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Workforce Perspectives Post-COVID

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

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Workforce Perspectives Post-COVID

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

Sarah Wallace,[1] Fiona Verity[2] and Mark Llewellyn[1]

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

Study team:

Mark Llewellyn, Fiona Verity, Pippa Anderson, Catrin Awoyemi, Nick Andrews, Heulwen Blackmore, Noreen Blanluet, Gideon Calder, Tony Garthwaite, Wahida Kent, Jen Lyttleton-Smith, Alison Orrell, Ceri Phillips, Malcolm Prowle, Jonathan Richards, Roiyah Saltus, Sion Tetlow, Carolyn Wallace and Sarah Wallace

Welsh Institute for Health and Social Care, University of South Wales; Swansea University; Cardiff Metropolitan University; Bangor University.

Study Principal lead:

Professor Mark Llewellyn[1]

Director of the Welsh Institute for Health and Social Care, and Professor of Health and Care Policy

University of South Wales

mark.llewellyn@southwales.ac.uk

[1] Welsh Institute for Health and Social Care, University of South Wales: WIHSC Staff | University of South Wales

[2] Professor Fiona Verity - Swansea University

Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government. For further information please contact:

Social Services and Integration Division
Welsh Government, Cathays Park, Cardiff, CF10 3NQ

Email: research.healthandsocialservices@gov.wales

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Glossary

Acronym/Key word	Definition
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.
IMPACT study	Independent evaluation of the Implementation of the Social Services and Well-being (Wales) Act 2014
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. The overarching summation of the Act states that there is a requirement for co-operation and partnership by public authorities.
P-FE	Principles-Focused Evaluation
Prevention and Early Intervention	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. This principle centres on increasing preventative services within the community to minimise the escalation of critical need.
SERG	Study Expert Reference Group
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, and giving them a voice in, and control over, the outcomes that can help them achieve well-being and the things that matter most to them.
Well-being	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. It is about supporting people to achieve their own well-being and measuring the success of care and support.

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* (hereafter referred to as 'the Act').

1.2 The independent national evaluation – the IMPACT study[3] – 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. 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)[4] with its three citizen co-chairs.

Approach

1.3 As '…part of a wider transformation programme for social services in Wales' (Welsh Government, 2013, p.23)[5] the Act sets out the Welsh Government vision to produce 'transformative changes' in social service policy, regulation, and delivery arrangements across Wales. It has 11 parts and is informed by five principles: wellbeing, voice and control (running 'across the spine' of the Act (ibid, p.9), prevention and early intervention, multi-agency working and co-production. Aligned to it are regulations and a series of Codes of Practice.

1.4 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 its associated Codes of Practice – see Table 1.1.

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

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

[5] Welsh Government (2013).

Table 1.1: Five principles of the Act, and the five domains of the study[6]

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

1.5 Our evaluation study as a whole represents an independent and objective assessment of the implementation of the Act and the way in which it has impacted the well-being of people who need care and support and their carers, and on the system of care in Wales.

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

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

Scope and remit of this report

1.7 Our task in this report is to focus on the second of those questions, and consider it in the light of the experience of the workforce during COVID-19.

1.8 This report therefore builds on the 'original' *Process Evaluation*[7] which provided the workforce perspective on the pre-COVID implementation of the Act, which was published in January 2021 following fieldwork in the three months immediately preceding the first period of lockdown during the pandemic.

[6] Definitions for these principles are provided by Social Care Wales and are included in the Glossary of this document.

[7] Llewellyn et al. (2021).

1.9 At the time of completing that original fieldwork, of course, it was not possible for participants to understand the profound and lasting impact the pandemic would have on many aspects of society, and obviously for the work of social services. This additional report was therefore commissioned by Welsh Government to reflect on the consequences of COVID-19 for the implementation process associated with the Act.

Report structure

1.10 In the chapter that follows, we provide an account of the methods used to collect the evidence from which this report draws. Following that, a substantive findings chapter presents a thematic analysis of the interview data collected. The report concludes with a short chapter reflecting on the implications of this evidence for the principles underpinning the Act.

2. Methodology

Data collection

2.1 This process evaluation considers the perspective of the paid workforce on the implementation of the Act. As noted in Chapter 1, data was collected on workforce perspectives under the original *Process Evaluation,* undertaken immediately ahead of the fist COVID-19 lockdown in March 2020. This present exercise was designed to gather data reflecting back on the period of the pandemic. The overall purpose was to understand the impact that the pandemic had on the ongoing implementation of the Act.

Participants and sampling

2.2 The aim for the present work was to follow up with those who had taken part in the original process evaluation report on workforce perspectives. In the original work, purposive sampling was used to identify and recruit participants. Purposive sampling is a technique which involves identifying and selecting individuals or groups of individuals who have in-depth knowledge and/or experience of the phenomenon of interest (Creswell and Plano Clark, 2011). To help achieve the objective of this work (Merriam, 2009), we selected the sample purposively to include a range of geographical areas, organisations, and levels of the workforce.[8]

2.3 Four local authority areas of Wales (Localities 1-4) were approached to take part in the 'original' process evaluation as representative of Wales' communities: one predominantly rural, one predominantly urban, one predominately valleys, and one predominantly Welsh-speaking. These served as 'stratified case studies' including three different 'levels' of the workforce:

- strategic leaders and senior managers
- operational managers
- frontline staff

2.4 Different organisations within the four localities were included: the statutory organisations (local authority and health board); commissioned services (independent and voluntary sectors); and regional structures (such as regional

[8] For more information on sampling see Llewellyn et al. (2021), paragraphs 2.5 to 2.9 – Evaluation of the Social Services and Well-being (Wales) Act 2014: process evaluation.

partnership boards, regional safeguarding boards, regional social value forums, public service boards).

2.5 The 'original' process evaluation approach yielded 140 participants, the majority of whom took part in individual interviews, but some contributed via group discussions. 41 strategic leaders and senior managers, 41 operational managers and 58 frontline staff participated across the four localities.

2.6 For this additional work, the study team went back to the same four local authorities that had taken part in the original process evaluation on workforce perspectives and interviewed as many of the same people that circumstance would allow for. The only significant difference this time was that interviews all took place online, using Microsoft Teams. We approached all of the previous participants, and 45 of them agreed to take part again (detail below). Not all of the 140 original participants were still in post and those people in their roles were approached in their place, and a number were unable to take part due to workforce pressure and other commitments.

2.7 All of the data was collected by one member of the evaluation team (Llewellyn) between January and May 2022.

Total number of interviewees

2.8 In the present work, a total of 60 individuals took part in interviews (n=30), or discussion groups (n=30). Table 2.1 shows the total number of interviews split by locality and type of participant. Three-quarters (n=45) of the people who participated in this exercise also contributed to the original process evaluation:

Table 2.1: Total number of interviewees

Area	Type of worker			TOTAL
	Senior manager / Strategic leader	Operational manager	Frontline staff	
Locality 1	4	6	0	**10**
Locality 2	2	15	2	**19**
Locality 3	4	7	0	**11**
Locality 4	4	15	0	**20**
TOTAL	**14**	**43**	**2**	**60**

2.9 The distribution by type of worker differed somewhat to the earlier work.[9] In particular, frontline staff was the largest group in the earlier work but only two took part in the present work., Constraints on our ability to engage with this group of workers – given the fact that they are working under very pressurised circumstances, there are practical challenges associated with working remotely, and there were different people in post in all four localities – explain the reasons behind this. For reference, the indicative list of questions used in the interview is contained in Annex 1.

Ethics

2.10 All potential participants received an information sheet providing details of what their participation would entail. Written or verbal agreement to participate was confirmed before interviews/discussion groups commenced and all participants were made aware of the privacy notice approved by Welsh Government for the study.

Data analysis

2.11 Interviews/discussions were audio recorded and qualitative data was transcribed verbatim and anonymised. Transcripts were analysed using thematic analysis.[10] NVivo 12 was used to organise and manage the data and a new framework of codes was developed to represent the data gathered in this exercise.

2.12 Data analysis was an iterative process; the coding of transcripts was undertaken by two members of the evaluation team and included numerous discussions to review and revise the developing coding framework, and themes.

2.13 Findings are presented using each of the themes as a subheading or additional subheading. Each section includes data from interviews and discussion groups. Details at the end of each quotation refer to the locality, organisation, and levels that these people represent (as specified above). All names, details of job role and any other identifying information have been removed for anonymity.

Limitations

2.14 As with any study of this size and complexity, there are limitations to note. The key strength of this part of the study is in the qualitative, in-depth perspectives that we

[9] For more information on the original spread of participants, see Llewellyn et al. (2021), paragraphs 2.10 and 2.11 – Evaluation of the Social Services and Well-being (Wales) Act 2014: process evaluation.

[10] Braun and Clarke (2006).

have gathered through interviews and focus groups with people within the workforce. Their insights were powerful in helping to build an understanding of the impact of the pandemic on them, their work, their colleagues, and those for whom they provide care and support.

2.15 There was a capacity challenge when reaching out to local authorities to support this work. A much smaller number of participants took up the opportunity of contributing to this 'post-COVID' reflection on the implementation of the Act than had done so previously, for reasons noted above (see paragraph 2.9). Whilst we did reach a point of data saturation with our sample, inevitably the breadth and reach of this piece of work was not as extensive as for the first.

2.16 Similarly, the sample of participants was different from the original process evaluation report for understandable reasons as described above (see paragraph 2.9). There are some potential implications of this that are worthy of note. Firstly, it is important to be clear therefore that this is not a longitudinal dataset in totality – for three-quarters of our sample we were able to discuss how they perceived the situation regarding the Act's implementation both pre-and post-pandemic, but that is not the case for everyone. Secondly, and due to this, care needs to be taken when reading this report, its analysis, and its conclusions alongside the 'original' process evaluation (Llewellyn et al., 2021) – the samples are different and therefore not directly comparable.

3. Findings

3.1 The profound and complex impact of COVID-19 for people in Wales and the provision of social services, was a major theme running through this second set of process evaluation interviews which took place in early 2022, two years into the pandemic.

3.2 The themes presented in this chapter cover the 'disruption' to the delivery of social services caused by COVID-19, the requirement for the workforce to be resilient and the consequent exhaustion that has been felt across the sector. The themes then go on to cover the ways in which the pandemic exposed the 'system fragility' of social services and the knock-on effects on the implementation of the Act – both in terms of how this has been decelerated in certain aspects and then accelerated in others. The chapter closes with an analysis of what this means for the ongoing implementation 'journey'.

Disruption

3.3 Participants talked with emotion about the disruptive force of COVID-19. The pandemic rapidly triggered situations with implications for the organisation of social services and how care and support were provided. Several sub-themes related to disruption were developed from our analysis.

Shock

3.4 Firstly, the shock that participants felt resulting from the pandemic can be seen throughout the interviews. The following participant crystallized the enormity of this in their comment: *we as a nation I think probably have to sit back and go "wow, what the hell happened there" and that hasn't happened has it. We've just kind of got on, "well let's move on, you've had your three jabs, just live your life now, take your mask off, live your life", rather than "what the hell happened there?" (Operational manager, LA, Locality 3).*

3.5 This sense of shock and the consequent need to move suddenly and act in new ways is conveyed in the quotations below:

> *My God if you think about, we didn't know anything, you know, when we were thrown into it, we didn't have PPE, we didn't have all these things and I just think that they went on pure heart (Operational manager, LA, Locality 4).*

First and foremost, I think what shocked us, what shocked us all I'm sure is the urgency and response required with the pandemic hitting. That was quite alarming I guess, and over the space of a week I think we went from delivering a service on site of over 250 daily to literally closing the service down and that was difficult to do for a number of reasons, practically and psychologically (Operational manager, LA, Locality 2).

3.6 Participants reflected on the 'uncharted territory' they were required to move into, and the need to adapt and implement change at pace which led to feelings of uncertainty, insecurity, concern about risk and anxiety, especially during the early period of the pandemic:

We were working with the principal officers to ensure that staff had the right information and guidance in line with the ever changing, it felt like weekly changes to Welsh Government guidance. […] …as a team we were looking at things like making sure we had sanitiser wipes in cars and the pool car availability for staff to go out (Operational manager, LA, Locality 4).

…the social workers were in complete disarray, panic […]. Our whole work world turned on its head and everything that we were trained to do, to knock doors, to build relationships in the spirit of the Act, just stopped and we had to find these ways of adjusting (Senior Manager, LA, Locality 3).

Impacts for people who use services and carers

3.7 The suddenness of the onset of the pandemic meant almost instant changes in the delivery of social services, with implications for individuals, families, and carers, as explained below:

… the traditional model of social work just changed overnight, literally overnight. So one minute you'd have been going in and having a conversation, a 'What Matters' conversation with somebody, looking at providing care and support and the next minute you are having a conversation with somebody on the telephone about actually them not wanting a care [worker] to come over their threshold and the responsibility passing onto whoever, who might be able to fill that gap. So there was an incredible, I'm not going to use the word 'burden' because that's not fair, but there was an incredible load that went onto a lot of carers, informal carers, you know, daughters, sons, mothers, that informal network, for them to actually provide that cover (Operational manager, LA, Locality 3).

3.8 A ‘significant’ reduction of carer’s assessments undertaken during COVID-19 was cited by a participant as an impact on families, with an ‘informal acceptance’ that those in need of care and support would have family members to step-in: *…that strikes me as people were just, that recognition of carers wasn’t necessarily at the forefront of people’s practice and they did become reliant on unpaid carers (Operational manager, LA, Locality 1).*

3.9 Linked to the ability or inability to meet assessed need, participants noted that the reduction of support to service users increased the burden on carers:

> *I think, as COVID progressed, there was a real sense of shift that carers had had a prolonged period of doing more with less support. Their own support networks, people weren’t seeing each other, there was no groups, there was no activities (Operational manager, LA, Locality 1).*
>
> *I think carers have suffered significantly during this pandemic. […] …we know that there are quite a few carers out there who have really struggled financially, emotionally, physically to care for their child, their spouse during this pandemic (Frontline staff, LA, Locality 2).*

3.10 This was not all negative, however. Some participants argued that the additional focus on carers has been a positive, given that they were now visible and trusted in a way that they had not been previously: *…our relationship is better with carers and improved dramatically during the last two years because we had to rely on each other so much. I mean the carers were our ears and eyes (Operational manager, LA, Locality 2).*

3.11 Participants also highlighted broader impacts on service users and carers such as an increase in referrals for issues including concerns around: *confidence, anxiety, willing to go out and be independent, which had a massive impact on many groups (Operational manager, Voluntary Sector, Locality 1)*.

3.12 Participants noted that prioritisation of some groups – like older people – at this time limited access to services for children, young people, and their families. Impacts on young people in residential care were also mentioned, particularly around restricted face-to-face engagement, isolation, and uncertainty. However, in some cases unforeseen positive consequences were described, as in the extract below referring to strengthened relationships between staff and young people through additional time spent together, and shared experiences: *…young people and the staff became*

isolated very quickly with the COVID […]. I think young people and staff were able to share that experience of working through COVID and I think, because of that, everybody engaged, and it strengthened relationships (Operational manager, LA, Locality 2).

3.13 Concerns regarding the longer-term impacts of restricted face-to-face contact for learning disabled individuals, their families, and carers was shared with worries that there could be *'more impact to see' (Operational manager, LA, Locality 2).*

3.14 Similar concerns were shared in the context of safeguarding children and young people. In the view of one participant, one local authority experienced 'a significant drop in safeguarding reports' by 'almost 50%', which was attributed to school and care home closures. Another participants raised the impact of school closures and closed or reduced services as young people 'slipping through the net', amplifying risk and complexity: *Things haven't been as eyes on as they would have been and that is a worry, that's not a huge number but there are a couple of cases that certainly spring to mind and who are dealing with sort of more complex cases when they come through (Operational manager, LA, Locality 4).*

Disruptive impacts on organisations, staff, and ways of working

3.15 Participants described the disruptive impact of the pandemic on organisations, staff, and their ways of working, with words like 'decimated', crystallising the acute nature of this: *…the [service area] team was decimated by illness, there were a number of people off with COVID, but there were a number of people off with other things as well, so the team was decimated (Operational manager, LA, Locality 2).*

> *I think if we hadn't had a pandemic, which hadn't decimated our health and social care workforce, of course we would have moved on with some of this [implementation] (Senior manager, LA, Locality 3).*

3.16 The initial speed of shifting to remote working posed challenges for staff. Respondents described situations they hadn't previously encountered: *We weren't skilled at doing telephone assessments, nobody trained us to do a telephone assessment, it was all on face-to-face and what you pick up (Operational manager, HB, Locality 2).* Another respondent picked up on one of the issues that not being able to work face-to-face meant for social workers: *…it's impossible to get the same feel for the work as over the phone or seeing what the conditions are like at the house (Operational manager, LA, Locality 1).*

3.17 Drawbacks to remote and digital working were discussed, and largely focused on the lack of opportunity for casual conversations, peer support, sense-checking, problem-solving, catch-ups amongst colleagues, and for some, the loneliness and isolation of working from home.

3.18 These challenges were also evident for students on placement and newly qualified social workers, with implications for a confident, experienced, and sustainable workforce:

> *It's all the environmental influences that happen when you are in placement, you're like a sponge and you are learning from all sides it isn't just that sort of those one-to-one sessions you have, it is how somebody manages conversations, it's how the team interact with each other and all of those things I've really felt were missing […]. They've got their first year in practice that would have been affected, they are out there practising, as a newly qualified worker without that team experience […]. One of the consequences could be if you haven't had that experience, could that change the amount of time you might stay in the profession (Operational manager, LA, Locality 4).*

3.19 Online working also had implications for the delivery of staff training, moving from a traditional face-to-face model to online delivery. This shift required consideration of accessibility, engagement, and equipment: *…we had to really think about how we were going to be delivering training online, both in terms of accessibility, having the right materials, how to convey those materials, having the skills to do it and how to enable those participants to get the best out of the training (Operational manager, LA, Locality 2).*

3.20 Respondents reported that moving away from face-to-face interaction to telephone and/or online working had consequences for early intervention and prevention, such as later and more serious referrals being received: *Early intervention and prevention services, they continued to work remotely for a huge part of the pandemic. […] …the value of those programmes in terms of escalating need, in terms of providing support. […] …the data is indicating that we are now, really, 18 months of support not being provided in a timely fashion, needs escalating […]. I think there's a lot of hidden harm out there (Senior manager / Strategic leader, LA, Locality 2).*

3.21 Disruptions were also experienced through re-allocating staff and resources to respond to COVID-19*: there was pressure in terms of staff having to be moved to focus on COVID and on their core tasks they were having to just step in […].*

…when we started the rollout of the vaccinations the staff were being taken from their current post to actually just having to deal with that (Operational manager, LA, Locality 1).

3.22 At the outset of the pandemic, there was 'a lot of uncertainty' about additional costs involved, and the extent to which costs would be met by LAs, and what would be provided by Welsh Government:

We had no idea what it would cost us in terms of demand for services, additional things like PPE, cleaning costs, all the stuff that came with COVID and trying to keep things going. […]. What helped was the fact that Welsh Government quickly realised that in order to maintain public health and public services they needed us, and they needed us to be able to function financially, so very quickly they came up with, "Yes, we will cover your cost in terms of any additional costs, staffing costs, cleaning costs, PPE, whatever". […] So that process quickly evolved into us incurring the expenditure, knowing that Welsh Government would underwrite the cost, and a process was built up and it worked quite well (Senior manager / Strategic leader, LA, Locality 1).

3.23 Decisions and planning to ensure staff well-being especially when it came to their personal safety took on priority, as the respondents below describe:

…it was a balance of making sure that we were clear in relation to the changes in the expectation on us with the COVID Act etc, but also making sure that we were really conscious of the well-being of staff (Operational manager, LA, Locality 1).

…in fairness to those staff they were coming into work and then returning to their own homes and their own families and supporting people with COVID within work and I think that took an emotional toll on a lot of staff (Operational manager, LA, Locality 2).

Some people quite interestingly adapted and were really positive and energised during that crisis model […] others have struggled with the crisis model […]. They've struggled so much that some have taken sick leave because of that, they are saying "oh well I can't deal with this, this is far too emotional for me to deal with"' (Senior manager / Strategic leader, LA, Locality 4).

Impact on service development

3.24 There was a mixed picture in the evidence about the impact of the COVID-19 regulations and lockdown restrictions on approaches to service development. Due to restricted personal contacts, some respondents felt it had hampered local authority and third sector capacity to progress service changes and community-based prevention: *In terms of prevention and early intervention, our ambition of the transformation was about community resilience and building community resilience so that we didn't need to be providing money and that sort of stuff. […]. The reality is that, because we weren't able to leave our houses in one sense, that building of those community activities – a lot of that just had to stop (Senior manager / Strategic leader, LA, Locality 2).*

3.25 These experiences were echoed by others. Below, respondents discuss the impact of COVID-19 on plans to take forward, develop and re-structure services and cultures. With a need to focus on the crisis and adapt to different ways of working, priorities had to be different:

> *We had a number of plans in relation to developing our services in consultation with day services, development of our short stay services, development of our young people's accommodation. I would say COVID had significantly set back the time for targets that we'd planned on those development areas (Operational manager, LA, Locality 3).*
>
> *We started discussions around social work restructure formally around 2018/2019. We were literally at the start of 2020, and by March 2020 we were getting to the point where we actually had a proposal for a social work restructure. We'd kind of reviewed, we'd done a lot of work leading up to 2020 with staff, particularly around the review function and so on and so forth […] and we went into the pandemic and had to put that on pause and shelve it (Operational manager, LA, Locality 4)*
>
> *The pandemic come upon us, and the priority was just keeping people safe and just getting through each day and some of that forward thinking came to a bit of a halt (Operational manager, LA, Locality 2).*

Impacts on multi-agency working

3.26 Integration and multi-agency working between local authorities, social care agencies and health services were felt to have been impacted by the pandemic. For

some, over the period of the pandemic there was a 'fracturing' of integration caused by differences in working practices – like remote working for some and face-to-face working for others, and the different work-based systems used in different sectors:

> *I think being at home you lose the sixth sense. You lose something in terms of the team ethic and the team ethos, and the informal support people get before and after they've been on a difficult visit for example. I think we missed being with health colleagues and all the informal interaction. I think that the culture suffers because a team's culture is very different from being in an office with people, where you can feel the temperature, you can get a sense of how people are, you can get a sense of the temperature in the team, the morale, all of that I think is much harder to do. It's not impossible, but much harder to do on [Microsoft] Teams (Operational manager, LA, Locality 2).*

> *…it can be frustrating at times how slow they [social services] are coming back into face-to-face. […]. …we still don't have social services back in the building to this day, so we're over two years on now (Operational manager, Health Board, Locality 1).*

3.27 An acknowledgment was made of the work required to rebuild trust and relationships across organisations which were fairly well established prior to COVID-19: *…we really do need social services colleagues back in the room, as we can't push forward with that co-production and "What Matters", which is the heart of the Act (Operational manager, Health Board, Locality 1).*

3.28 In contrast, there were experiences of social care and health collaboration that had risen to new heights during the pandemic, as highlighted by other participants:

> *We work really well together. I think we were all quite honest about the pressures, and there was this shared respect that there was pressure on both sides. It was almost coming to the table, rather than being defensive, going, 'Okay, then, this is where we are, this is where you are, what is going to be our priorities?' 'What can we realistically do different to help both sides?' (Operational manager, LA, Locality 1).*

> *...on a corporate level, I don't think the collaboration with the Health Board has ever been so good, so close. […]. I don't think it has ever been so close in relation to collaboration (Senior manager / Strategic leader, LA, Locality 1).*

Health and social services found ways of working much more in tandem, much more closely together and much more as a united, seamless approach to individuals (Senior manager / Strategic leader, LA, Locality 4).

3.29 For example, in terms of remote working and virtual meetings, multi-agency engagement at meetings had improved. Benefits included its ease and greater capacity to attend through time saved on travelling:

…when we've needed to organise urgent safeguarding meetings and things like that, the availability of people has been much easier because we haven't all needed to get to a destination in order to be there. So we've had more multi-agency safeguarding meetings in the last two years, where the whole multi-agency team have been able to come together rather than it just being social services and police (Operational manager, LA, Locality 4).

3.30 Previous effective collaborative working established prior to the pandemic had helped to maintain and for some, strengthen effective working relationships:

I think that's one of the good things for the pandemic, I think those relationships were there anyway so we could just continue them but in a different format (Operational manager, LA, Locality 2).

…it may have slowed [our partnership] down a little bit but because we had such good foundations there already, I don't think the pandemic has overly sort of undermined the partnership that was there (Senior Manager, LA, Locality 3).

3.31 Another respondent highlighted the advantage of significant investment 'for over a decade' in relational networks, which meant that: *There was no need or necessity to generate personal relationships, we'd done that (Senior manager / Strategic leader, LA, Locality 3).*

3.32 Whilst for some, the pandemic had 'a positive impact on relationships', there was reflection on the difficulties in maintaining these positive developments post-COVID-19, particularly in the face of competing pressures and priorities:

…people are back to having their different priorities and different aims, and they're pulling against each other a little bit more already […]. …local authorities have pretty much gone back to business as usual […]. The [health board] focus has moved away from that partnership working, that partnership aim, back to what they're trying to achieve within their own organisation (Operational manager, Regional Organisation, Locality 1).

Health have probably been quicker in flipping back to business-as-usual type responses, being aware of their budget pressures and being a bit hard line, you know, on emptying the beds and things like that (Operational manager, LA, Locality 4).

I think co-operation across all sectors is very important in the Act and I don't think we'll ever see a time again where there is so much alignment and everyone rowing in the same direction (Senior manager / Strategic leader, LA, Locality 1).

3.33 There was a consensus that to 're-balance care', there is a need to fund the 'whole system', rather than parts: *…if Welsh Government is serious about the re-balancing of care, they've got to start hypothecating some health funds into re-balancing care into community-based, and it's not enough just to put it into Community Health Service; it's got to be the whole system – Community Health and Social Care services (Senior manager / Strategic leader , Health Board, Locality 2).*

3.34 On regional and national level, the use of digital technology had enhanced and enabled collaboration: *…everyone gets a chance to feed in […] to what is happening locally and any concerns. I think that has given people confidence and made everyone feel like they have a voice and that everyone are equal partners, and I don't think this feeling existed prior to the pandemic (Senior manager / Strategic leader, LA, Locality 1).* Nonetheless, the value of face-to-face collaboration was acknowledged: *There is a real value to humans being able to spend time together. I think that's where a lot of the best collaboration comes from (Operational manager, LA, Locality 2).*

Resilience and Exhaustion

3.35 Resilience of service users, carers, families, the workforce, and organisations was a constant theme within the interviews. However many respondents also emphasised the onset of exhaustion which had overtaken or enveloped the resilience seen at the outset of the pandemic.

Resilience – Service users, carers, and families

3.36 There were many aspects of resilience during COVID-19 noted by respondents. Resilience was associated with a perceived sense of greater resistance and strength amongst service users, carers, and families, alongside reduced expectations, and a willingness to 'try different things'. Such resilience was particularly evident during the beginning of the pandemic:

…the public also expect less from us, so from that point of view, the public are more resilient than they were two years ago and they're willing to try different things more easily than they were two years ago (Operational manager, LA, Locality 2).

The resilience of some of these families has been phenomenal […]. …in some cases, it shows as well, possibly, that we were over-supporting individuals and given an opportunity, some people would choose not to go to day services or not whereas, in other people, it showed that we really need that day service for that individual (Operational manager, LA, Locality 1).

A lot of the people who'd been in long term mental health services suddenly became far more resilient and by becoming more resilient, it meant that they weren't as dependent on services as they had been and I think it was also appreciated by themselves that they were stronger than they thought (Operational manager, LA, Locality 2).

3.37 The stoic approach of those in receipt of care and support was seen as an opportunity to explore ways to continue building resilience:

…we took that as an opportunity to look at building really, on that resilience […] that element of, 'actually, we can do things differently' (Operational manager, LA, Locality 1). However, as time progressed, sustaining resilience became more challenging: *…at the beginning it was just like, 'Okay. It's a novelty. We'll just have to get through this for a few weeks or a few months', or whatever. I think then as it was going on, I think it did get more challenging for some families […] I think the pressures on families have probably shown more because I think it's that extended period of time where they did cope and nobody can cope forever, can they? It eventually takes its toll (Operational manager, LA, Locality 2).*

3.38 Respondents also recognised that, for example, through furlough, there was a greater opportunity for citizens to step-in and 'look after their own':

…we saw right at the beginning, people being resourced [via furlough] […] people had time and people were paid what they would have been paid in work. So, if you think about all of our unpaid carers, they don't get paid and that's why lots of people can't do it cos they can't afford to do it. So that's really made me think about that element of the Act, people did do it, people did look after their own but they couldn't do it for ever (Operational manager, LA, Locality 4).

[with the expectation] to return to work and needing to get back to earning money, the frustration for some people is that while they've been caring for mum or dad, suddenly the formal care that was available before has evaporated. Now they're putting their hand up saying, 'Yeah, I need to go back now,' to be told, unfortunately we don't necessarily have the care to be able to replace what you are providing (Manager, LA, Locality 3).

3.39 As time progressed, some respondents observed the deleterious effects of delayed help-seeking and access to services, and questioned its potential long-term impact, especially in respect of the onset of fatigue amongst individuals and families:

[a year ago] I would have said the resilience of families and individuals has been fantastic, and in terms of "What Matters", that clearly has been people's focus and people have found solutions and ways to do that. What I would say we're seeing is fatigue now, and we've seen a lot of people present very late for care and support. We're seeing a lot of people who have not had treatment, did not present for treatment, with the adverse effects of that […]. …inevitably that will have an impact on the demand on local authorities to provide care and support (Senior manager / Strategic leader, Health Board, Locality 2).

3.40 Acknowledging that many communities were already resilient pre-pandemic, the notion to instead build 'resourceful communities', by drawing on strengths, assets, and partnerships – as intended by the Act – was offered by a participant:

…there's only so many times you can knock a community down, and go, 'Ah well, it's not resilient anymore'. Whereas we work from the idea of we know what we've got in terms of our assets, let's be more resourceful with it, what can we do in partnership, and let's be more resourceful and creative with what we've got, rather than expecting communities to bounce back all the time […]. We're trying to build resilient communities, and that all comes out of all the Acts, when actually they've probably been resilient for years, but what we're teaching them to do now is to be more resourceful (Operational manager, Voluntary Sector, Locality 1).

Resilience: workforce and organisations

3.41 In addition to that of service users, carers and families, numerous examples were given of workforce resilience, staff and organisational responsiveness, dedication in working long hours, and adaptiveness:

The way partners came together at the beginning of the pandemic, cutting through huge swathes of red tape, professional balances that were there previously, it is phenomenal, it's testament to the huge commitment and passion across the health and social care workforce (Senior manager, LA, Locality 3).

I think everyone in the public sector has shown as individual organisations and collectively as a sector, that we can respond to movement quickly. But the core principles are needed to do that, everyone knows their role, everyone knows where they fit in and resources are put in and I'd like to think that's going to stay with us (Senior manager / Strategic leader, LA, Locality 1).

You were working long hours and non-stop without a weekend break, so you didn't have a chance to recharge your batteries before the next challenge was coming in the door. I think staff have been exemplary in being resilient (Operational manager, LA, Locality 2).

The resilience of our workforce of staff at all levels, it's always been at the heart, no matter what, it doesn't matter how difficult and how demanding it's been (Operational manager, LA, Locality 2).

I think the key take away messages is for me would be around the resilience and compassion that staff have shown over the last two years. [They] faced wave after wave after wave, they are in the main still standing and still focussed on what's important and what matters (Operational manager, LA, Locality 3).

Exhaustion and its impacts

3.42 Exhaustion from sustained pressure has had an impact on staff retention, with some participants noting the exit of staff from the social care workforce. Set against the resilience described above, the impact of the events of the pandemic on well-being and mental health was a theme across the interviews. Whilst referring to the resilience amongst the workforce during the pandemic, there was recognition that there is now significant fatigue within the health and social care system – mirroring that within the population supported by social care:

I see exhausted people in certain areas […]. You've got the same people doing the same job and they've worked over and above not for a week or two, this is for at least two years (Operational manager, Health Board, Locality 2).

There's clearly high levels of exhaustion, and I don't think that's necessarily a surprise. That's to do with the intensity and trying to run 100 miles an hour for an extended period of time (Manager, LA, Locality 3).

…the pandemic has shed a light on the mental well-being of our population and there are more and more conversations in my organisation about the well-being of staff (Operational manager, Health Board, Locality 3).

3.43 Some participants mentioned the need to invest in order to support the workforce come to terms with the experiences and impacts of the pandemic, not just in respect of their exhaustion, but also their mental health:

I think it has affected some people's mental health and we've had to invest a lot in well-being services (Operational manager, LA, Locality 2).

I think when you try and come along and say, "okay let's move on now we've got a lot to do to recover regionally, how are we going to transform our systems?". There's something in that middle bit about what do we need to do to be able to enable staff to process what they've been through (Operational manager, LA, Locality 3).

It's quite tough supporting families, isn't it, who are going through a crisis when you're going through a crisis as well. It's really hard and you're all going through the same crisis. You're supporting people that are going through exactly the same things that you're going through (Manager, LA, Locality 2).

…having to ensure that, you know, we can support staff through some awful experiences that they have had. So, for example, we have a few care homes that lost, you know, we're talking in the beginning, that lost over half their residents. So, we were asked could we support that sector, so arranging training around bereavement and loss and managing bereavement (Manager, LA, Locality 2).

3.44 The impact of the pandemic on workforce emotional well-being was also linked to an exit of staff from the sector:

The provision of care has if anything got more difficult in recent months because of the burnout of low paid staff (Senior manager / Strategic leader, LA, Locality 4).

What we are seeing is big staffing absences where staff are just, they've had enough, and they've left the centre to go and work in retail or hospitality (Operational manager, LA, Locality 4).

People are exhausted, and we're losing a huge amount of people out of the health and social care workforce (Senior manager, LA, Locality 3).

Exposure of social services system fragility

3.45 The impact of COVID-19 served to expose fragilities in the social care system, as several participants highlighted in their interviews. These fragilities include the impacts of the underfunding of social care, the structure of social care markets, and workforce retention and recruitment issues.

3.46 As raised in the previous section, some interviewees talked about staff leaving the social care sector as a 'legacy' of the pandemic, but fragility was also discussed in the face of wider structural issues. In addition to COVID-19, the fragility of the system was perceived to have been compounded by the economic crises, the cost-of-living crisis and Brexit, requiring 'dense reinvestment' to re-balance the situation.

3.47 Issues regarding recruitment were common, with participants reflecting on the difficulties and challenges in finding people to work in the sector:

No matter what we try to do, we can't buy it and we can't recruit (Senior manager / Strategic leader, Health Board, Locality 2).

Community services in the domiciliary world have hit a wall from a local, regional, and national level in relation to recruitment and retention. That's our biggest pressure now is the recruitment and retention. I don't know whether during the pandemic, the two years, it has made citizens out there think twice about coming into the health and social care arena (Operational manager, LA, Locality 2)

No matter how hard we've worked, as of today there were probably 1600 hours a week of domiciliary care that we're not delivering because we just don't have the carers (Senior manager / Strategic manager, LA, Locality 3).

Diminished workforce capacity

3.48 Social care system fragility centred on a reduction in the capacity of the workforce to provide and deliver care and support. Across the interviews, comparisons were made between pre-and-post pandemic staffing levels, with a greater reliance on

agency staff to fill vacancies, and a shortage of skilled and experienced workers post-COVID-19:

> *We have gone from a local authority, pre-pandemic, that rarely employed an agency social worker, to one that is leaning towards being reliant on agency social workers […]. I spend more time on the phone to agencies than I do to my own staff (Senior manager / Strategic leader, LA, Locality 2).*

3.49 Workforce capacity had also been impacted by the easing of lockdown restrictions, leading to an upsurge in the numbers of people becoming infected and reducing capacity further in the workforce. At the onset of the pandemic, with the reduction of employment options (like leisure and retail), LAs had experienced an increase of temporary care workers. However, when these sectors re-opened, people moved back and *'we lost a lot of people in the care sector' (Senior manager / Strategic leader, Health Board, Locality 2).*

3.50 Structural workforce capacity issues – like the long-standing problems in the domiciliary care sector – exacerbated by the pandemic, led to what was described by some as 'counter-intuitive working'. Concerns were raised about the consequences of domiciliary care pressures such as the long-term impacts of placing people in residential care 'too early' and issues around delayed hospital discharge:

> *In the last six to eight months, it's been really difficult to provide care at home because you can't get independent [sector] domiciliary care. Our only option is to over-provide for people then, to meet needs, so then we have to place them [in residential care]. This is also going to have a long-term social, economic impact because of people being placed too early […]. I'm really worried about the impact of that (Senior manager / Strategic leader, LA, Locality 2).*

> *We've got more people staying in hospital at the moment while they are waiting for care packages, we've got more people who are going into care homes because it's just the safer alternative and from our point of view within safeguarding. We do come across some examples where it just feels like a care home is a warehouse for the elderly and that's just awful, that's just really, really tragic and, you know, some people go in with control and choice and they just give up and they have no light at the end of any tunnel (Operational manager, LA, Locality 3).*

3.51 Acknowledging the care system pressures, the importance of establishing and maintaining dialogue with providers was mentioned: *If you engage the market in the right way and then have a purposeful conversation with them because they don't want to deliver poor care, they don't want the circumstances that they've got at the minute with recruitment and everything. It's a bloody massive headache for them, so it's been a collective effort in recognising the importance of care as a profession (Senior manager / Strategic leader, LA, Locality 3).*

3.52 In one area it was disclosed that providers were having 'contingency conversations' with families, asking whether they could step in in the event of future services being cut.

3.53 Workforce capacity issues were described variously as hindering continuity of care, outcomes and the time required to build meaningful, quality, and trusting relationships with those receiving care and support: *If you have a consistent social worker allocated to a family, there'll always be a better outcome but when there's a lot of turnover of staff it doesn't really lead to a good outcome unfortunately sometimes (Operational manager, LA, Locality 2).*

3.54 One participant described the 'moral distress' of being unable to meet and respond to need due to capacity issues:

> *…for our social workers it was an element of moral distress […]. When there is no care available that's become a moral challenge for them, they are saying 'I'm identifying this is the most important person that I've spoken to this week that we need to put in care' and we all said 'yes, we'll put them on the crisis list and look for care', I went 'there is no care, that's the struggle'. What do we do because they've already exhausted everything that they can do within the last two years, and we are still in that stage (Senior manager / Strategic leader, LA, Locality 4).*

3.55 As well as delays to establishing and delivering care packages to those in need, it was suggested that capacity issues have increased workloads, delayed transfers of care and hospital discharge, and negatively affected staff well-being:

> *We have nearly 150 medically fit people within the [location] alone in our hospital beds […] I do understand the care sector have got significant challenges with staffing and I know local authority colleagues are linking in and trying to support the domiciliary care providers and the care homes, but I do feel that health is just*

seen now as the safe place for these individuals, and it's not a safe place for these individuals (Senior manager / Strategic leader, HB, Locality 1).

…at one point we had over 100 people in hospital waiting for a care package. So those people were in hospital, they couldn't be discharged home, they all had social work assessments, but we couldn't actually physically put in the care from anywhere. […] We had never been in that situation before (Operational manager, LA, Locality 2).

We get into discussions about needing to move people out of hospital, they're not having voice. Of course, perhaps unsurprisingly, for social workers in particular, that's a pretty difficult thing to just suck it up (Manager, LA, Locality 3).

3.56 In summary, participants identified negative impacts of the workforce's reduced capacity on delivering the principles of the Act for service users and carers:

The most difficult part of being able to engage a young person is that relationship. If you've got temporary staff, they're not going to achieve that. It can take a couple of years to develop, to allow that young person to express exactly what they feel (Operational manager, LA, Locality 2).

You have less staff capacity. You are less able to work with people in the way you want to work with people and to support people to get engaged to co-produce (Operational manager, LA, Locality 4).

In terms of delivering on the Act, if you haven't got staff you can't deliver on the Act in the way they want it to be delivered (Operational manager, LA, Locality 2).

Market factors and financing of social care

3.57 Underfunding of social care, and what some participants called the 'fragility' of the care home market, was the second major issue reported by participants as contributing to the fragility of the social care system, a state which has been laid bare by the events around the pandemic. For participants, this position necessitates a fundamental examination of how care should be provided:

I think both the social care system and particularly in relation to externally commissioning services […] which have been seriously underfunded I would suggest for quite a few years, it's really highlighted the need to commission some of those services differently […] I think that Covid has shone such a spotlight on the fragility of the social care market (Operational manager, LA, Locality 4).

…the huge challenge around the fragility of the care home market which this has exposed, again which was already there, but this has kind of removed any pretence that we've got (Senior manager / Strategic leader, LA, Locality 3).

We've benefitted very significantly and very helpfully from Welsh Government in terms of the fuller payments that we've have through via the, you know, £50 million, and another further amount in the last few weeks but they'll probably close the loop financially on the extent of the underlying pressures which are significant in both adults and children's services. I guess my key concern going into next year is around the fragility of the market (Senior manager / Strategic leader, LA, Locality 3).

3.58 Comment was also made on the fragility of residential care for children with complex and challenging needs and the difficulty in sourcing either regional or national placements. This has led to 'unregistered placements' in operation. Notably, this was an issue acknowledged as being experienced across Wales:

I think there's a bigger question there for Welsh Government […] because I know from speaking to a few Chief Execs in Wales that they also are carrying unregistered placements, but they are in a bit of a quandary with lack of market supply and at the end of the day case law has evidenced fairly recently that the local authority is ultimately responsible, so if there is no market supply the council has to make that provision available. I think there's a discussion with Welsh Government around that market (Senior manager / Strategic leader, LA, Locality 3).

3.59 Whilst COVID-19 was seen to have raised the profile of social care, it also exposed long-term underfunding, and under-staffing of social care, particularly in comparison to health, as noted by participants. It was suggested that this disparity in financing was serving to undermine processes of health and social care integration:

What we've [LAs] had is time limited funding which has definitely helped us through COVID but doesn't give us any long-term structural benefits to improve the service and that's been a big issue. I mean just as an example, the mental health service in [LA], the health element has been given £1.5 million for staffing long term, for their crisis resolution and single point of access service and more money being made available to them. There's nothing for social care in that. I don't understand how in an integrated service, if we look to do preventative work, if the Government have that money for the health service […] why isn't it being

offered to local authorities as well, or separately (Operational manager, LA, Locality 4).

3.60 Others referred to the importance of long-term financial certainty of funding provided by Welsh Government to allow planning and to 'bring the Act into the conversation':

If we had a longer-term certainty over the money we get from Welsh Government, not just through settlement, but the other grants as well, it would allow us to plan and bring the Act into the conversation. […]. …if you want to try and implement the objectives of the Act, you have to know that, over a period of time, you will have enough money to do it and there is value in setting out each authority's plan […] Without that commitment to what the funding is going to be and that it's sufficient to do what the objectives of the Act need to be, you're asking the impossible, otherwise, on local authorities. You can't keep prioritising social care above everything else the council does (Senior manager / Strategic leader, LA, Locality 1).

Wider social and economic factors

3.61 These system pressures cannot be seen outside of other wider social, economic pressures as the following participants suggest:

…the other factors are the economic crisis, the cost-of-living crisis […]. All of this is contriving to impact on the market, not just the staff we lost as a result of people returning to Europe (Senior manager / Strategic leader, Health Board, Locality 2).

...it's difficult to look at well-being in the context of the pandemic alone, we've started with Brexit, we've had the pandemic and now it looks like we're heading towards a very unsettling period [...]. I think that we are in a very turbulent time and that the gap in well-being and standard of living is going to become even more black and white, the haves and have nots. I think before Brexit and the pandemic, we were making good progress as a country and there were policies in place and I'm not sure if the policies, the interventions, the way public funding is allocated is going to be fit for purpose to deal with well-being and quality of life for the next five years, there is so much uncertainty (Senior manager / Strategic leader, LA, Locality 1).

…in the last two years and I think will continue in adult social care, it's not really to do with the shifting in the approach, it's more to do with the age demographic,

it's to do with the volume of demand coming out of the back of the pandemic, and the complexity that we're seeing. It's more in that space combined with having to pay providers higher rates of pay (Senior manager / Strategic leader, LA, Locality 3).

3.62 Whilst COVID-19 had served to exacerbate challenges in the provision of social care, such as workforce capacity, several participants saw that it was not 'the sole causal factor'. Additional factors discussed in interviews were an ageing workforce, increasing complexity of need, the competing salaries of neighbouring authorities, roles outside the sector, and the cost of living. These coupled with COVID-19 and Brexit were described by one participant as: *'the whole perfect storm' (Senior manager / Strategic leader, LA, Locality 2).*

Deceleration and 'losing ground' in implementing the Act

3.63 Due to the multi-dimensional impacts of the pandemic, there was a notable sense amongst participants of 'losing of the ground' gained before the pandemic, a deceleration of the previous momentum achieved in implementing the Act.

3.64 Participants recounted what impact of the pandemic has meant for relationship-based practice, service availability, and spaces to meet, engage and support cultures of co-production and dialogue:

I wouldn't say, over the last two years, that the Act has been in anybody's minds when making decisions on what we're gonna do. It's either been responding to the emergency or responding to, "can you spend this cash?" (Senior manager / Strategic leader, LA, Locality 1).

…during the pandemic, there was a move backwards from co-producing. I got the rationale for it. It became harder for people to meet, to have the time to do it. People were very focused on crisis, so strategic practice became more reactive (Operational manager, LA, Locality 2).

We are nowhere near where we need to be, nowhere near. At that time pre-COVID, we had set up a resource panels or resource discussion groups if you like with our frontline managers, operational managers you know to talk about data, to talk about statistics, to talk about performance. The culture has changed (Operational manager, LA, Locality 4).

3.65 The detrimental impacts on partnership working, and in particular with the third sector, was raised by participants. Participants noted that COVID-19 had 'badly'

affected the third sector, and this combined with the above-mentioned constraints within local authorities, limited capacity for engagement and relationship building, as well as directly impacting capacity within the third sector itself:

> *…what we've found at this moment in time is what we're seeing is the third sector has been really badly impacted by the last two years and a dialogue is very difficult to sustain (Operational manager, LA, Locality 2).*

> *Where we were quite good before in signposting, you know, at the sort of front desk, the information and advice, there was quite a lot of third sector activity to signpost people to. I think we've lost that (Operational manager, LA, Locality 2).*

3.66 Pre-COVID-19 discussions to tackle workforce issues were acknowledged as needing to 'get back on track': *'We had talked about looking at working together and developing more health and social care workers' (Operational manager, Health Board, Locality 1).* Regarding the workforce, some local authorities have witnessed a shift in the focus of work. As the participant describes below, this was attributed to the shift from an 'enabling role to a caring role' in response to the pandemic. In response, the authority had implemented a programme to 'retrain and refocus' staff, which had been positively received:

> *…because of the reduced numbers of staffing levels, I think staff took on more of a caring role rather than an enabling role […]. We saw quite significant impacts and I think one of the challenges really has been moving staff from that more caring role back into an enabling role which what we've done is we've reinitiated and we've brought in a model of support called active support which retrains and refocuses staff on being enablers rather than carers and to be honest […] that had a really positive impact on staff motivation, really positive (Operational manager, LA, Locality 2).*

Increased demand and complexity in care and support packages

3.67 Exacerbating reduced workforce capacity issues – which was raised as an issue which has decelerated progress towards the implementation of the Act – is the growing demand for care and support, and the increasing complexity of presenting need:

> *We just can't meet the current demand, and demand is outstripping the capacity we have very, very quickly (Operational manager, LA, Locality 2).*

Talking about demand, caseloads in our teams from where we were in 2019 have doubled (Senior manager / Strategic leader, LA, Locality 3).

We've assessed need and can't meet it. I've done well into thirty-odd years of social, and I've never seen anything like this (Senior manager / Strategic leader, Health Board, Locality 2).

The number of cases where domestic violence is a feature [has increased] and there are deficits in that service provision. So, for example, [there are] deficits around provision of services to perpetrators of domestic violence which we've highlighted as an issue (Operational manager, LA, Locality 2).

We've got people who need assistance who cannot get into our services at all, no matter what they do, because we've got no people. We can't get social workers, we can't get care staff, so we're operating on a shoestring (Operational manager, LA, Locality 4).

3.68 At the heart of the challenge are the dual forces of increasing complexity of needs, coupled with a shortage of resources and specialist provision. There was an irony in the view of some participants that in certain ways the pandemic had meant that more complex cases were being dealt with at home, which is what the policy direction and intent wants to achieve. However, the decelerating impact of the two forces operating in tandem meant that the Act's intention could not be delivered: *I think it feels very much that we have more complex individuals at home, which is absolutely what we want, is the people to stay home longer. But I don't know whether the structures and the capacity within our provider units etc. was there to be able to deal with that (Operational manager, LA, Locality 1).*

Acceleration and 'gaining ground' in implementing the Act

3.69 Following the previous section where the pace of implementation was perceived to have been slowed by COVID-19, there were also many examples of the opposite occurring. In the words of one participant, the pandemic was both a 'curse' and an 'opportunity' *(Operational manager, Voluntary Sector, Locality 1).*

3.70 With the onset of COVID-19, and by necessity, some participants accelerated initiatives in the early planning stages:

COVID, it took us forward about 10 years overnight […] It's made us really re-look at what we do, of what are the outcomes and the purposes of some of the tasks that we undertake (Operational manager, LA, Locality 1).

…the pandemic hasn't been a time for our direction of travel to be stalled in any way, shape, or form […]. In some ways it's continued at a hell of a pace, possibly more quickly than otherwise would have been the case because necessity sometimes demands a quicker response (Senior Manager / Strategic leader, LA, Locality 3).

3.71 One example was given around the delivery of mental health support and early intervention – the pandemic spurred on the work to make this happen: *It was stuff that we were thinking about pre-pandemic and I don't want to call it an opportunity because that's using slightly the wrong word, I guess the pandemic has forced us to really prioritise and push on that piece of work (Operational manager, LA, Locality 3).*

3.72 In part, this acceleration was facilitated by people being given the 'permission' to do things differently, with less bureaucracy and a greater sense of autonomy to re-evaluate, explore and implement alternative ways of working as an absolute necessity to deal with the impacts of the pandemic:

I guess [what] the pandemic has allowed, is permission really, it's given us permission to look at things differently which probably wasn't necessarily always the *case politically […]. We are looking at new models of delivery, we are looking at new relationships with providers, more collaboration with providers and we are looking at pooling direct payments and things like that, you know, creative, innovative, solutions (Operational manager, LA, Locality 4).*

What the pandemic meant was all of a sudden everybody whole sail jumped straight into technology and that was fascinating because if we'd have tried to roll out [Microsoft] Teams across, you know, our schools, education, health, everyone, it would have taken years and years and years and we'd all be using different stuff (Operational manager, LA, Locality 4).

I think that we have become less bureaucratic as an organisation, I really do, and we have a lot more freedom to do what's right without all the thousands of checks and balances (Operational manager, LA, Locality 2).

I think necessity has enabled us to take it forward at pace. You know, so the us, the third sector and our sort of like place-based type things, we have worked on really closely together and we've got a completely integrated plan on a page that

we use for our partnership board and it's around person and place (Senior manager / Strategic leader, LA, Locality 3).

We'd been trying to implement a collaborative communication approach to social work and to adult services. I think the pandemic has forced that issue a bit, that we've had to look for other solutions to identify people's personal outcomes or the wellbeing outcomes. So, it's forced that a bit and I think we've seen very good evidence of that from out practitioners as well, of that strength-based discussions and solutions to outcomes (Operational manager, LA, Locality 4).

3.73 Again, in contrast to examples above where the pandemic slowed partnerships across sectors, including the third sector, other examples were provided of the acceleration of partnerships and strengthened integrated working. Specific examples were given of forms of integrated working that previously would not have been possible:

We've been able to establish a paediatric safeguarding group within A&E, we would never have been able to have done it [before] […]. We get the consultants across sites, we wouldn't have been able to have done it, you'd have got the person you wanted who was most interested would have led on it. Whereas now there's buy in from all sites (Operational manager, Health Board, Locality 2).

One of the positives that we did do during COVID was we, actually, restructured, believe it or not, to begin the Community Resource Teams with health because, what we saw was that delaying, it was actually going to be more impactful than actually doing it because, actually, this was a time when we needed teams to be working together. We needed to have that team available for those individuals (Operational manager, LA, Locality 1).

[COVID] was definitely a catalyst […]. the things we were able to put in place between us and health and [LA] as a three-way partnership – it happened a lot more frequently […] I'm quite positive that the partnership between the three of us will continue, there's no doubt about that. I've seen a lot more support from [Health Board] than we probably did before (Operational manager, Voluntary Sector, Locality 1).

Our relationship with the third sector from my point of view has improved during the pandemic because I think we've worked more collaboratively with our

colleagues in the sector which has been a brilliant outcome (Operational manager, LA, Locality 4).

We worked really well with providers; we've worked in partnership. We've jointly planned and created the different type of services. We've used our intelligence, their intelligence, pooled it, and collaborated (Senior Manager, LA, Locality 3).

3.74 Several positive revelatory impacts of the pandemic were also noted. These included improved manager/workforce relations, sharing good practice, the confidence to work more creatively with service users, and carers, and having more person-centred, outcome-focussed conversations.

It's like as if COVID has focused some people's minds on what really is their primary concern, or what matters the most today. "What has changed today that made you pick up that phone?" That kind of way of us talking with people over the phone I think has really helped. So now, today, "what is your main focus?" "What matters to you the most today?" (Operational manager, LA, Locality 2).

I think [COVID] has certainly forced us to look at how can we do this differently, you know, during the pandemic and that led to conversations with individuals about what they could and couldn't do, what they did want to do and what they didn't want to do and stuff like that […]. I think that is a legacy that will sustain and that's a driver in the [Act] and giving people agency and everything their lives. And it's made us continue to ask those questions as we come out of COVID. Although we were trying to ask those questions before, it's shown the importance of asking and the reward you can get both us and the carers, and those receiving any service can get from asking those questions (Senior manager / Strategic leader, LA, Locality 4).

What we're finding now is that, by keeping person-centred and very outcome-focused that we were able to do things in a more creative way than we would have even thought possible pre-pandemic (Senior manager / Strategic leader, LA, Locality 2).

3.75 Restrictions around the offer of community services during the pandemic and associated lockdowns, had led some local authorities to streamlining processes and developing creative solutions, like in respect of direct payments: *We created a fast-track direct payments process so we could pay families without having to go through a million hoops. So, if people were stuck in hospital and there was no care,*

you could say, "is there someone who can look after you?" and they can't because they do this or that, "oh, we'll pay them, or you can pay them. We'll give you the money to pay them to look after you until we can get care in" (Senior Manager / Strategic leader, LA, Locality 2).

3.76 Building on this acceleration around direct payments, local authorities referred to a shift from a mistrust of how direct payments were spent, to increased flexibility, enabling creative and practical solutions for families:

I don't think we'd perhaps gone with the spirit of the Act in terms of trusting people to use their direct payments in their own way to meet their outcomes. I think that because basically the whole world changed during COVID, we have had to be a lot more creative with families […]. In a way I think the pandemic has pushed us into that (Operational manager, LA, Locality 2).

When the carer was saying 'I just can't cope anymore, I can't do this and that, I can't care for Mum and keep up with all this laundry because I can't take it anywhere, what do I do?' I was saying 'well can your neighbour wash it, well let's pay your neighbour to wash it then' (Operational manager, LA, Locality 4).

3.77 In some cases, through increased use of digital technology, approaches to enhance multi-agency working and information sharing, and maintaining early intervention and prevention services, were also accelerated: *They have formal multi-disciplinary teams (MDTs) every week in these teams and the GPs come in virtually. This has been the big plus of the pandemic, the ability to virtually meet, and GPs are joining these meetings, and other professional staff, quite easily. It's just that ability to be responsive and proactive (Senior Manager / Strategic leader, LA, Locality 2).*

3.78 A move towards greater use of technology to continue support and engagement with individuals, carers, and families virtually was often referred to positively amongst participants, as it did on occasion lead to outcomes that would not have been achieved in an 'analogue' way of working face-to-face.

Some Councils stopped offering contact to parents of looked after children and you can't do it, it's illegal. So, we got creative and that included where we might have had to spend on iPads or Samsung tablets for people to see their children in a virtual forum (Senior Manager / Strategic leader, LA, Locality 1).

My social work team couldn't go into the prison on lockdown which did cause us additional complications then about a safe way to communicate with the

prisoners […]. The prison in realising our difficulties and that we needed to speak to the prisoners, they brought a number of additional iPads for prisoners to use under supervision to speak to my social workers. So at least we could then carry out the virtual assessments and listen to what they were saying (Operational manager, LA, Locality 2).

A lot of [our work] was done virtually as well. I think something about that was quite unusual because it worked better for some families. So doing meetings and having conversations via this means, or even over the telephone actually, I think, helped families engage better. Not everybody. It didn't suit everybody, but I think having that spectrum is a good thing (Operational manager, LA, Locality 4).

The way we engaged with young people, there was actually, quite a preference for the use of technology. It was far more flexible for them, less rigid. They're at that age in their life where they don't necessarily want to be having a visit at this time in this place (Senior Manager / Strategic leader, LA, Locality 2).

3.79 However, the appropriateness and potential risks of conducting certain types of meetings such as child protection conferences online, were acknowledged: *Having to engage virtually, and that can be quite difficult, particularly when you think about some of the domestic abuse cases where you have two parents with a history of domestic abuse (Operational manager, LA, Locality 1).*

3.80 In addition, the extent to which virtual assessments and home visits impacted voice and control, and building relationships was mentioned: *…I wasn't really getting the voice of the child much anymore and if you think about if someone's contacting the family or undertaking an assessment by phone call or video means, often, "Child seen in background. Child did not want to come to the phone. Child did not want to participate" (Senior manager / Strategic leader, LA, Locality 2).*

Continuing the journey

3.81 Despite all of the challenges experienced by the workforce during the pandemic, the metaphor of continuing the journey towards full implementation of the Act remained a constant for some participants. Perspectives on where they were on their journey and the work required to progress against the principles and ethos of the Act. varied.

3.82 Co-production, in particular was an area of focus and attention:

When it comes to stuff like co-production, we've still got a long way to go in relation to that, I think, and I think that we need to be looking at developing things (Operational manager, LA, Locality 1).

There is a willingness, you can hear it with some of the Heads of Service that we have now you know, how are you going to co-produce this? So, it's there, now how we go about it depends on what it is we are trying to do isn't it? (Operational manager, LA, Locality 4).

I was determined to start co-producing direct payments in [LA]. I said in order to co-produce, I've got to meet with people […] people had to share their experiences. Then we had to then say, "Right, we're going to start the journey. We're going to co-produce our future strategy and policy", which is something that we're trying to do. Again, it's tricky, but we didn't sign up for it because it was going to be straightforward, but I just look around for what we'd done in terms of co-production and even engagement during that previous 18 months. There was very, very little (Senior manager / Strategic leader, LA, Locality 2).

3.83 The ability to determine where an LA was on their journey was brought into question by one participant. Directly referring to the ever-changing landscape and different operating conditions such as an increase in need, austerity, and the impact of poverty, led to them questioning whether *'it's the same journey'* post-COVID-19 *(Operational manager, LA, Locality 4)*.

3.84 Nonetheless, despite the turbulence of the pandemic, there were several examples of good practice, positive work, and progression in the journey towards the implementation of the Act:

That commitment is there […] in terms of the principles of the Act. […] The investment's been there and we're seeing that in terms of different areas of practice […] We're starting to get that evidence back, we're seeing some really interesting practice in terms of development of provision for adults, in terms of the shift away from the care homes, in terms of what can we do and how can we involve adults in terms of the provisions there. But we've still, in terms of some of the feedback we're getting, some of the issues that we're seeing, some of our child and adult practice reviews, we've still got some work to do (Senior manager / Strategic leader, LA, Locality 1).

I think that sort of journey of more sort of outcome focus and person-centred work will, now it's got its hook in, I think people get it more and I think I'm a bit more confident now about how we take that forward now in the future across all of our services. I think some of the perhaps, you know, social work staff were trained, some of our home care staff, some of the reablement team staff were trained but not everyone got it, it was taking a while for it to sink in and now people are making the links. So, I'm more confident over the next two years that that approach will become more and more embedded (Operational manager, LA, Locality 4).

Our partnership around that [prevention], you know, we've done an awful lot in the last two years. I know we talked about the advantages of working with the third sector but actually it's wider, with community-based routes with local initiatives. I think there's been a lot of work and opportunities there which I hope we can really refresh and reframe what we see going forward (Senior manager / Strategic leader, LA, Locality 4).

Personal outcomes is the cornerstone of the Act, what matters most. […]. It's [COVID-19] had an effect but the ultimate overall intention to still move to that is important, and actually strength-based again, is important, and we are still moving to that […]. The overall direction is still there, it's still prioritised, it's still recognised (Senior manager, LA, Locality 3).

3.85 Several factors were highlighted as requiring consideration/prioritisation to enable the advancement of the continuation of the 'journey' towards implementation.

Integration

3.86 Within this sub-theme, examples were provided of how local authorities across Wales were, in theory, adopting the same models of care and support, but still implementing them in '22 different ways'.

3.87 It was noted that aspirations of 'truly integrated' working amongst health, education, social care and other partners, where everyone is working to the same values and principles, have yet to be realised: *It might be on paper, an inclusive piece of legislation, but, in the real world in relation to what happens on the floor, and I think that's sometimes where legislators tend to forget what's happening on the coalface. […] We have been bloody indoctrinated into the Act and all those training and*

everything that was done, but it wasn't inclusive (Operational manager, LA, Locality 1).

3.88 Within another LA, whilst relationships and practice between health and social care had improved, full integration remained elusive: *We are still not, you know, properly integrated or jointly commissioning services in that sense and I think that is political (Operational manager, LA, Locality 4).*

3.89 Similarly, a manager from another LA highlighted progress in terms of relationships with the third sector. By contrast, a lack of progress in buy-in from health persists:

> *We've developed quite a lot of projects with them [third sector] to continue this so I think we are far further afield now than we were. For my health colleagues, I don't think we are further afield because they've never even had training on the Social Services and Well-being Act, and they still think it's nothing to do with them (Operational manager, LA, Locality 2).*

3.90 The value of capturing and harnessing the learning and experiences from the pandemic to focus social care within a wider integrated system was noted:

> *This is like a moment in time and once this moment is lost, if you do not make the case properly now for social care you may never get it again in the next decade or two. So you've really got to seize it right now and do the work properly because a lot of the bits of the jigsaw, they're sort of there or a lot of the thinking has been done, it just needs to be brought together in a much more coherent way […] We've got to work that business case through. We've got to work with health on this conversation. There's no point in building that business case there for social care future doing it in an isolated fashion as a local authority and chucking it in the Welsh Government because the politics, it's an uneven politics isn't it (Senior manager / Strategic leader, LA, Locality 3).*

Resourcing

3.91 The need for sufficient resources (financial, workforce, organisational, systems) to deliver a social care offer commensurate with the principles of Act was viewed as essential in sustaining a 'futureproof' and 'whole' health and care system:

> *I think all of this comes down to there needs to be a shared vision for Wales. I think 'A Healthier Wales' tried to do that, and I think the parliamentary review quite well and cohesively talked about the whole system, preventative early*

intervention, teams working around people, co-ordinated care – it's all there; the bones of it are there. How it's organised and commissioned and resourced is not there (Senior manager / Strategic leader, LA, Locality 2).

One is working on what a future and sustainable social care system in Wales looks like, and that will allow us to deliver rightly on the core aspects in the Wellbeing Act. I think it's a contestable space that is in all honesty, in trying to bang heads together but we're making some headway (Senior manager / Strategic leader, LA, Locality 3).

Our wonderful workforce have complained quite loudly about our systems, the introduction of the Welsh Community Care Information System (WCCIS). We are not there yet with our performance and management data within that system, in other words, it's the inputting error often, it's because the system has several different ways of inputting different material, then the performance team can't pull it out so we've got a sort of slimline in operational functions to putting in that assessment. I think once we've got that and different parts of the organisation are talking to each other via that WCCIS platform, I think we'll be in a better position to measure our data and to celebrate it (Operational manager, LA, Locality 4).

3.92 Positively, some participants discussed the opportunity for transformation afforded by the new Regional Integration Fund (RIF). In comparison to typical short-term funding previously received, one of the key features is the five-year funding period, enabling a greater sense of security and time to build sustainable services with partners: *I think that the new RIF has given us a real opportunity for transformation, because it's a five-year fund, it's guaranteed for five years, it's meant things like we can make posts permanent, rather than the stop-start that we've had with people on short-term contracts leaving, and what have you. So, it gives a real security for the structure, but it also gives us security to the partners around know we've got five years to do this. It's not a case of, we plan for one year, we deliver, and then we wrap it up, which is what has been happening (Operational manager, Regional Organisation, Locality 1).*

Awareness raising and understanding

3.93 Coming out of the pandemic it was felt a 'revamp' was required around public awareness and understanding of the Act to help manage public expectations on statutory provision:

I suppose it's around that public awareness of the Act as well, and not just the statutory obligations of health and social care. It's around expectations as well […]. I think, publicly, we responded in a very different way two years ago to now back to that expectation of wanting everything. I think there's a balance there somewhere with what the statutory bodies can deliver, and what the expectation is of that community. […]. I don't know whether there needs to be a revamp around some of that discussion as well, and I think we don't do that very well in health or social care at the moment because we're not having those discussions with people (Operational manager, Health Board, Locality 1).

3.94 A need for greater understanding within health and social care of their responsibilities under the Act was also highlighted as requiring strengthening through 're-educating'. Experiences discussed included a lack of understanding of strength-based assessments, outcome-focussed practice, risk management, and a tendency of a risk averse and medicalised approach, which are at odds with the Act:

…the understanding of the commissioning, the assessment of individuals, their strengths, capabilities, managing risk, people's right to make unwise decisions and all of those arguments in law, it's very poorly understood by the Health Service (Operational manager, LA, Locality 2).

…there's a significant part of the Health and Social Care Service that still works in a medicalised way […]. So, we still get lots of examples of risk-averse approaches to individuals that contradict what goes on in the Act. So, in terms of managing physical and mental health risks, and that sort of stuff, and politically as well, you know, people are very risk-averse about individuals, and it [the Act] probably needs a bit more of a boost, really, in terms of that re-educating people (Senior Manager / Strategic leader, LA, Locality 2).

4. Concluding Comments

4.1 In concluding this report, it is appropriate to reflect back on the role of the principles in the narrative and discourse given by the 60 members of the workforce who took part in this phase of the study.

Continued relevance of the principles of the Act

4.2 The relevance of the underlying thinking of the Act and the Act's principles was repeatedly reaffirmed, but the pressures induced by the challenging context and exacerbated by the pandemic had changed the situation for many.

4.3 Participants recognised that the principles are still a crucial part of the story of the Act, but they acknowledged that there are myriad reasons why people may not 'receive' the full benefit of what the principles can offer. It was suggested that whilst this was challenging pre-COVID-19, it is especially difficult at the time these interviews were conducted.

4.4 On balance, participants felt that the key elements of the Act's principles and approach were still there, and they recognised that significant progress had been made since 2016 in relation to thinking about the very basis of the conversations that underpin social work and social care. However, there was recognition of a need for rebuilding.

4.5 The Act itself was seen by some as a mainstay during the pandemic, offering direction and reassurance regarding delivering support. Some people suggested the pandemic was like a natural experiment, a stress test for the underlying philosophy of the legislation. Just doing what the Act required by going back to basics and concentrating on 'what matters' was a way to build on strengths and affirmed the importance of the approach of keeping people at the centre of everything.

4.6 Work undertaken prior to the pandemic to embed the Act meant that practitioners felt, on the whole, well placed in order to be agile and manage the extraordinary challenges of COVID-19. The foundations upon which everything was built stood firm.

Recovery

4.7 As demonstrated throughout this report, the detrimental impacts experienced by local authorities due to the pandemic were manifold. Participants recognised the

extensive recovery work required, the vital importance in undergoing a process of recovery, in order to build back up so that harm will be minimised and people will be supported effectively.

4.8 Many community groups disappeared with the pandemic and participants recognised that there is considerable ‘ground’ to make up in respect of preventative work in communities, alongside co-productive ways of working.

4.9 Despite the challenges endured, and the scale of the recovery challenge, there were expressions of optimism and positivity amongst participants. For some, COVID-19 acted as a trigger to do things differently, rebalance the sector, and to create more of an equal footing between social care and health. Other examples of this thinking included an optimism to continue to take forward improved partnerships, shared learning, and generally to get back to business.

4.10 In continuing the change brought about in response to COVID-19, there was a recognition that certain aspects required change pre-pandemic, and that having made changes, there should be no retrenchment. Rather than reverting to previous practice – which implies that ways of working were better than the new forms of practice – the experience needs to be seen as an opportunity to build and improve on what matters.

4.11 Adapting to the pandemic through the implementation of creative new approaches and initiatives bolstered the type of support local authorities and partner organisations were able to offer people. In many ways, the principles of the Act, which underpin all of this, proved their resilience and ongoing relevance at an incredibly difficult time

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Annex 1 – Interview schedule

Introduction

− How has the pandemic impacted upon the ongoing implementation and delivery of the Act?

− How have partnerships been affected during the last two years?

− What changes have you seen in respect of the Act that are attributable to the pandemic?

Well-being

− What changes in the well-being of citizens have you identified since the Act was came into force?

− How do you think that well-being has been impacted during the pandemic?

− How do you think that well-being could be improved upon through the care and support plans?

Voice and control

− To what extent do you feel that citizens have control over their own health and well-being?

− To what extent do you think citizens are listened to when discussing their care?

− To what extent have you seen a change in the relationship with citizens during the pandemic?

− Has the balance of power between you and the citizens you support you shifted?

Co-production

− Do you feel that citizens have an equal stake in their care?

− What changes have come about as a result of attempts at co-production?

− How has co-production been impacted during the last two years of the pandemic?

Multi-agency

− What changes have you seen in the way in which different organisations are working together?

− What impact are different ways of working having for citizens, especially during the pandemic?

− What should be done to further develop relationships between different agencies?

Prevention

− What has changed since the more preventative approach to social care was implemented?

− To what extent do you feel that they are being prevented from needing higher levels of support?

− How has preventative work been impacted upon during the pandemic?

Overall

− How significant would you say the changes since the implementation of Act, and especially during the pandemic, have been for citizens?

− How significant would you say the changes since the implementation of Act, and especially during the pandemic, have been for the workforce?