. This critical thinking is a platform for ongoing developmental work. The Act and associated Codes of Practice have not defined the levels or domains of prevention, so a consequence can be a narrow conceptualisation of prevention in social care. While the general notion of preventative work – activity made to alleviate deterioration in a situation – was alluded to sporadically throughout the data sets, in the evaluation any direct reference to forms of conceptual categorisation were minimal. This includes reference to the prevention in macro domains, or about the ‘bigger picture’. There is scope for models of prevention which include attention to structural factors.
2. **Ringfencing of resources for community-based prevention.** A key lesson from this evaluation, and particularly the literature review, is that prevention takes time and needs investment. In much of Wales, though, preventative activity was highlighted as overlapping with relatively short-term initiatives, such as Integrated Care or Transformation Fund monies. A consequence of this is that, in spite of efforts to mainstream preventative services, many are still reliant on bespoke pockets of money that are at risk of discontinuation. There are consequences of this funding not being maintained for the well-being of service users engaged with such services. Additionally, based on other contextual, financial pressures, there is a danger that the prevention agenda becomes heavily associated with a quest for short-term cost-savings.
3. **Ways to increase the tools for evaluation of prevention in social care.** Prevention is a term used to describe a broad range of activities and

interventions, and there are examples of the difference being made at a local authority or sub-population level. Some local authorities have quantified the difference that prevention has made, and this is publicly reported. There is scope to increase the range of methods for the collection of qualitative and quantitative data that can shine light on the impacts of prevention and lessons from practice. The extent that the Act is impacting upon the day-to-day experiences of service users and carers is difficult to determine in relation to prevention. The lack of data collected from these groups is a major contributory factor in this. More broadly, however, workforce participants in the *Process Evaluation* suggested that understanding the impact of preventative services is a challenge and will require a long-term view. The section in the Welsh Government Performance and Improvement Framework on research and understanding experiences has potential to support a wider measurement of prevention, and subsequently an understanding of its impact.

References

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. Available at: <https://gov.wales/evaluation-social-services-and-well-being-walesact-2014-literature-review>

Llewellyn M., Verity F., Wallace S. and Tetlow S. (2021) *Evaluation of the Social Services and Well-being (Wales) Act 2014: Process Evaluation*. Cardiff. Welsh Government, GSR report number 2/2021. Available at: <https://gov.wales/evaluation-social-services-and-well-being-wales-act-2014-process-evaluation>

Llewellyn M, Verity F, Wallace S, Calder G, Garthwaite T, Lyttleton-Smith J, and Read S (2023) *From Act to Impact? Final Report of the Evaluation of the Social Services and Well-being (Wales) Act 2014*. Cardiff. Welsh Government, GSR report number 36/2023. Available at: <https://www.gov.wales/final-report-evaluation-social-services-and-well-being-wales-act-2014>.

Local Area Co-ordination Network (2022). *How do we know it works?* [online]. Available at: <https://lacnetwork.org/evidence-base>

Lunt, N., Bainbridge, L., and Rippon, S. (2021). Strengths, assets and place – The emergence of Local Area Coordination initiatives in England and Wales. *Journal of Social Work*. 21(5):1041-1064. doi:10.1177/1468017320918174

Patton, M. (2018). *Principles-Focused Evaluation: The Guide*. New York. Guildford Press.

Ritchie, J. and Spencer, L. (1994). 'Qualitative data analysis for applied policy research'. In B. Bryman & R. Burgess, *Analyzing qualitative data*. pp. 173–194

Statistics for Wales (2019). *Experimental statistics: Social Services Performance Measures, 2018-19*. Cardiff. Welsh Government.

Statistics for Wales (2022). Social Services Performance Measures [online]. Available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Performance-Measures> - accessed 12/08/2022

Swansea University (2016). *Local community initiatives in Western Bay*. Formative Evaluation Summary Report, Swansea University. Available at: <https://lacnetwork.org/wp-content/uploads/2017/04/FINAL-Local-Area-Coordination-Evaluation-Report-2017.pdf>

Verity, F., Read, S. and Richards, J. (2020). 'Chapter 3: Prevention and Early Intervention Literature Review'. In Llewellyn, M., Verity, F. and Wallace, S. (eds), *Evaluation of the Social Services and Well-being (Wales) Act 2014: Literature Review*. Cardiff. Welsh Government, GSR report number 60/2020. Available at: <https://gov.wales/evaluation-social-services-and-well-being-walesact-2014-literature-review>

Welsh Government (2013). *Rapid Evidence Assessment: The Effective Delivery of Information, Advice and Guidance*. Cardiff. Welsh Government. Available at: <https://gov.wales/sites/default/files/statistics-and-research/2019-07/131125-rapid-evidence-assessment-delivery-information-advice-guidance-en.pdf>

Welsh Government (2014). *Social Services and Well-being (Wales) Act 2014*. Cardiff. Welsh Government. Available at: <https://www.legislation.gov.uk/anaw/2014/4/contents>

Welsh Government (2015a). *Social Services and Well-being Act 2014: Part 2 Code of Practice (General Functions)*. Cardiff. Welsh Government. Available at:

<https://gov.wales/sites/default/files/publications/2019-05/part-2-code-of-practice-general-functions.pdf>

Welsh Government (2015b). *Well-being of Future Generations (Wales) Act 2015*. Cardiff. Welsh Government. Available at: <https://www.legislation.gov.uk/anaw/2015/2/contents/enacted>

Welsh Government (2016). *Regulation and Inspection of Social Care (Wales) Act 2016*. Cardiff. Welsh Government. Available at: <https://www.legislation.gov.uk/anaw/2016/2/contents/enacted>

Welsh Government (2020). *Performance and Improvement Framework for Social Services*. Cardiff. Welsh Government. Available at: <https://gov.wales/sites/default/files/publications/2020-03/measuring-activity-and-performance-guidance-2020-21.pdf>

World Dementia Council (2022). *Presenting a global evidence base for dementia friendly initiatives* [online]. Available at: <https://www.worlddementiacouncil.org/DFIs>

6. Appendix 1 – List of Analysed Documents

Local Authority	Annual Director of Social Services Report	Council / Corporate Plan
Blaenau Gwent	Social Services Annual Report 2018-2019	Corporate Plan 2018-2022
Bridgend	Annual Report 2018-2019	Corporate Plan 2018-2022 (reviewed for 2020-2021)
Caerphilly	Annual Report of the Director of Social Services and Housing 2018-19	Corporate Plan 2018-2023 (reviewed for 2019-2020)
Cardiff	Social Services Annual Report 2018-2019	Council Corporate Plan 2020-23
Carmarthenshire	Annual Statutory Director's Report on the Performance of Social Services 2018-2019	Corporate Strategy 2018-2023 (updated June 2019)
Ceredigion	Social Services Statutory Director's Annual Report 2018-2019	Corporate Strategy 2017 – 2022 (including Well-being and Improvement Objectives 2018-2019)
Conwy	Social Care Annual Report 2019-2020	The Corporate Plan 2017-2022
Denbighshire	Director of Social Services Annual Report 2018-2019	Corporate Plan 2017-2022
Flintshire	Social Services Annual Report 2019-2020	Council Plan 2019-2023
Gwynedd	Director for Social Services Annual Report 2019-2020	Council Plan 2018-2023 (2020-2021 review)
Isle of Anglesey	Annual Director's Report on the Effectiveness of Social Services 2019-2020	Council Plan 2017-2022
Merthyr Tydfil	Annual Report on Social Services 2019-2020	Annual Performance Report 2019-2020 (on Corporate Well-being Plan 2017-2022)
Monmouthshire	Social Care & Health: Directors Report 2019-2020	Corporate Business Plan 2017-2022 (Annual Report 2019-2020)

Local Authority	Annual Director of Social Services Report	Council / Corporate Plan
Newport	Report of the Director of Social Services 2019/20	Corporate Plan 2017-2022 (Annual Report 2019-2020)
Neath Port Talbot	Social Services, Health and Housing Director's Annual Report 2018-2019	Council Corporate Plan 2019-2022
Pembrokeshire	Annual Report of the Statutory Director of Social Services 2018-2019	Corporate Plan 2019-2020
Powys	Director of Social Services Annual Report 2019-2020	Corporate Improvement Plan 2020-2025
Rhondda Cynon Taf	Social Services Annual Report 2018-19	The Council's Corporate Plan 2020-2024
Swansea	Annual Report of the Chief Social Services Officer (Statutory Director of Social Services) 2017/18	Corporate Plan 2018-2022
Torfaen	Director of Social Services Annual Report 2018/19	Corporate Plan 2016-2021
Vale of Glamorgan	Director of Social Services Annual Report 2018-2019	Corporate Plan 2020-2025
Wrexham	Director of Social Services Annual Report 2018-2019	The Council Plan 2019-2022