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From Act to Impact?

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

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From Act to Impact?

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

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

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Glossary

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

Acknowledgements

The research team would like to acknowledge the contributions of a number of people without whom this study would not have been possible. We are extremely grateful to all of those people working across the public sector in Wales who have acted as gatekeepers for us in our work. We are especially indebted to those local authorities who have provided us with data and made their staff available to us for interview. We are thankful that so many frontline workers and managers wanted to take the opportunity to speak to the team, from across the independent, voluntary and public sectors, and we hope that they feel their contributions are accurately reflected in the study.

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

1. Introduction

1.1 The *Social Services and Well-being (Wales) Act 2014* (hereafter referred to as 'the Act') is an essential component of Welsh Government policy to produce 'transformative changes' in the provision of social services across Wales[2]. 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. The Act specifies social services functions, and the processes and powers under the legislation[3].

1.2 The Welsh Government commissioned a partnership of academics across four universities in Wales and expert advisers to deliver the evaluation of the Act. This independent national evaluation – the IMPACT study – ran from November 2018 to October 2022 and was led by Professor Mark Llewellyn, Director of the Welsh Institute for Health and Social Care (WIHSC) at the University of South Wales (USW) alongside Professor Fiona Verity, Professor of Social Work and Social Care, Swansea University. The partnership also included other colleagues from USW, Cardiff Metropolitan, Swansea and Bangor Universities and PRIME Centre Wales, and it was supported by the Study Expert Reference Group (SERG)[4] with its three citizen co-chairs.

1.3 This is the Final Report of the IMPACT study, synthesising the overall findings from eleven studies undertaken in evaluating the implementation of the Act.

Evaluation approach and questions

1.4 The IMPACT study used Michael Patton's 'Principles-Focused Evaluation' (P-FE) approach as the overarching evaluation framework. Emerging from the field of developmental evaluation (Patton, 2010), P-FE focuses on evaluating how principles guide the implementation of interventions or programmes in contexts which are complex, uncertain and 'turbulent', and what happens as a result (Patton, 2018, p.viii).

[2] Welsh Government, 2013, p.23

[3] SSW-bA, 2014, p.1.

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

1.5 It was chosen to be the overarching approach in consideration of both the centrality of principles to the Act and the intersecting and dynamic environments and domains in which the Act is being implemented (see Table 1.1).

Table 1.1: Five principles of the Act, and its five associated domains[5]

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

1.6 These include interconnected environments of policy complexity, social care delivery complexity, resourcing complexity and population needs complexity (see Chapter 2 for a discussion of these). As Davey et al (2017, p.14) aptly contend, '…understanding and specifying everything about the system is difficult: we cannot map the whole system'.[6] Mindful of this complexity, the rationale for using a P-FE approach was to ensure that there was an appropriate and robust framework in place to evaluate a complex intervention, delivered in different contexts in times of tremendous change.

1.7 There are three central questions that are answered in a P-FE evaluation, and these framed the work done across this study. The ways in which the questions map onto the outputs generated by the study[7] is represented in Figure 1.1 (overleaf):

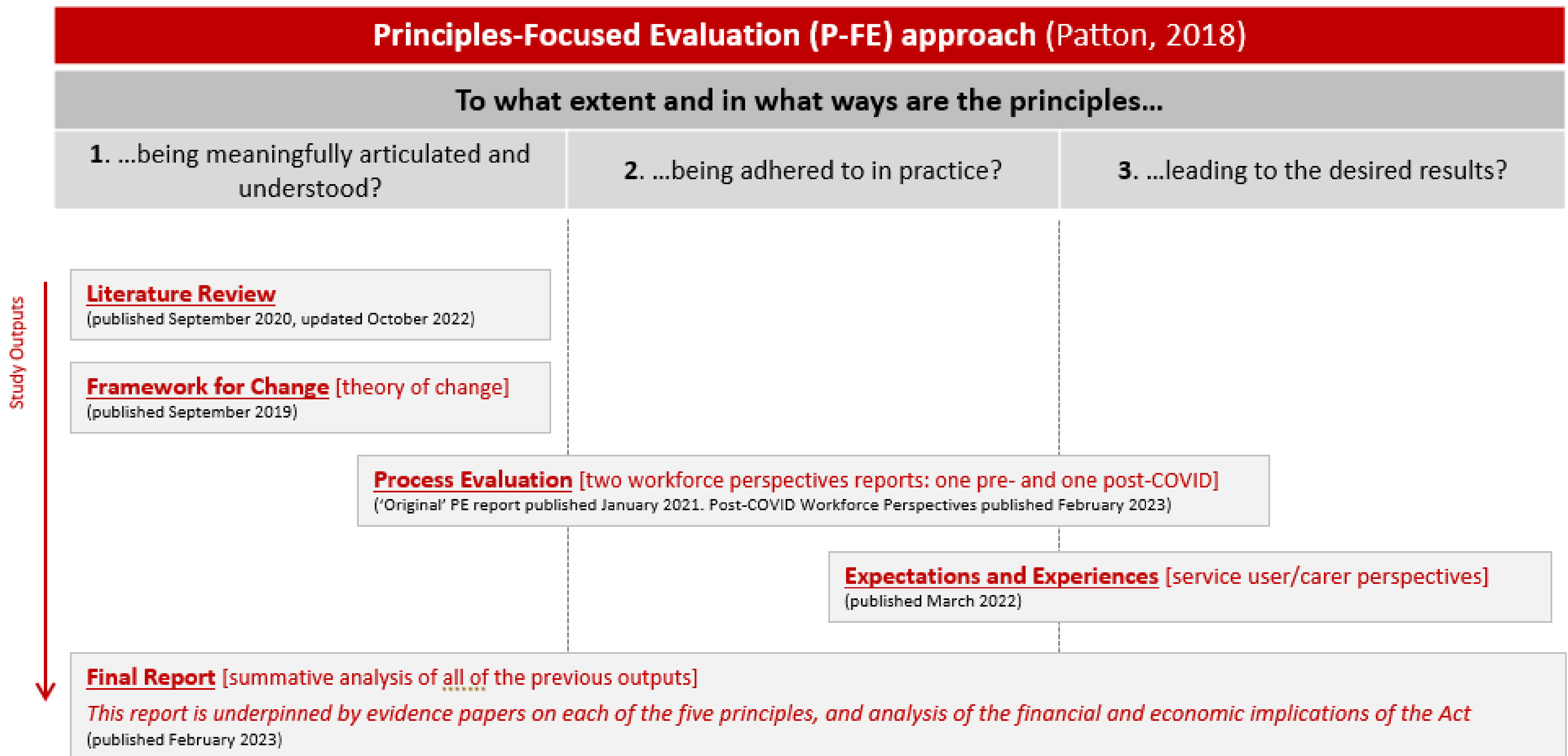
1. To what extent have meaningful and evaluable principles been articulated?
2. If principles have been articulated, to what extent and in what ways are they being adhered to in practice?
3. If adhered to, to what extent and in what ways are the principles leading to the desired results? (Patton, 2018, pp.ix).

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

[6] Davey et al., (2017)

[7] These outputs are listed in detail in Table 1.2.

Figure 1.1: Principles-Focused Evaluation – questions and study outputs



1.8 These three P-FE questions build on four other questions that the study team were asked to address in the original specification for this work from the Welsh Government:

1. What (if any) unintended consequences have arisen from the Act?
2. What further action, change or development is required?
3. Whether the Act is meeting its objectives in relation to the principles?
4. Overall, what difference has the Act made/is it likely to make?

Data collection

1.9 The IMPACT project was a programme of work which constituted of 11 individual studies which were undertaken and reported on from November 2018 (see Figure 1.1 above and Table 1.2 overleaf for details).

1.10 It commenced with an analysis of the strategic intentions of the Act and description of contextual factors at the time of implementation (Framework for Change, 2019), Literature reviews were then conducted for each of the principles of the Act. More than 350 sources of literature from articles, books and reports were reviewed. In addition, the literature reviewed by the team was updated in advance of this Final Report (see Literature Review, 2023). The process evaluation gathered perspectives from the workforce, both pre-COVID in early 2020 (Workforce perspectives on implementation of the Act, 2021) and post-COVID (Workforce perspectives on implementation of the Act, 2023).

1.11 Individual studies were then conducted exploring the articulation and implementation across Wales of each of the five principles of the Act (Well-being; Prevention and early intervention; Co-production; Voice and control; Multi-agency working, all 2023). In addition a large set of qualitative data was collected about the experiences of people who use services and carers (Expectations and Experiences of Service Users and Carers, 2022), with data on the experience of Black, Asian and Minority Ethnic service users drawn out in a separate paper (Black, Asian and Minority Ethnic service users and carers' expectations and experiences, 2022).

1.12 The study also produced an analysis of the financial and economic implications of the Act (Financial and economic implications of the Act, 2023).

Table 1.2: Stage of the study, outputs and quantum / type of evidence produced[8]

Stage of study	Output	Quantum / type of evidence
Theory of change and definition of principles	Framework for Change (Verity, Andrews, Blackmore, et al., 2019)	Analysis of contextual factors impacting the implementation of the Act in Wales, overview of the Act, and depiction of the guiding directions, principles and aims of the 11 parts of the Act.
	Literature Review (Llewellyn, Verity and Wallace, eds, 2020; updated in 2023)	268 papers analysed in initial review (2020) across all of the principles. 97 papers / reports added in 2023 update, giving a total of 365 papers / reports reviewed.
Process Evaluation	Workforce perspectives on implementation of the Act (pre-COVID) (Llewellyn, Verity, Wallace, and Tetlow, 2021)	Wales-wide survey of key stakeholder organisations/networks (n=30 responses). Stratified case studies on four local authority 'footprints' incorporating interviews (n=140) with three different 'strata' of the workforce: strategic leaders and senior managers; operational managers; and frontline staff. Interviews with key national stakeholder organisations (n=12).
	Workforce perspectives on implementation of the Act (post-COVID) (Wallace, Verity, and Llewellyn, 2023)	Interviews revisiting the four localities included in the initial process evaluation study to assess impact of COVID-19 on implementation of the Act (n=60 interviews).
Evaluation evidence from service users and carers	Expectations and Experiences of Service Users and Carers (Llewellyn, Verity, Wallace, and Tetlow, 2022)	Service users and carers (n=170) provided evidence on their expectations and experiences of social care: 81 service users and carers took part in an interview; 64 were involved in discussion via a closed Facebook group; and 25 completed an online pro forma.
	Black, Asian and Minority Ethnic service users and carers' expectations and experiences (Llewellyn, 2022)	Report produced in 13 languages to ensure accessibility for Black, Asian and Minority Ethnic communities. Source material was a focus group (n=10 participants) undertaken with older people and carers from Black, Asian and Minority Ethnic communities.

[8] For details of each of these documents, see Evaluation of the Social Services and Well-being Act 2014.

Stage of study	Output	Quantum / type of evidence
Supporting evidence papers – by the principles of the Act	Well-being (Lyttleton-Smith, Anderson, Read, and Harris, 2023)	Qualitative study with service user participants (n=26) across four distinct age cohorts (children 5 to 13, young adults, adults aged 20 to 64, and older people), focusing specifically on well-being. Quantitative analysis of National Survey for Wales data of ONS personal well-being questions.
	Prevention and early intervention (Read, Verity, and Richards, 2023)	Analysis of 44 published reports (Local Authority Annual Director of Social Services Reports and 22 Council / Corporate Plans or Performance Reports) to explore conceptualisation and implementation of prevention and early intervention.
	Co-production (Andrews, Calder, Blanluet, et al., 2023)	Workshops (n=13) and interviews (n=4) with a range of participants (organisational managers in local authorities and provider organisations, practitioners, service-users, unpaid carers and those supporting them) to discuss and understand 'most significant changes' in their experience of co-production.
	Voice and control (Llewellyn, Saltus and Kent, 2023)	A report drawing together insights on this principle from the published literature review, the service users and carer *Expectations and Experiences* report, and a research study on the experiences of Personal Assistants employed to support people with Direct Payments.
	Multi-agency working (Wallace and Garthwaite, 2023)	Secondary data analysis of evidence from the *Process Evaluation* and *Expectations and Experiences* reports, alongside an online consensus building approach to understand key components of multi-agency working (n=26 participants).
	Financial and economic implications (Phillips, Prowle, Harris. and Llewellyn, 2023)	Evidence on attributable costs from three sample local authorities set alongside nationally available datasets on service utilisation and revenue outturn.

1.13 In all, we heard from more than 450 study participants from across Wales, all of whom have taken their time to provide detailed and comprehensive accounts of

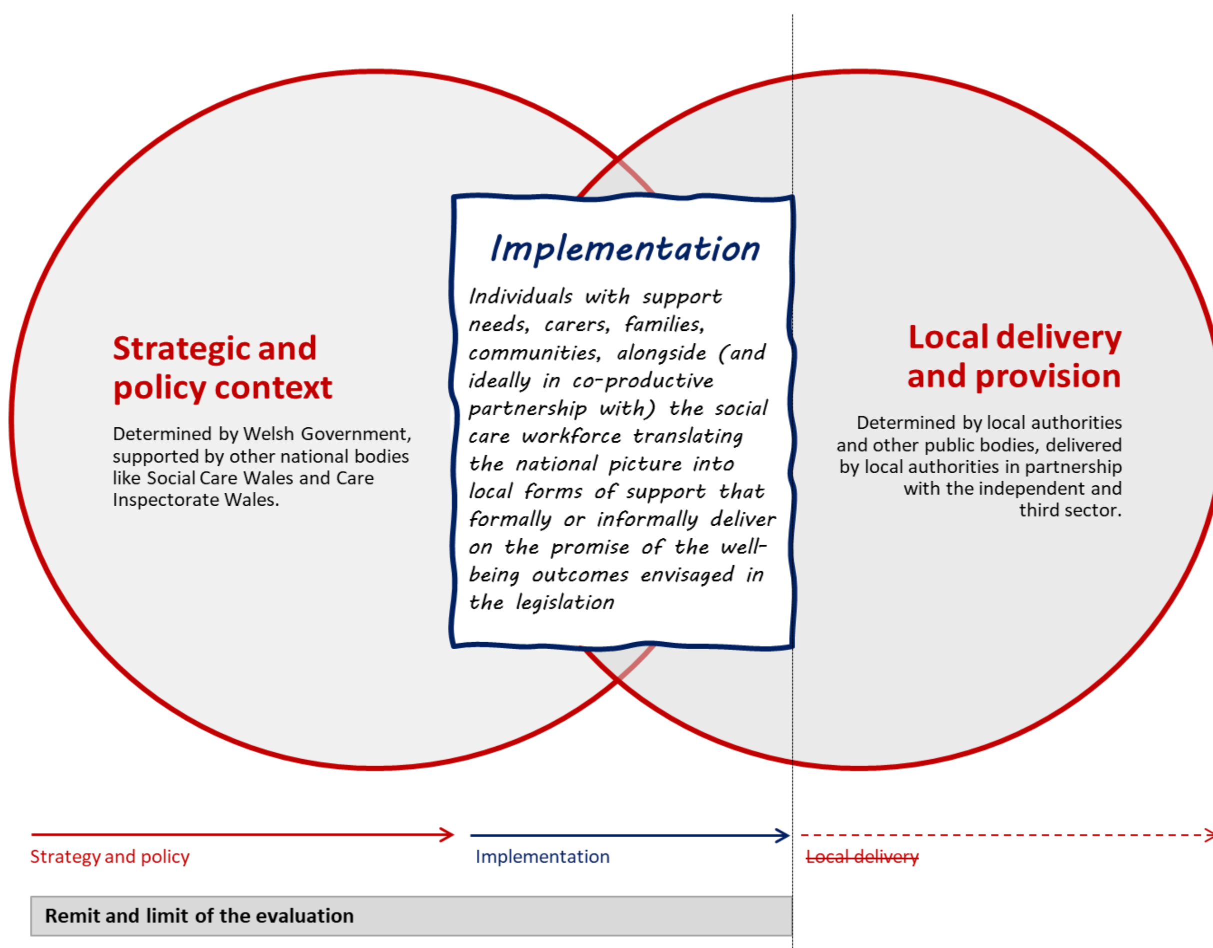
their experiences under the Act, from a range of perspectives. The individual studies used a range of methodological approaches – document analysis, online consensus testing and building (through Group Concept Mapping), workshops focusing on 'Most Significant Change', and engaged with a diverse range of service user, carer, and workforce groups.

1.14 All of this fieldwork generated a significant amount of qualitative data, and a substantial thematic analysis of the evidence gathered was undertaken.

Scope of the IMPACT Evaluation

1.15 Our task in this evaluation study has been to focus on implementation of the Act and not to evaluate the way in which local services are delivered *per se* – that is the role of the inspectorate and regulators. These are subtle but important distinctions and to that end, Figure 1.2 provides a representation of the remit and limit of our study.

Figure 1.2: Remit and limit of the IMPACT evaluation study



1.16 This diagram is deliberately not written from the top down. Policy making in Wales is much more collaborative than such a model would imply, hence the three fields within the diagram have been arranged side by side. The vertical line represents the remit and limit of our work, highlighting the previous point – that this is not a 'super-inspection' of local delivery of services. That is a role for others. We do however seek to understand the 'local delivery and provision' field only insofar as it tells us something about the other two fields within Figure 1.2: the strategic and policy context, intersected by the 'fuzzy frontiers' of implementation.

1.17 The implementation field is consciously represented between strategy and delivery, with 'unsteady' and 'wobbly' lines and font reflecting its moving, fluctuating and changing shape. Implementation is a fluid process that does not remain static for long, and constantly forms and re-forms.

Structure of the Final Report

1.18 In Chapters 2 and 3, we describe the way in which the Act came into being, and the context within which it was placed at the time of its genesis and the context that surrounds it at the time of writing the Final Report.

1.19 Following that, we address Patton's three central P-FE questions (Chapters 4-6), and in doing so, we synthesise data from all of the work of the study team over the last four years. In order to address the third P-FE question (see paragraph 1.7), we use three of the four questions set by the Welsh Government (see paragraph 1.8, Q1-Q3).

1.20 In concluding this report (Chapter 7), we address the final question posed by the Welsh Government specification, and we identify a series of whole system 'test questions', borne from the evidence and the analysis of the findings. These questions are set out as a basis for dialogue about the impacts that the Act has had to date, and to provide a focus for further activity centred on optimising the impact that the Act can have in the future.

Limitations of the overall study

1.21 As with any study of this size and complexity, there are limitations to note. This is especially important in a P-FE – which requires us to reflect on the strengths, weaknesses and overall quality of the evidence. The quality or otherwise of the evidence gathered is remarked upon throughout this report.

1.22 In simple terms, the key strength of this study, and where the data quality is highest, is the qualitative, in-depth perspectives that we have gathered through interviews and focus groups with people who use social care services, carers, the workforce and other stakeholders.

1.23 That said, there are certain groups of people that we have not heard from as much as others. We have limited feedback from those who are in receipt of care and support services who are older than 85 years, and we have not heard extensively from those under 25. There are some other gaps in service user and carer experiences in our study – Welsh speakers and care experienced young people, for example. We also heard from many more women than men during the study.

1.24 It is a limitation that we have not heard directly from them, albeit mitigated to an extent by the evidence assessed through the literature review process which has provided perspectives from a number of these groups.

1.25 In addition, there is a limitation in respect of quantitative data. As described in Chapter 3 (see paragraph 3.4 in particular), comparisons across time for 'core' social services data are not easy – whether due to changes in how existing data items are collected, because new items are being generated for the first time, or due to collection challenges associated with COVID. This has meant that the power of any quantitative analysis that has been undertaken (on measures of well-being for example)[9] has, to an extent, been compromised.

1.26 There has also been a capacity challenge when reaching out to local authorities to support, in particular, the work undertaken on the financial and economic implications of the Act.[10] The unprecedented pressure on social services post-COVID has meant that the 'headroom' of those who in other times might have been able to support the work more fully has not been there, resulting in there being only a small number of authorities who were able to support that work, and ultimately impairing the quality and strength of the analysis that could be undertaken.

[9] See Lyttleton-Smith et al., (2023)

[10] See Phillips et al., (2023)

2. Arriving at the Act

Provenance

2.1 Informed by the Independent Commission on Social Services (2010)[11] which endorsed the vision set out in the Welsh Assembly Government's (2007) 'Fulfilled Lives, Supportive Communities',[12] the Welsh Government's White Paper 'Sustainable Social Services-Framework for Action' (WG, 2011)[13] highlighted a number of challenges faced by public services in Wales in the context of significant demographic shifts.

2.2 Developed to inform the introduction of the Bill (which subsequently became the Act),[14] the White Paper set out the Welsh Government's vision for social services in the context of increasing demand for, and rising expectations of, services and put in place a framework and priorities for action to reshape and refocus social services. Priorities for action set out in the paper included: a strong national purpose and clear accountability for delivery; the development of a new National Outcomes Framework;[15] citizen centred services; integrated services; reducing complexity; a confident and competent workforce; safeguarding and promoting the wellbeing of citizens; and a new Performance and Improvement Framework for Wales[16] to review the provision of care and support services, and staff, and implement programmes of improvement.

2.3 Informed by a number of consultations and reviews undertaken by Welsh Government and other bodies, in 2013 the *Social Services and Well-being (Wales) Bill* was introduced to Welsh Parliament, giving "effect to the policy in 'Sustainable Social Services for Wales'"[17] and providing the legal framework for those social services.

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[11] From Vision to Action. The report of the Independent Commission on Social Services in Wales (2010).

[12] Fulfilled Lives, Supportive Communities: A Strategy for Social Services over the next decade (2007).

[13] Sustainable Social Services - A Framework for Action. (2011).

[14] A Bill is not an Act of Parliament. In Wales, a Bill becomes an Act if it is approved by the Senedd (or the National Assembly of Wales as it was called at the time),and is formally agreed to by the reigning monarch (known as the Royal Assent). Once a Bill becomes an Act of Parliament, it is the responsibility of the appropriate government administration to implement it.

[15] Social services national outcomes framework

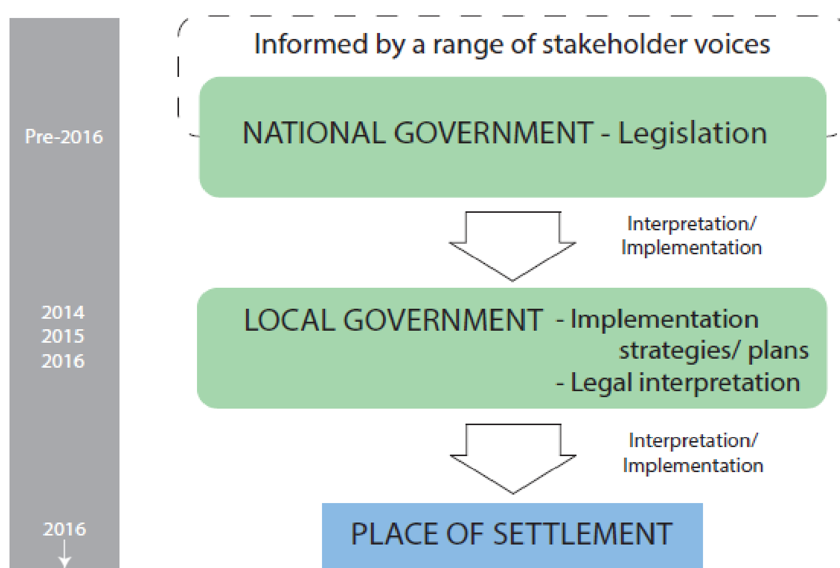
[16] Performance and Improvement Framework for Social Services: using evidence to inform improvement

[17] National Assembly for Wales (2013)

2.4 This was supported by the Prudent Healthcare initiative,[18] launched in 2014, refocusing on community-based health provision, working with people in a co-productive way, making the right and best use of skills and resources and intervening appropriately, and avoiding waste in the system wherever possible.

2.5 Once the legislation had been drafted, discussions around the Bill and a series of activities began to take place to work through how the legislation would be implemented. During 2014, 2015 and the early months of 2016, those responsible for implementing the Act put in place a work programme to make sure that they were ready for implementation from April 2016. This represented a 'place of settlement' wherein a degree of consensus was reached across stakeholders about the aims and ambitions of the Act, with the principles commanding near universal support (see Figure 2.1).

Figure 2.1: Storyboard of the Act's provenance



Proposed changes and strategic intentions

2.6 The Act specified social services functions, and the processes and powers of the legislation. It promoted the integration of health and social care, encouraging people to be independent, to have stronger voice and control over their lives, and gave people greater freedom to decide what support they needed. It endorsed the role of the third sector and user-led services and recommended that there should be

[18] Prudent healthcare principles - Bevan Commission

consistent, high-quality services across the country for adults, children and young people. The Act also enshrined in law a preventative approach, and one whereby people are equal partners in designing and delivering their care and support.

2.7 In more general terms, the Act intended to: reduce the complexity of the legislative 'landscape' in Wales by bringing together existing legislation; prioritise quality and responsive integrated services that improve well-being outcomes for people who need care and support and carers who need support; strengthen a rights-based approach for people; and extend the rights of carers. It also intended to ensure effective safeguarding arrangements were in place for everyone, remove barriers put in place for young people as they transition to adulthood, and shift the focus of the workforce from a task-based approach to a focus on well-being outcomes for people.

2.8 The move away from eligibility criteria to a "what matters" approach with a proportionate approach to assessment, alongside the change in emphasis from a deficit-based approach to one of assets and strengths marked a shift which required practice and culture change.

2.9 There was, at the time, an implicit expectation that the Act's framework would enable transformational policy, organisational, and system-level change. There was also an exception that change in the delivery of care and support would be reflected in the experiences of those receiving care and support, and over time, lead to the attainment of 'sustainable social services' as anticipated by the Welsh Government's White Paper of 2011, the antecedent to the Act.[19]

2.10 Achieving transformational change such as that envisaged by the Act is challenging. Large scale change has been defined by NHS England as, '…the process of mobilising a large collection of individuals, groups and organisations toward a vision of a fundamentally new future state.'[20] Within complex systems such as health and social care, this requires integrated changes in structures, processes and patterns (of values, behaviour and outcome).[21]

[19] See Social services national outcomes framework

[20] NHS England (2018).

[21] Plsek and Greenhalgh (2001).

2.11 In order to bring this scale of change about, a series of 10 cross-cutting 'strategic intentions'[22] were written into the Act in order to support the high-level principles in driving transformation:

1. Providing help and support to individuals to assess their needs and organise and secure the care and support services they require;
2. Creating systems and approaches that put the citizen's view first, are based on genuine co-production, and give people more control over their lives and their care and support to achieve better outcomes for their well-being;
3. Placing the well-being and prevention agenda at the heart of strategic planning, commissioning and delivery of services;
4. Producing a whole system change in local areas and the creation of new models of care and service delivery;
5. Adopting a 'whole' local area approach, based on meaningful engagement, to understanding and meeting the needs of the local population;
6. Increasing preventative services and intervening early enough within the community, in a way which is not dominated by over-elaborate assessment processes, in order to minimise the escalation of critical need and keep people independent for longer;
7. Creating an effective interplay between well-being, prevention, assessment, eligibility and information;
8. Achieving integration of local government services and between local authorities and their partners, particularly the NHS, to achieve better outcomes for service users;
9. Ensuring access to good information, advice and assistance for people to find universal services available in the community; and
10. Mobilising a wide spectrum of proportionate community support which citizens with some care needs can access to help maximise their independence and achieve their desired well-being outcomes without having to rely on complicated assessments or care packages.

[22] See Overview of the Social services and well-being… | Social Care Wales for background on the Act. The 'strategic intentions' were published in a 'self-assessment' pro forms issues to local authorities and health boards ahead of the Act's implementation – see ADSS Cymru and NHS Confederation (2014).

Companion policy and legislation, and antecedents

2.12 As is clear, the Act was not developed in a policy or practice vacuum. The importance of collaboration was indicated from the outset in the engagement of the National Social Services Leadership Group, the Social Services Partnership Forum and the two iterations of the National Social Services Citizen Panel. The Panel actually took a leading role in introducing the concept of co-production to the way the Act was developed and implemented.

2.13 Additional legislation is also very relevant to the story of the Act. *The Regulation and Inspection of Social Care (Wales) Act 2016*[23] established a regulatory regime which supports the Act. It also put in place Social Care Wales, an organisation to drive improvement and regulate the sector workforce. *The Well-being of Future Generations (Wales) Act 2015*[24] required public bodies – such as local authorities and health boards – to put long-term sustainability and well-being at the forefront of their thinking, and work with each other along with other relevant organisations (such as third sector groups) and the public to prevent and tackle 'problems'.

2.14 Following this, the Parliamentary Review of Health and Social Care[25] published its final report in January 2018. This acknowledged the importance of the policy context and legislative background to secure a seamless system based on delivering well-being for the individual. 'A Healthier Wales'[26] was published by the Welsh Government in response to the Review which set out a long-term future vision of a 'whole system approach to health and social care', focused on health and well-being, and on preventing illness.

2.15 Numerous further iterations of policy and regulations have followed after consultation – like the recent White Paper on rebalancing care and support[27] – and work has begun to think through what a National Care Service might mean for Wales.[28] This is a dynamic area of public policy, and it is this churn that Patton recognised as a feature of contemporary public policy debates and discussion, and

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[23] Regulation and Inspection of Social Care (Wales) Act (2016)

[24] Well-being of Future Generations (Wales) Act (2015)

[25] Parliamentary Review of Health and Social Care in Wales (2018).

[26] A Healthier Wales

[27] Improving social care arrangements and partnership working

[28] Written Statement: National Care Service – Expert Group (21 February 2022)

why understanding the importance of the implementation of principles in driving (or otherwise) change and adaptation in systems is at the heart of a P-FE evaluation framework.

3. Context for the Act

3.1 As outlined in Welsh Government documents and described in the previous section, the Act's introduction was a concerted and strategic response to social care resourcing challenges, rising and projected service demands, variations in provision, and policy and regulatory complexity.[29] These challenges are UK wide and located in a larger social, economic, and demographic context[30]. Moreover, from 2016 when the Act came into force, and throughout the COVID-19 pandemic, the demand for social care, and various pressure and crisis points across the social care system in Wales have intensified.

3.2 As seen from evidence elsewhere[31], at the time of writing this Final Report the social care system is experiencing unprecedented and acute challenges, for example in staff retention and workforce well-being, availability and access to services, increasing need, and financing service provision, all in the context of a cost-of-living crisis. These contextual issues have implications for the delivery and sustainability of social care, and therefore, for how the Act is implemented.

3.3 Broadly describing these issues is the focus of this chapter. We draw on a range of material, data about the social care system in Wales, findings from the IMPACT study, and evidence from other studies and reports.

Data context

3.4 Understanding what service utilisation data, social care workforce data and social services expenditure data tells us about social care in Wales is important for the study, both in setting the scene for when the Act was introduced and providing insights into national trends in that data through the lifetime of the Act. Two principal sources of data have been used to gather this perspective: the National Social Care Data Portal for Wales and official Welsh Government social services data published on Stats Wales.

3.5 Wherever possible, data from 2016 to 2020/21 has been provided, but it is apposite to note that it has not been possible in all cases to cover this whole period, affecting the ability to make comparisons between 2016 and 2020/21. There are a variety of

[29] Sustainable Social Services - A Framework for Action. (2011).

[30] See for example, Thorlby et al, (2018).

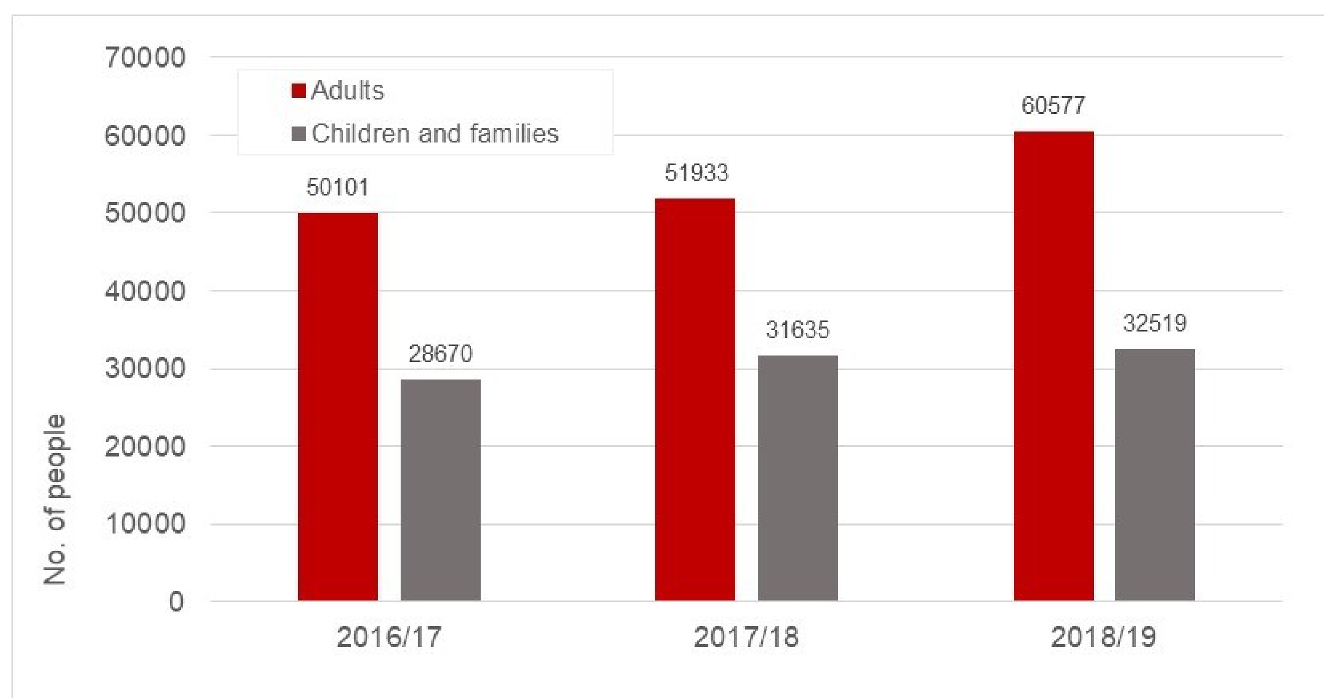
[31] See for example Welsh Parliament Health, Social Care and Sport Committee (2021), and Audit Wales (2021),

reasons for this. The disruption brought about by COVID-19 was significant, as was the introduction of the Social Services Performance and Improvement Framework from April 2020. The new framework brought about the introduction of certain new data items, with some pre-existing items either no longer collected, or changed in the way they were collected. In addition, requirements around the regulation of the social care workforce have meant that more categories of staff are on Social Care Wales' Register, but again this data is relatively new for some groups, including domiciliary care workers. Finally, the fact that providers are to be found in the public, independent and third sectors further complicates the challenge.

Seeking Information, Advice and Assistance, and Needs Assessment

3.6 The data from local authorities for the period 2016-2019 shows a growth in demand for Information, Advice and Assistance services (Figure 3.1). It shows an increase in the number of assessments of need for care and support (for both adults and children) over the period from 2016/17 to 2020/21, but with a downturn observed in the most recent data (between 2018/19 and 2020/21, see Figure 3.2). There is a similar trend for adult and young carers' assessments (see Figure 3.3).

Figure 3.1: Number of people receiving advice or assistance from the information, advice and assistance service during the year[32]



[32] Source: Adults assessed by local authority and measure (gov.wales) (2016/17 to 2018/19) and Assessments by local authority and measure (gov.wales) (2016/17 to 2018/19). The 2020/21 data is not comparable to the 2018/19 data hence not being provided here.

Figure 3.2: Number of assessments of need for care and support undertaken[33]

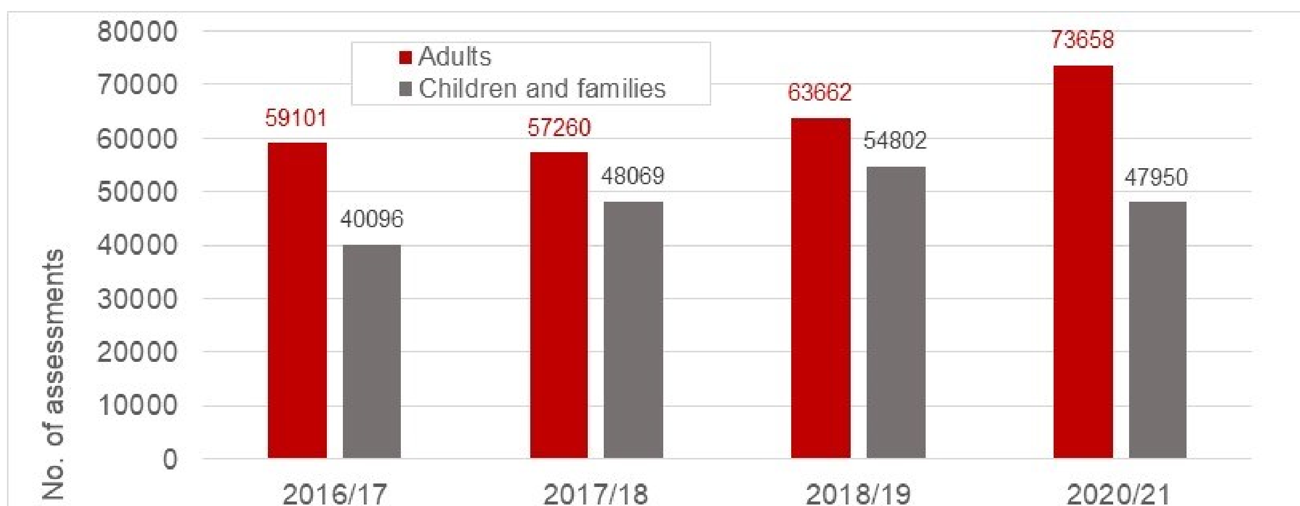
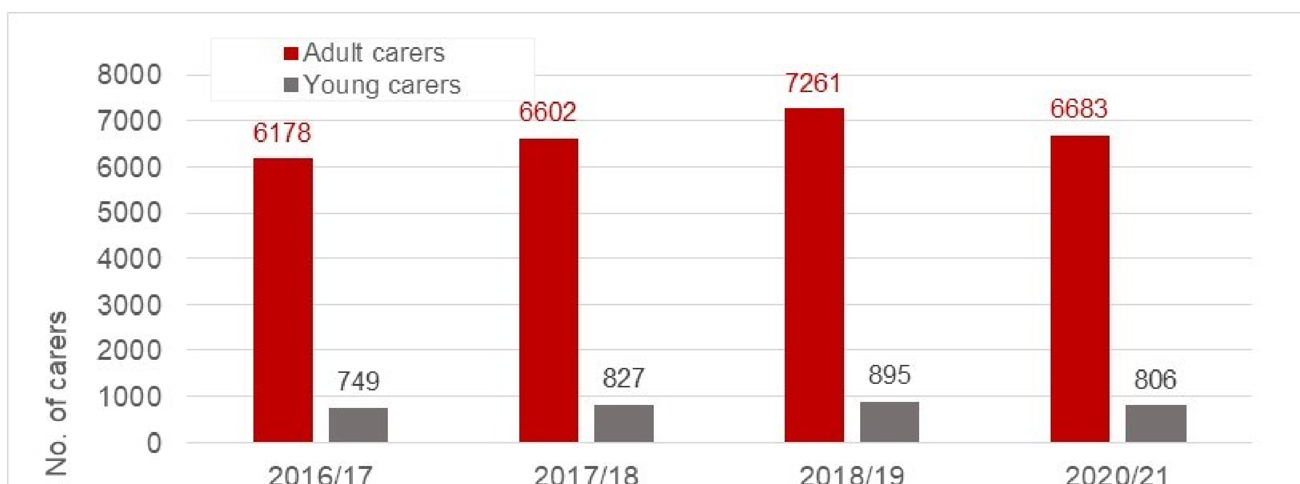


Figure 3.3: Number of assessments of need for support for carers undertaken[34]



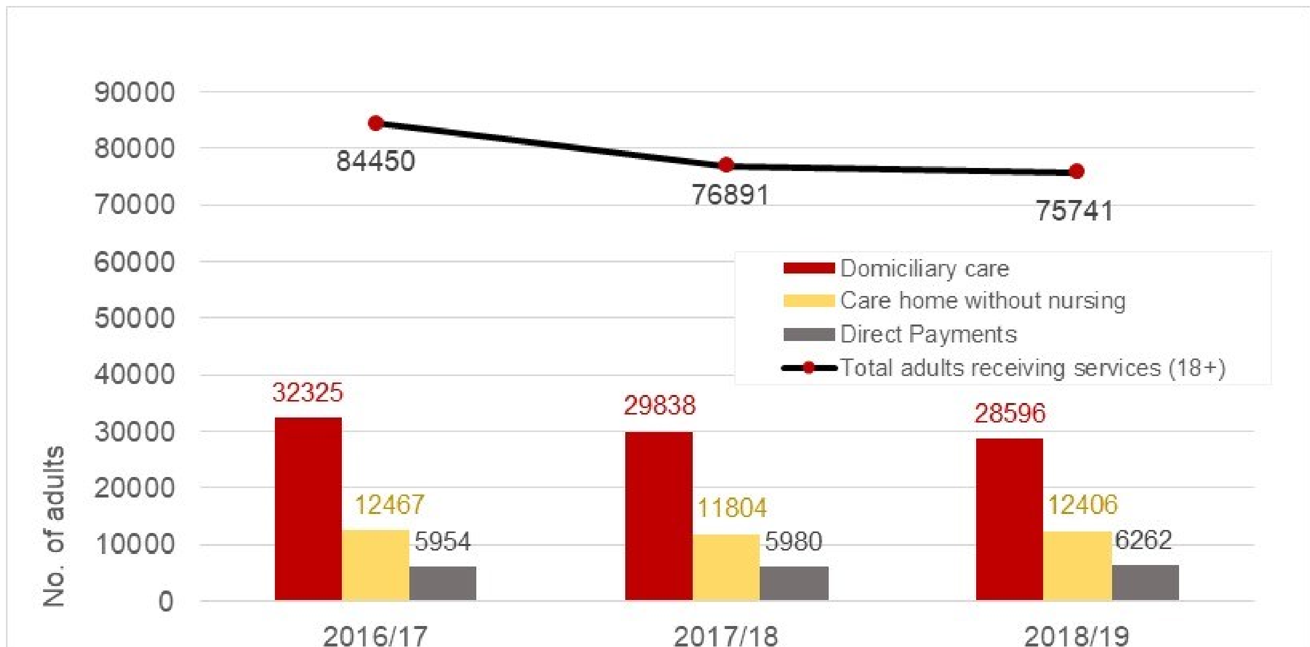
Service delivery

3.7 In terms of service provision, there are some trends in the data about service delivery which perhaps need to be considered carefully (see Figure 3.4). The black trend line in Figure 3.4 represents local authority data on the total number of adults receiving services, which reduces from 2016/17 to 2018/19. As examples of the trends, the bars then show the number of adults receiving three examples of service types – domiciliary care, care home without nursing and direct payments – with the data pointing to fluctuations in utilisation from 2016/17 to 2018/19.

[33] Source: Adults assessed by local authority and measure (gov.wales) (2016/17 to 2018/19) plus New assessments completed for adults during the year, by local authority (gov.wales) (2020/21); and Assessments by local authority and measure (gov.wales) (2016/17 to 2018/19) plus New assessments completed for children during the year, by local authority (gov.wales).

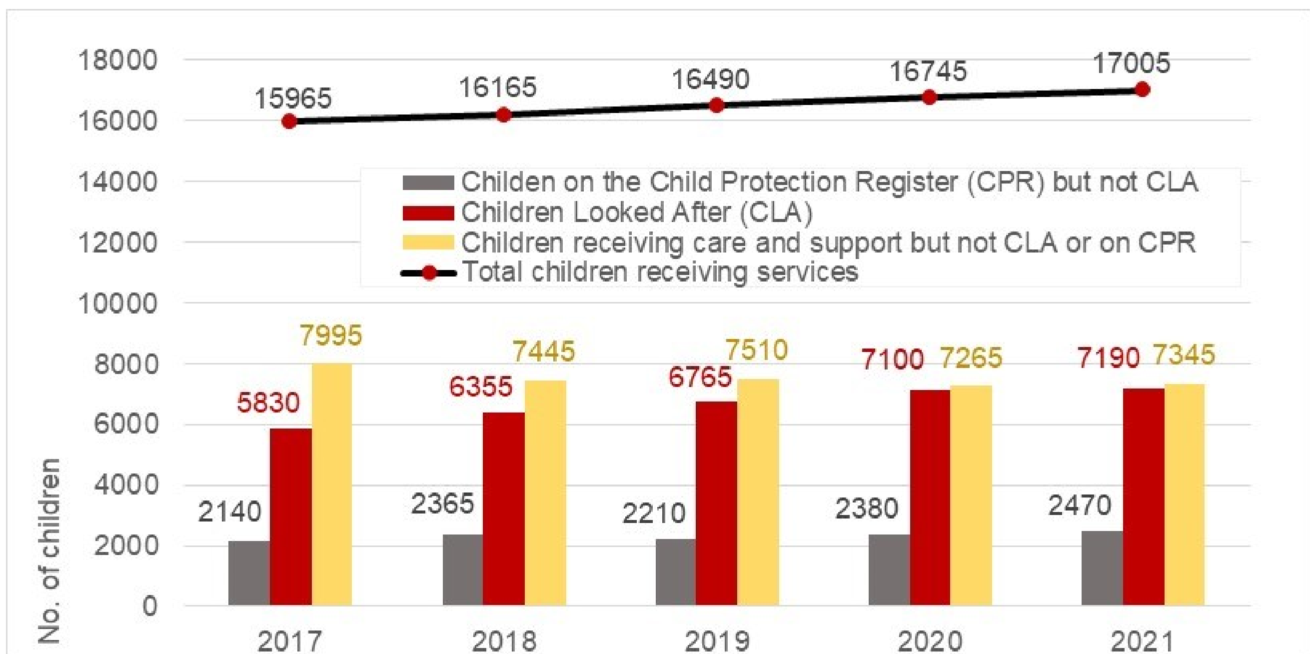
[34] Source: Adults assessed by local authority and measure (gov.wales) (2016/17 to 2018/19) and Assessments by local authority and measure (gov.wales) (2016/17 to 2018/19). The 2020/21 data is not comparable to the 2018/19 data, hence it not being provided here.

Figure 3.4: Number of adults receiving services [35]



3.8 In contrast, the local authority data for children shows an increase in the numbers receiving care and support by a local authority (Figure 3.5). That overall figure does contain some variation, with numbers of children receiving care and support but not looked after reducing over the period, alongside a 23 per cent increase in numbers of children looked after (CLA) from 5,830 in 2016/17 to 7,190 in 2020/21.

Figure 3.5: Number of children receiving services [36]



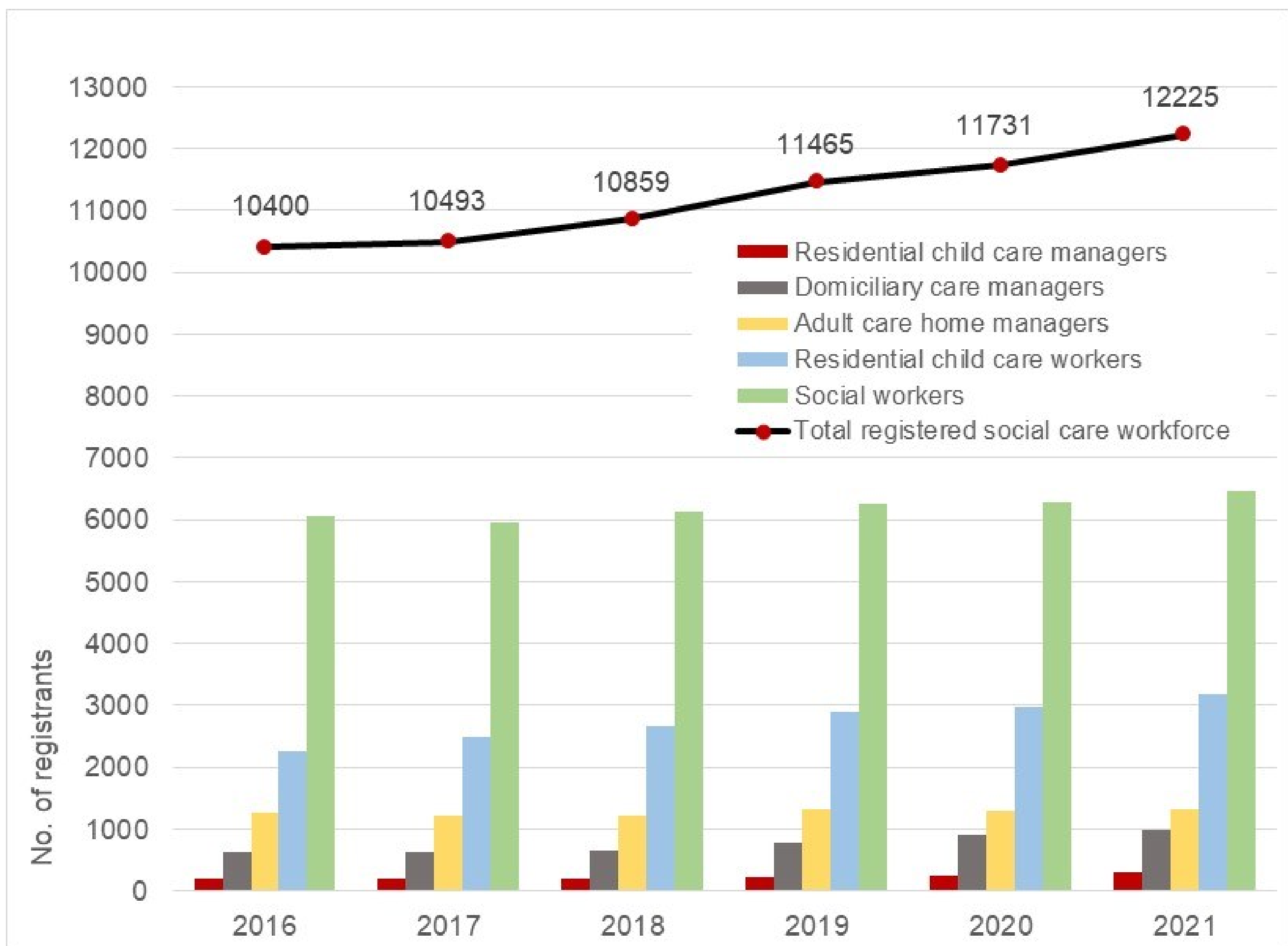
[35] Source: Adults receiving services by local authority and age group (gov.wales) (2016/17 to 2018/19). No equivalent 'total' figure was available for 20/21. It is important to note that other service types than these three make up the total number of adults receiving services.

[36] Source: Children receiving care and support by local authority and age group (gov.wales)

Workforce

3.9 In paragraph 3.2, we noted that there are some issues concerning the quality and continuity of the social services data. The workforce data is where we see the greatest challenge for the reasons outlined. Figures 3.6 (Numbers of the social care workforce registered with Social Care Wales)[37] and 3.7 (Numbers within the social care workforce by sector) provide insights into the data that is available, but care needs to be taken with the interpretation of this data. The drop-in day services in Figure 3.7, for example, is likely to be linked to the closure of many of those services during the pandemic.

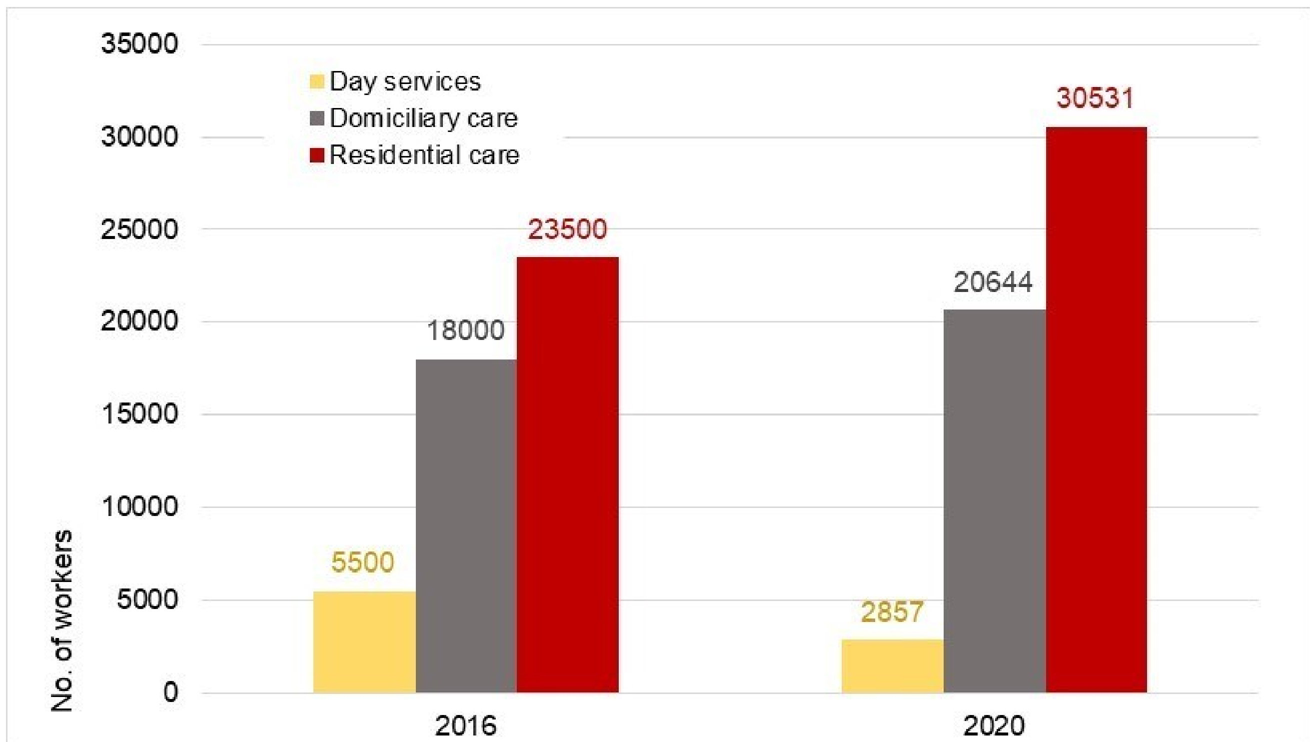
Figure 3.6: Number of social care workers registered with Social Care Wales[38]



[37] Whilst it is the case that from April 2020, Social Care Wales have required the domiciliary care workforce to become registered, the data on the domiciliary care workforce are not included here. This is largely due to questions over the data quality. For reference however Social Care Wales recorded 19637 domiciliary care workers on the register in April 2020, and 22131 in April 2021. It is also the case that being registered only means that people have maintained an annual registration; they may not all be actively working in social care.

[38] Source: Data and information on the social care workforce… | Social Care Wales

Figure 3.7: Number of people within the social care workforce by service area[39]



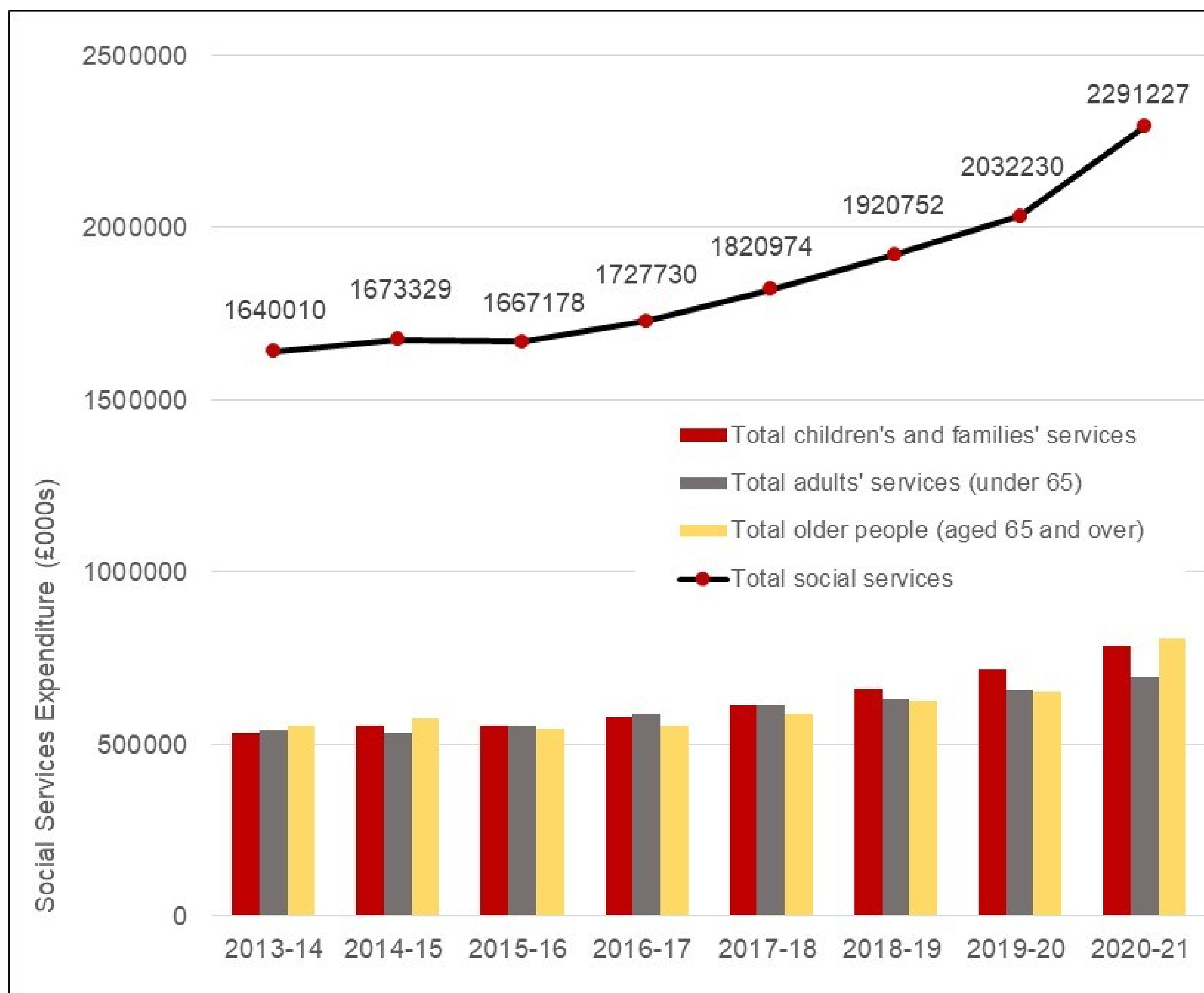
3.10 What is striking is that the data collected so far does not yet reflect the issues around the workforce crisis in social care that have been discussed extensively within IMPACT study reports – it does not show the length of tenure within the workforce for example. These issues were included within the *Post-COVID Workforce Perspectives* report, with large numbers of people leaving the workforce after the pandemic, linked to the impact of working through COVID on the emotional well-being of staff, and other pressures such as the current 'cost of living crisis'.

Expenditure

3.11 Finally, in terms of total social services expenditure across Wales from 2013/14 to 2020/21, there has been a growth over the lifetime of the Act, from £1.65 billion to £2.3 billion. It is worth noting, however, that the data for 2020/21 includes nearly £137 million for COVID-19 expenditure across children's, adult's and older people's services (Figure 3.8).

[39] Source: Data and information on the social care workforce… | Social Care Wales. Care should be taken when reading the graph as these data are drawn from different data collection mechanisms. The 2016 data is drawn from the Social Care Workforce Development Programme, and the 2020 is drawn from the Social Care Wales Workforce Survey, both of which can be accessed via the link in this footnote.

Figure 3.8: Total social services revenue outturn expenditure by client group, Wales (£ thousand)[40]



3.12 In addition to this data, key features of the wider context, both when the Act was first being implemented and the context at the time of writing the Final Report in 2022, are summarised below.

Delivery complexity

3.13 The social care system in Wales is a mixed economy of welfare comprised of state provision, private and third sector providers, and the informal care and support system. The formal system is a disparate sector with an estimated 1,546 provider organisations (Social Care Wales, 2018), and micro markets in different localities and regions. Moreover, there is variation across Welsh local authorities in the organisation and delivery of social care. As local democratic states, these

[40] Source: Data and information on the social care workforce | Social Care Wales

authorities have independence whilst working within wider national and UK legislative frameworks and delivering on what is required.[41]

3.14 Organisations with duties under the Act have distinctive histories and cultures, strategic and operational practices and relationships with organisations in the locality and wider delivery systems. Civil society has its own characteristic features and rhythms.

Additional complexity during the COVID-19 pandemic

3.15 Findings on workforce perspectives from the *Post-COVID Process Evaluation* report suggested that the pandemic compounded delivery complexity, with consequences for the provision of timely care and support, for example in reduced carers assessments and access to supports and closed or reduced provision. A common theme in this report was the immediate impact experienced by the workforce as one of 'massive shock', and it required an urgent response, adaptation, and implementation of change at pace.

3.16 As well, workforce perspectives show the disruptive impacts of the pandemic that permeated throughout all facets of social care organisation and delivery. Study participants recounted how, in the face of restrictions and lockdowns, organisations from across sectors shifted at speed to digital working and (with the exception of, for example, serious safeguarding concerns or supporting those with complex needs), the delivery of virtual care and support.

Resource complexity

3.17 A backdrop to the implementation of the Act was ongoing tension about the means to meet growing needs for care and support in contexts of decisions about the level of public sector resource allocations. The Act was conceived, developed and implemented over a period of constrained government financial outlays, with projected estimates that this trend would continue and, set against demand, result in funding gaps for key public services in Wales (Roberts and Charlesworth, 2014). Cuts in local government funding and wider austerity impacts are also significant in affecting the environments in which the Act has been implemented (Ifan and Sion, 2019).[42]

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[41] Auditor General for Wales (2014).

[42] Ifan and Sion (2019).

3.18 These constraints have been magnified during the crisis caused by the COVID-19 pandemic, with local governments across the UK experiencing increased financial pressures. The impacts of the pandemic are described in a House of Commons Report (2021, p.4) as a '…a looming problem in local government finance'.[43]

3.19 Findings in the *Post-COVID Workforce Perspectives* and the *Expectations and Experiences of Service Users and Carers* reports indicate that resource difficulties as a consequence of the pandemic are evident. Whilst Welsh Government funding, like the COVID-19 hardship fund, was available during this time of crisis, the pandemic exposed the 'fragility' of the social care system and the impact of long-term under funding, social care market structures, and workforce recruitment and retention issues. Wider social and economic factors also at play and exacerbating the challenges faced in social care, include the impacts of Brexit, the economic crises, and the cost-of-living crisis.[44]

3.20 Reflecting all the contextual complexity, a separate report within the study[45] has been produced which reflects on the financial and economic implications associated with the attributable expenditure incurred as part of the implementation of the Act.

Attributable expenditure and the implementation of the Act

3.21 The challenge facing the study team was that in order to understand the financial implications of the legalisation, no data had been collected which specifically asked about the costs (or benefits) associated with the Act. In order to mitigate for this, and with co-operation from a small number of local authorities, the team initiated an exercise to try and reconstruct the cost profile of the Act by asking local authorities to identify lines of expenditure in their accounting records which were, in some way, attributable to the Act's implementation.

3.22 In doing this, the team drew a distinction between expenditure funded by non-core funding sources (e.g. the Integrated Care Fund) and from the local authority's core resources. This was done in collaboration with senior social work managers and finance managers from three local authorities to provide their best estimate of that attributable expenditure. This was complicated because, as the social care

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[43] House of Commons (2021).

[44] See for example Welsh Parliament Health, Social Care and Sport Committee (2021), and Audit Wales (2021),

[45] See Phillips et al., (2023).

managers pointed out, over the period of the implementation of the Act, there were a number of key contextual factors, as explored elsewhere in this Chapter.

3.23 Our aim was that data obtained from these pilot local authorities would then be used to extrapolate to an all-Wales figure for the costs of implementing the Act in Welsh local authorities. The process would have involved taking certain classes of expenditure and extrapolating these to a national total on the basis of service expenditure and/or needs for service, for example based on the numbers (for each local authority) of elderly in the population or numbers of children in the population.

3.24 In the event however, and in no small part due the complexity of the task, the lack of pre-existing data, and the capacity challenges experienced by social care managers in being unable to support this aspect of the work, we are unable to develop an all-Wales extrapolation of the costs associated with the Act. That having been said and based on the data provided by the three local authorities who did contribute, it does appear that these attribution costs are likely to have been substantial (in the order of tens of £ millions).

3.25 It would be fair to conclude that the assertion in the Regulatory Impact Assessment for the Act[46] that the additional benefits of implementing the legislation would outweigh the additional costs of implementation over the long term has to be questioned – both because there is no dataset currently available upon which a claim can be substantiated, and because (albeit limited) the evidence collected does not support the assertion.

Workforce resource complexity

3.26 Prior to COVID-19, Wales and the UK were facing considerable workforce challenges – high turnover and vacancy rates, increasing demand for care workers, and increasing use of agency staff (Moriarty et al., 2018).[47] Issues impacting recruitment and retention included pay and conditions, and competition from outside the sector e.g. retail (Moriarty et al., 2018; Hussein, 2017).[48]

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[46] See Social Services and Well-being Act Explanatory Memorandum (2014) – pp.78-94

[47] Moriarty et al. (2018).

[48] Hussein (2017).

3.27 COVID-19 has further emphasised the 'fragility' of the social care workforce (Senedd Research, 2021)[49], and a shortage of a skilled and experienced workforce. Additional factors cited within the *Post-COVID Workforce Perspectives* report as impacting workforce capacity included an ageing workforce, increasing complexity of need, the cost of living, and pre-existing aspects such as competing salaries of neighbouring authorities, roles outside the social care sector like in retail and hospitality, and increasing reliance on agency staff.

3.28 Post-Brexit immigration changes add another layer of challenge. For example, Independent Age (2016) estimated that in the most favourable scenario, the gap in the availability of workers coming from outside the UK in social care in England would be 350,000 by 2037.[50] In Wales, Hutchinson & Ormston (2019) reported that most social care services have not experienced changes in the level of applications received by non-UK EU workers. However, the authors acknowledged that 'when viewed against the broader context of staffing challenges […], any impact of Brexit in terms of the rights or propensity of non-UK EU nationals to remain in the UK has the potential to exacerbate existing recruitment challenges for the sector' (p.39).[51]

3.29 As evident in the *Post-COVID Workforce Perspectives* study findings, workforce resilience during the early period of the pandemic has been replaced by experiences of 'burn-out', 'exhaustion' and 'fatigue', impacting staff retention. Workforce emotional and well-being issues were further intensified through some staff experiencing 'moral distress' from being unable to meet need in the context of closed provision.

3.30 All of the challenges referred to above coalesce to create 'the whole perfect storm'. In data collected through most of the individual studies, the provision of sufficient resources (financial, workforce, organisational, systems) was seen by participants as essential to achieving a sustainable 'futureproof' and a 'whole' health and care system.

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[49] Social care: a system at breaking point? | Senedd Research.

[50] Independent Age (2016). See also: BBC Wales report (28.9.22) – Social care: 'Emergency' over lack of workers, bosses say | BBC Wales

[51] Hutchinson and Ormston (2019).

Complexity of needs

3.31 The financial and systems challenges broadly described above have implications for implementation of the Act, and outcomes and impacts (short term, medium term and long term) for individuals, carers and communities. Workforce recruitment and retention issues impact access to care and support, continuity of care, experiences and outcomes, and delay transfer of care, whilst low staff morale and job satisfaction can also affect work and the quality of care provided (Squires et al., 2015;[52] Welsh Parliament, 2022; Wallace et al., 2023; Age UK, 2022).[53]

3.32 At the time of writing this report the cost-of-living crisis is aggravating social care unmet needs and systems pressures (Age UK, 2022).

3.33 Prior to COVID-19, mental health services in Wales were facing challenges including long-waiting times and gaps in provision. The proportion of individuals experiencing severe mental health issues rose from 11.7% during the period immediately before the pandemic to 28.1% in April 2020 (Rodríguez, 2021).[54]

3.34 Certain groups, such as those with existing mental health needs, low-income earners and people from Black, Asian and Minority Ethnic backgrounds experienced worse mental health outcomes, and there are ongoing concerns about the long-term impact of the pandemic on their mental health and well-being (Senedd Research, 2021).[55] Rising poverty and deepening inequality (EHRC, 2018)[56] further exacerbate the complexity of care and support needs for individuals, families/carers, and communities.[57]

3.35 Post-pandemic, as described in the *Post-COVID Workforce Perspectives* report, there is a substantial increase in complexity of need, with referrals being received for issues such as confidence and anxiety, and demand for emotional health and well-being services.

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[52] Squires et al. (2015).

[53] Hospital discharge and its impact on patient flow through hospitals | Welsh Parliament (2022).

[54] Rodríguez, J (2021).

[55] A Mentally Well Wales | Senedd Research.

[56] EHRC (2018).

[57] Blythe et al. (2018).

Implications of contextual factors for the study

3.36 In addition to these specific points, it is perhaps useful to reflect on what these contextual factors mean for the way in which we have undertaken our work. As such, Figure 3.9 represents the way we understood the legislation and the nature of the evaluation at the outset of the study.

Figure 3.9: The evaluation of the Act in pictographic form – Autumn 2018[58]

3.37 At the beginning, we worked on the basis that our study would consider the transformative potential of the five principles. We designed the study so that we would be able to understand the ways in which the principles had been utilised to have an impact across five domains wherein those principles 'meet' the people or organisations for whom the Act exists (as outlined in Table 1.1).

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[58] A bilingual narrated film describing this graphic can be found here: [The Evaluation of the Social Services and Well-being (Wales) Act (IMPACT) | University of South Wales]

3.38 As we described in Chapter 2, there was a degree of consensus around the direction of the Act in 2016, which we have called a 'place of settlement'. The Act was introduced at a time preceded by years of managerialism and economic rationalism in public policy and service delivery, and discourses associated with competition, individual rights and risk aversion, in a context of spending cuts. The policy and delivery context at that time was therefore dominated by improving outcomes for service users and carers alongside concerns over financial sustainability driven by austerity, by unwarranted variation in service provision and quality, projections about future demand and the space within which regional organisations would operate.

3.39 In order to be implemented effectively, the Act required organisational cultural change in order to more effectively facilitate joint working with people who use services and their carers through power sharing. The Act also required greater integration and connection between agencies and across sectors.

3.40 As noted in the *Pre-COVID Workforce Perspectives* report these challenges led to genuine concerns being expressed that the aspirations espoused by the Act, whilst welcome and ambitious, would struggle to be realised in the lives of those people in need of care and support. Similarly, in the *Post-COVID Workforce Perspectives* report, participants recognised that whilst the principles are still a crucial part of the 'story' of the Act, 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 was especially difficult at the time these interviews were conducted. Participants 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, but they also recognised the need for rebuilding.

3.41 Over the course of the study, therefore, our evidence has picked up a divergence away from that 'place of settlement' arrived at in 2016. The context has shifted which has meant that the principles may now be thought to 'work' differently than in 2016, and the pressures on the operation of social services – the practical delivery of the work that goes on across communities and localities on a daily basis to thousands of people – has been exacerbated and amplified such that service users and carers are not as close to the ambition of the principles as they may have been previously. As evident in the *Workforce Perspectives* reports, and data collected

from service users and carers, this has meant that the workforce has not always been able to deliver against the principles in the way that the Act had intended, and service user and carer experiences reflect this.

3.42 Consistent with the P-FE framework for the evaluation, Figure 3.10 identifies some of the complexities implicit and explicit in the evidence we have collected. There are a number of forces that have driven this. The expectations that people have about what the Act offers, and what is possible under the Act is one factor. The continuing pressure on the workforce is another, linked in some parts of Wales to Brexit.

Figure 3.10: The Act in pictographic form – Autumn 2022[59]

3.43 In addition, COVID-19 is an important and significant third example of a major force that has impacted upon care and support services in a way that no-one would or

[59] A bilingual narrated film describing this graphic can be found here: [IMPACT Moving Together, Together | WIHSC YouTube]

could have predicted at the time of the Act's commencement in 2016. It is not possible to overstate the disruptive force that the pandemic represented and continues to represent, not just in the form of the immediate operational response that required many people to put themselves at significant risk in order to do what they do to offer care and support to people. There are also 'legacy' impacts like the financial consequences, workforce crisis and increased demand for services, which could be described as the strategic and operational equivalent of long-COVID.

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

4. Conceptualisation: articulating evaluable principles and the Act

Introduction

4.1 One of the distinguishing features of the Act is that it purposefully states that the functions and duties of the Act ‘are to be performed to give effect to certain principles’ (i.e. ‘well-being’, ‘prevention’, ‘co-production’, ‘voice and control’ and ‘multi-agency working’), as a means by which certain outcomes are attained.

4.2 Patton (2018: 3-4) notes that ‘principles are derived from experience, expertise, values and research’. He distinguishes between natural principles about ‘how the world works’ and principles that ‘guide how people live and what to do in certain circumstances’ or human guidance principles. It is this latter form of principles that the Act incorporates. These principles, in combination, provided an interconnected framework for action.

4.3 The way that the Act’s principles, together, offer an ‘interconnected framework’ thematically emerged from analysis of qualitative evaluation data from research with service providers, service users and carers. There were recurring comments about the value for practice in a principles-based framework of priority areas.

4.4 An example of the interconnectedness between principles informing the Act is evident in the case of prevention. As seen in the literature review, prevention does not stand alone; it is about something towards something and requires approaches that are different to responding to a crisis need for social care services (Verity et al, 2020; 9). The related principles of the Act offer greater insight into what this may entail. The IMPACT theme report on well-being, for instance, highlighted qualitative data on how different interactional approaches between professionals and service users can promote better well-being and prevent poorer health and care outcomes (Lyttleton-Smith et al, 2023). Likewise, the report on multi-agency working cites examples of local area co-ordination and community-based multi-disciplinary teams which work together for prevention (Wallace and Garthwaite, 2023).

4.5 Following our P-FE approach, the purpose of this chapter is therefore to make an assessment of the extent to which the principles of the Act have been clearly articulated as a precondition for them to be effective in guiding actions.

4.6 The evaluation evidence from this study points to variation in the clarity in the definition of each of the principles. They are not all defined within the Act, although

some are, and the associated Codes of Practice offer further definition, although not universally. For example, whilst 'voice and control', is described in early Welsh Government documents as 'running across the spine of the Act', it is not formally defined in the Act.

4.7 On the whole, the lack of definition associated with most of the principles within the Act is also a feature of the published literature with proxy terms often used interchangeably leading to conceptual overlap. This deficit in conceptual precision is a feature of several sources of evidence across the study.

4.8 This gives rise to three possible forms of articulation for each of the principles – the first where there is definitional clarity, and a second where the opposite is the case, where there is slipperiness and imprecision. There is also a third form which sits between these two constructs – definitional liminality. Each in turn are discussed.

Definitional clarity

4.9 Well-being is the principle about which there is perhaps greatest conceptual clarity in how it is defined in the Act.

4.10 Unlike the other principles, well-being in the Act is defined, albeit in a somewhat contradictory manner. Part One, Section 2 of the Act states: '*"Well-being", in relation to a person, means well-being in relation to any of the following...'.* This is followed by a list of factors *that contribute to* well-being which constitute the National Outcomes Framework. There is no further information within the Act on what the nature of that actual state of 'well-being' may be. Noting that 'well-being means well-being...' is not a precise definition to guide policy and practice. It is clear that the Act is attempting to guide policy and practice to consider a multi-dimensional approach to well-being, which is a holistic approach supported by research evidence on well-being. However, there is further work to be done in defining well-being within the context of the Act.

4.11 This matters, as how well-being is defined changes how it is measured as an experience. The consequence of a lack of clear definition is that the measurement of well-being in a meaningful, evidence-based way has not been sufficiently undertaken with people covered by the Act in Wales. Furthermore, listing a number of contributing factors to well-being, however accurate they are, does not determine what a state or experience of well-being is or how it may feel to the individual.

4.12 This imprecise definition of well-being is mirrored in many applications of the concept across UK and international policy, and some research critiques this tendency as enabling generalist and vague interpretations in practice.[60] Such imprecision may confuse professionals and those in receipt of services as to what their expectations should be. This confusion can be escalated by the 'concept overlap' of well-being with other concepts such as happiness, life satisfaction, and quality of life. The conceptual 'fuzziness' of well-being was reflected in the many different interpretations by study participants of exactly what well-being means to people themselves – trying to move to definitions was likened to "*grabbing at a bit of mist*", reflecting the ambiguity and uncertainty that many people noted (Lyttleton-Smith et al., 2023).

4.13 Measures of well-being have been inconsistent within the literature on measuring well-being for public policy. Measures have primarily focused on living standards or quality of life indicators. These indicators support a focus on 'objective well-being' (external measures of well-being components). However, the conceptual literature supports an equal focus on 'subjective well-being' (individual internal perceptions of personal well-being).

4.14 Measurement of well-being is aligned to some degree with the evidence of the conceptual literature. For example, the National Survey for Wales has since 2012 incorporated subjective well-being questions on life satisfaction and current 'happiness' levels which originally come from questions asked UK-wide by the Office of National Statistics. However, other measures included in the National Survey for Wales which more specifically reflect outcome statements in the Welsh Government's National Outcomes Framework,[61] are determinants of well-being rather than composite measures, which limits their ability to describe the kinds of impacts that might be envisaged within social care contexts.[62] Furthermore, the proportion of National Survey for Wales respondents receiving care and/or support under the Act limits the ability to capture indicative trends in well-being for this group of people, if disaggregated at local level.

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[60] See Anderson et al. (2020) for further detail.

[61] Social Services National Outcomes Framework

[62] See Lyttleton-Smith et al. (2023) for more on this.

Definitional slipperiness

4.15 For some of the principles underpinning the duties specified by the Act, the language used is vague or ambiguous, and a range of terms are used sometimes interchangeably, or in ways which seem to obscure underlying intentions.

4.16 From the study there is evidence of a proliferation of typologies – whether from the literature we have reviewed or from the evidence we have gathered from organisations – that unpack and re-organise the component parts of a principle. For instance, there are distinctions made between co-production as a distinct form of practice, and related ways of working such as collaboration or cooperation. Examples of these linguistic complexities and communication challenges are seen across the various data sources in the study, and there remains considerable variation in how some of the principles and associated terms are used.

4.17 In the absence of precise definitions within the legislation, terminology overlaps and disparities are common. For instance, the Act envisages that following the principles of integrated working in health and social care will result in improvements in well-being outcomes for people. As evident in the literature review and the multi-agency report from this study (Wallace and Garthwaite, 2023), different terminology is used to encompass the meaning of multi-agency working, including "cooperation", "integration of care", "joint working", and "partnership", the latter being specifically referred to in regulations.

4.18 With multi-agency working, the problem is exemplified by reports in the literature of there still being over 70 terms and phrases and 175 definitions and concepts of integrated care. This leads to individuals and organisations being less clear about integration and integrated care 'across space, time and context', which in turn means stakeholders will influence policy transfer in different ways and eventually who benefits and loses in that process (Lai Meng & Cameron, 2019).

4.19 Prevention is described to be '…*at the heart of the Welsh Government's programme of change for social services* (Welsh Government, 2015; 38); a mechanism for the enablement of well-being outcomes and delivery of sustainable social services in a climate of pressures on funding and increasing demands. The Act, Section 15, does list purposes for a prevention and early intervention agenda and the related action is described with verbs such as 'contribute to'; 'reduce'; 'promote'; 'minimise'; 'encourage'; 'avoid' and 'enable' (Welsh Government, 2014;

12-13). In Part 2, Code of Practice-General Functions (2015, p. 11) prevention is defined as both a means to '…stop people's needs from escalating' and promote wellbeing.

4.20 In the literature, definitions of prevention in social care are slippery, with a range of underlying intentions about what it is that is being prevented, that span saving money to advancing social justice (Gough, 2013; Clark, 2019; Marczak et al., 2019; Tew et al., 2019). We also found in the prevention document analysis (Read et al, 2023) that prevention in a social care context can have parallel and sometimes conflicting drivers, again a theme in the literature review. Across the document analysis the intentions for prevention included: stopping problems from beginning; reducing the impact of crises once they have happened; reducing costs and demand for statutory services; building individual and community resilience; fostering social capital; ameliorating inequalities associated with poverty; and reducing the burdens on tertiary health care.

4.21 While many of these intentions of the preventative agenda were discussed in parallel, it was noted that they did not always naturally coalesce with one another. This issue was also seen in discussions with stakeholders in the two *Workforce Perspectives* reports.

4.22 In respect of the concept of 'voice and control', the Act also provides no formal definition. There are fragments of definitions within different Parts of the Act and the Codes of Practice. For example, Part 6 of the Act provides a number of key statements which are useful proxies to be considered in lieu of formal definitions, and in addition, the Code of Practice for Part 2 draws from the National Outcomes Framework in identifying key aspects of what it means to exercise 'voice' and 'control': "A right to be heard as an individual…to have control over their daily lives; My voice is heard and listened to; I speak for myself and contribute to the decisions that affect my life or have someone who can do it for me."

Definitional liminality

4.23 Liminality is a state of transition between one thing and another, at multiple stages, or between one stage and another, often characterised by ambiguity and disorientation. Sometimes, the Act does provide a definition for a principle, but in a circumspect, partial, contingent and transitional manner, as is the case with co-production as discussed further below.

4.24 For example, in Part 2 of the Code of Practice[63] it is stated that "…[f]undamental to the whole approach and system [set out in the Act] is that practitioners co-produce with children, young people, carers and families, and with adults, carers, and families. Partners in this process all have contributions to make" (p. 54). It then goes on to suggest that "[L]ocal authorities must involve people in the co-production of the design and operation of services" (p. 27, emphasis in the original), a duty which "means putting robust arrangements in place for encouraging the involvement of people" (p. 51). Elsewhere this duty is assigned also to Local Health Boards (p. 51). Thus while co-production will necessarily depend on contributions by a range of engaged individuals and organisations across sectors, *instigating* co-production and ensuring that what follows does indeed involve people in practice is couched as a duty for public sector practitioners.

4.25 Co-production *is* described in *Part 2 Code of Practice (General Functions)* issued under Section 145 of the Act, but the descriptions are indirect and partial. So again, rather than specifying exactly what counts as co-production, the Code of Practice provides, more loosely, examples of co-productive 'associations' which such practice will have. It is initially presented as being:

- "about supporting people who deliver social services, empowering them to co-produce solutions with people who need care and support and carers who need support." (p. 5)
- "…a way of working whereby practitioners and people work together as equal partners to plan and deliver care and support." (p. 5)[64]

4.26 Both initial characterisations require further definition for it to be fully clear what they amount to. In the first, co-production is presented in circular fashion, as being about "co-producing solutions" – without that itself being defined. In the second, much hinges on what we understand by being an "equal partner", particularly in cases where those working together are a mixture of service-users, carers and practitioners. Because working together as equal partners is not *exclusive* to co-production, we cannot yet see here what it is that is definitive of co-production as a way of working.

[63] Part 2 Code of Practice (General Functions)

[64] Ibid.

Summary – addressing a P-FE

4.27 The relevance of having clear definitions of the key principles of the Act is that this reduces potential confusion amongst those operating in different domains about their purpose or objectives.

4.28 An example is well-being where there is scope to determine a more precise definition of well-being with conceptual coherence that reflects the literature underpinning its use in policy. It is important to be clear that while the National Outcomes Framework (NOF) offers insight as to what Welsh Government considers the constituent determinants of well-being to be, this does not constitute a definition of the concept.

4.29 In determining what aspects of life contribute to well-being, the National Outcomes Framework operates sufficiently well to guide practice; however, evidence that the framework is deployed to guide practice beyond initial training is scant.[65] Beyond practice, the definition and guidance around well-being under the Act has implications for how the well-being of people accessing social care is measured, tracked and reported in Wales. The measurement of well-being is of significant interest in evaluating and developing the Act, and also other policy that seeks to promote national well-being. Measures of well-being available during the evaluation were insufficient to determine conclusively whether or not well-being for people accessing social care has changed since the Act was implemented.[66]

4.30 This prompts a question: if there are challenges in defining a principle and having an agreed way of understanding it, how can the offer of that principle be realised by citizens with rights under the Act? Or put more simply, does achieving the promise of a principle to guide practice first require agreement on what it means? However, here is an argument that it is better to operate in a more situational way wherein shared values, purpose and approach matter much more than the precise words on a page.

4.31 Either way, evidence from this evaluation indicates there are shortcomings in the tools or a framework by which to gauge whether, or to what extent, the principles have been effective in enabling interventions that achieve the objectives of the Act.

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[65] See Lyttleton-Smith et al. (2023) for more on this.

[66] Ibid.

Rather, it identifies ‘hallmarks’ of practice and associated values. Thus in summarising the differences (or otherwise) that the Act has made, we are not able to be as definitive about the conclusions on the impact that has been achieved as we would have wanted to be.

4.32 Following P-FE, it is therefore unclear whether the “bar has been cleared”, and each principle has been successfully articulated. Indeed whether we are all using the same “bar” on which to base such judgements is also in doubt. We are therefore left with proxies – descriptions in forms other than definitions which serve to provide us with clues as to what the principles are. The challenge is that it is often not clear from the Act what is required to embody any one of these proxies. For example, seeing people as ‘assets’ is used as a proxy in the definition of co-production but not even this is precisely defined – it is not clear that there is any kind of independent ‘yardstick’ by which to gauge the development of mutuality and reciprocity implied by the proxy statement.

4.33 The clarity of definitions of the principles is a deficit within the Act, the consequences of which we cover in the next chapter. Yet repeatedly the evaluation data showed support for the principles from service users and carers and across the workforce. This should not be misunderstood as a call for narrow and absolute precision in definitions at the expense of a more situated and contextual approach.

5. Implementation: adhering to the Act’s principles in practice

Introduction

5.1 There is an explicit expectation that the Act’s framework to enable transformational change for policy, organisations, systems and in the delivery of care and support, would be reflected in the experiences of those receiving care and support. Then over time, it would lead to the attainment of sustainable social services.

5.2 The outcome of the process of implementation should mean that individuals with support needs, carers, families, communities, in co-productive partnerships with the social care workforce, translate the national direction of the Act, into local forms of support that formally or informally deliver on the promise of the well-being outcomes envisaged in the legislation.

5.3 The purpose of this chapter, therefore, is to consider the extent to which the principles as articulated and conceptualised (see Chapter 4), and offering an interconnected framework, have been translated into practice. In doing this we draw on the key findings from all 11 of the individual studies conducted for the IMPACT evaluation.

5.4 The chapter is organised by the following themes: a) positive response to the principles, b) mechanisms for delivery, c) partnerships and relationships, d) gaps between ideals and experience, e) unwarranted variation and additional burdens, f) resources and context, and g) COVID-19: a ‘curse’ and an ‘opportunity’.

Positive response to the principles

5.5 The broad concept of the principles, as an integrated ‘mission statement’ for social care, was generally met with a high degree of enthusiasm, with professionals embracing the idea of being holistic in considering the range of experiences in people’s lives that could be contributing to their well-being outcomes. Having a strong voice and real control is central to the Act based on the premise this optimises opportunity to achieve well-being and an appropriate level of independence. This comes through both reports on the perspectives of the workforce (Llewellyn et al, 2021 and Wallace et al, 2023). It is also apparent in the individual reports on the implementation of the principles of the Act.

5.6 The principle of co-production was strongly endorsed by service users and carers that participated in the evaluation study (Andrews et al, 2023). What study

participants found valuable in the idea of co-production clearly mirrored the values associated with co-production in the Act and related Codes of Practice. Among those values, some received particularly visible or noticeable support: seeing people as assets, building on capabilities, professionals working in partnership with people (i.e., service-users and carers), supporting and empowering people to get involved with the design and operation of services, and developing mutuality and reciprocity.

Mechanisms for delivery

5.7 Person-centred approaches are a key means of implementing the principles. The relationship between practitioner and individuals is vital in creating a focus on 'what matters' to the person. Across the evidence collected, we found that often the implementation of person-centred approaches was seen as being significantly *local*, connected to particular settings, depending on "bottom-up" participation, requiring the kind of "buy-in" from those who stand to benefit, which in turn is especially likely to come from a sense of being tied to a particular context.

5.8 In respect of mechanisms for achieving voice and control, in *Expectations and Experiences* (Llewellyn et al, 2022), service users and carers positively identified a series of mechanisms that exist through which they are potentially able to realise the aspiration of voice and control: the range of legislation and rights available to them, the availability of Direct Payments, and the role of co-production as a principle of the Act. Moreover, in this same report there are examples where carers talked about the experience of a carer assessment as a potential source of support (Llewellyn et al, 2022; 34), cases where carers felt a 'discernible responsiveness' in interactions with social services, and examples where independent living had been enabled (ibid; 37).

5.9 From the *Co-Production* sub study (Andrews et al, 2023), work undertaken under the guise of principles like co-production was deemed to be valuable as a *process*, independently of outcomes. To put this another way: even if the outcomes of a particular piece of co-productive practice are unknown or not clearly beneficial, individuals appreciated co-production as a way of working, in itself.

5.10 From the prevention document analysis (Read, et al, 2022) we see a tapestry of prevention work with demonstrable interconnections across prevention levels, domains, population groups, approaches and aims. All local authorities were

implementing in practice some prevention initiatives, especially those defined as preventative by Welsh Government. These consistently included Information, Advice and Assistance services (IAA), reablement programmes, early help hubs, supports for older people at home, community development work, early intervention and support programmes for families and children and young people, and advocacy services.

5.11 In addition, the documents analysed for the *Prevention* report (Read et al, 2022) also highlighted numerous named initiatives with a preventative focus, including *Hospital to Home Recovery, Flying Start* early years childcare supports, *Families First* and *Team Around the Family* (TaF) initiatives that preceded the Act, Youth Services and Youth Justice Support Services, Local Area Co-ordination, *Poverty and Prevention Service*, and many more. These were further complemented by the development of a variety of local initiatives based on local needs. A focus on prevention and early intervention is also evident in the data in respect to safeguarding and in discussions of care and support assessment and planning to meet individual needs.

5.12 The wide range of success factors for multi-agency working also relates to person-centred practice, as noted in the literature review for this theme (Llewellyn, Verity and Wallace, eds, 2020). Some of these factors relate to organisational issues, such as governance and structures, but also those that directly affect people, such as individual values, trust and leadership. Multi-agency working is supporting the notion that the person is at the centre, that health and well-being is everyone’s business and that all stakeholders within the community are encouraged to work together to promote and achieve change, and in some cases step in with alternative support where there is a gap in statutory provision (Wallace and Garthwaite, 2023).

Partnerships and relationships

5.13 Partnerships and relationships are important in implementing the principles. We see evidence in the evaluation that by enshrining multi-agency working in legislation, the Act has afforded confidence amongst agencies to facilitate conversations with partners, implement change and strengthen partnerships. It has enabled new ways of working in the planning and delivery of care and support, including practice change and developing and strengthening partnerships. This is important in the context of working together to improve well-being as opposed to attending solely to issues relating to health and disease. The idea of workers and organisations

working together extends the principles of co-production and voice and control by empowering people and communities to work with professionals and policy makers in ensuring they receive the right care. Involvement of the third sector with statutory bodies plays an important role in fulfilling the prevention agenda.

5.14 The evidence collected demonstrates how the centrality of holistic well-being to social care appears to be supporting engagement in partnership working in and beyond the sector, as professionals place greater value on collaboration with different organisations supporting an individual as a result. However, it was noted that it is very difficult to legislate good relationships, and that some of the structural and organisational barriers undermine goodwill.

5.15 Workers interviewed for the multi-agency study articulated the factors that helped them work successfully together across organisational boundaries (Wallace and Garthwaite, 2023). These include having trust and good relationships, good quality communication and information sharing, and a strategic and organisational endorsement of multi-agency working. Inhibitors include cultural and structural differences, unrealistic expectations (especially in relation to time), and the absence of effective ways of measuring how well services are working together.

5.16 The quality of relationships between service users and professionals is identified, throughout the data collected, as facilitating co-production and other principles and enhancing well-being. Thus, co-production is a way of forging and strengthening relationships, but is also something that depends on a sense of working with others – of doing, rather than being done to. However, being involved in co-production is demanding for service-users and carers, both financially and in emotional terms (Andrews et al, 2023).

5.17 Where co-production has happened successfully, this was often regarded as being associated with the work of enterprising, knowledgeable and committed individuals with a strong sense of the value of co-productive practice and the wherewithal to see it to fruition. Role-models and trailblazers play an important role (Andrews et al, 2023).

5.18 There is a strong sense that co-productive practice in the third sector is further advanced than in many local authorities. From points made by the Co-Production study workshop participants (note that they were not probed in detail), this may be because people working in that sector are less tied by procedures or requirements

which thwart or run against the grain of co-production. It may also be because third sector practitioners have been working in this way for many years, and as such there is a legacy of approaches and values from which to draw (Andrews et al, 2023).

5.19 Partnership working also refers to how relationships between different departments within the same organisation operate and there is a need for better understanding of how internal partners, such as housing and education, can play a part in fulfilling the Act's aspirations. Broadening the membership of Regional Partnership Boards in 2020 to include housing and education reflects an appreciation of this, as noted by some study respondents. Strong, consistent leadership across agencies is central to enabling the workforce to perform effectively at a multi-agency level and to achieve the desired shifts in culture to an outcome, asset-based way of working (Wallace and Garthwaite, 2023).

5.20 At times, the disparate interpretation and confusion regarding the 'true meaning' of well-being seemed to be fuelling innovation in terms of approaches to services, leading organisations to carefully consider their potential in supporting well-being and creative ways of delivering this. However, when different organisations were engaged in partnership working, the disparities in interpretation became more problematic (Lyttleton-Smith et al., 2023; Wallace and Garthwaite, 2023; Wallace et al., 2023).

5.21 There are numerous examples where workers from various agencies harnessed their strengths to deliver practical support for people. These include preventative community development models such as local area coordination, joint reablement teams and joint commissioning. National and regional safeguarding boards were seen as positive developments by the workforce (Llewellyn et al., 2021). The *Workforce Perspectives Post-COVID* report has highlighted how throughout the pandemic social care workers developed creative approaches to continue to deliver services, which in places, was a 'catalyst' to accelerating partnership working. Examples provided included establishing a paediatric safeguarding group with Accident and Emergency, and restructuring the community resource team. As above, some of these developments will lead to lasting change, whereas others will dissipate over time.

5.22 Nevertheless, there were mixed experiences in terms of the extent to which the pandemic has impacted multi-agency working within and between organisations and sectors. There was a view held by some workforce participants that during the course of COVID-19, a ‘fracturing’ occurred between social care and health (attributed in part to remote working and different recording systems), and a recognition of the need to rebuild relationships and trust (Wallace et al., 2023). By contrast, other participants provided evidence of increased collaboration between the two sectors, and of effective partnerships built pre-pandemic, which helped maintain and in some cases strengthen integrated working throughout COVID-19. Whilst recognising the value of face-to-face collaboration, the shift to online working and virtual meetings enhanced multi-agency engagement by providing increased capacity through time previously spent travelling to meetings (Wallace and Garthwaite, 2023).

5.23 Given these challenges, the need to harness positive multi-agency practice post-pandemic was identified as important. Yet in the context of competing priorities and pressures amongst sectors, some respondents were mindful that there is a risk of reverting ‘back to business’ and losing ground on progress made during the pandemic (Wallace et al., 2023).

5.24 Challenges in realising true integration amongst all sectors and organisations, including housing, the police and education, persist. For example, for some, buy-in from health remained problematic, with the need expressed for ‘re-educating’ health in their responsibility under the Act and increasing understanding of approaches such as strength-based assessments.

5.25 Fully integrated working on a consistent basis therefore remains elusive, and multi-agency working continues to prove challenging for organisations and the workforce. Regional working is nothing new and has been a feature of Welsh public life for many years, but in the particular form as set out under the Act, it is still in its relative infancy and cultural differences between and within organisations are still evident. Information sharing continues to be challenging, especially at a digital level, and the impact of COVID-19 in respect of managing demand is still present (Wallace and Garthwaite, 2023; Wallace et al., 2023).

Gaps between ideals and experience

5.26 We found that a key challenge in implementing well-being-focused policy is the highly aspirational language used around the Act, combined with imprecise definitions and inconsistent applications in delivery, as noted previously. This was seen by some study respondents as a gap between 'ideals' and their experiences.

5.27 Qualitative interviews with service users and carers give some insights into their positive expectations of early intervention and prevention, but at times, they mismatch with what happens in practice. For example, it was the experience of some carers who participated in the *Expectations and Experiences* study that interventions happen at the 'last minute when it is too late', which is counter to what is needed to build strategies for longer term prevention (Llewellyn et al, 2022).

5.28 As observed in both the evidence from the workforce and service users and carers, the language of well-being promotes high expectations from both people accessing social care and professionals delivering it, in terms of what resource they can expect to be allocated (and to be able to allocate, in the case of professionals) in support of people's well-being. However, the realities of current social care provision, with limited resource and services stretched thin, means that these expectations are often not met.

5.29 The distance between the extremely positive rhetoric of well-being, which raises expectations, and this challenging reality created disillusionment and disappointment in both those receiving and delivering services, with a subsequent impact on well-being (Lyttleton-Smith et al, 2023). Evidence from the *Expectations and Experiences* report suggests an unfortunate and unintended outcome for those with this experience, is that the language of well-being within the Act and its associated publications may actually have a detrimental effect on individual well-being in cases where services do not meet expectations (Llewellyn et al, 2022). Some respondents interviewed for the *Post-COVID Process Evaluation* suggested a need to review public awareness and understanding of the Act in future in order to help manage expectations on statutory provision.

5.30 One of the key points where this distance is revealed is between a 'What Matters' conversation, where a person states their well-being needs to a professional, and the delivery of services, which may not fulfil the well-being needs discussed. Similarly, there was a widespread sense among service users and carers

interviewed in this evaluation that the term co-production is used more often than it is actually put into practice – and that some projects or services are badged as being 'co-produced' which do not fit that description (Andrews et al, 2023).

5.31 In the *Expectations and Experiences* report, some service users and carers felt this gap between ideals and their realities was associated with the systems pressure across Wales. A respondent called the Act a '…fantastic piece of legislation' but also stated that '…trying to shoehorn it into the current [situation] while pulling resources away is insane' (Llewellyn et al, 2022; 51).

Challenges

5.32 Data collected as part of this evaluation provides evidence that the complexity of navigating the network of social care providers is often challenging (Llewellyn et al., 2022). This was a common source of confusion and frustration for those accessing services, or care and support.

5.33 These challenges were at different levels; for example, not having access to correct and timely information, people being uncertain about what they are entitled to and receiving unclear or misleading answers, and understanding the relationships between statutory, third sector and other sector providers (i.e. health).

5.34 Raised earlier was the challenge of implementing the principles across different settings. Evidence from the co-production study (Andrews et al, 2023) and voice and control study (Llewellyn et al., 2023) show there are challenges in sharing control across different social care settings and organisations, alongside those related to implementing voice and control principles with different population groups.

5.35 Our evidence suggests that the implementation of the principles has progressed further in some local authorities than others – and within them, in some service areas than others. For example, as demonstrated within the co-production report, the implementation of "robust arrangements… for encouraging the involvement of people" in "the co-production of the design and operation of services" was far from consistent, and in the case of some authorities and services, still in the very early stages. And some service-user groups – for example, family carers – were far more likely to have heard and be familiar with the language of co-production than others – for example, people with visual impairments. Meanwhile co-production in particular was perceived as working differently case by case, with each co-produced service

being importantly unique in terms of the setting, the immediate purposes involved, the relationships between participants, and the outcomes (Andrews et al, 2023).

5.36 Knowledge about the principles of the Act was inconsistent – both on the part of individuals, and (from the point of view of some people interviewed) on the part of service providers. This inconsistency had various knock-on effects. For example, individuals who took part in the co-production study saw the embedding of co-productive practice as patchy, across different services and in relation to different needs (Andrews et al, 2023). Some – like carers – were much more likely to have had direct experience of practices labelled as co-production than others (for example, blind and visually impaired people). Building on this, an important dimension affecting service users and carers relates to the variation in approaches to multi-agency working within and between local authorities, particularly in respect of sharing information when people move between areas. This was reported to us as an ongoing issue (Llewellyn et al., 2022).

5.37 There are challenges in instilling voice and control principles in health and social care assessments; and whilst there is evidence that conversational approaches can provide a good platform for ideas around person-centred practice to be implemented in social care, evidence from service users and carers suggested that this is not a uniform experience (Llewellyn et al., 2022; Llewellyn et al., 2023).

5.38 A similar finding is seen in the evidence from the co-production study. The usage and uptake of co-production varied considerably between services, practitioners, and service-users. It appeared that participation in co-production depended substantially on where individuals happened to be, the services they happened to use, and the needs they happened to have – even when they were among the core constituency of service-users and carers addressed by the Act (Andrews et al, 2023).

Resources and the context for them

5.39 Where the principles have not transpired and influenced practice as hoped, lack of resources was among the most widely-cited reasons. Financial investment was seen by respondents as vital, but also as often lacking (Wallace and Garthwaite, 2023; Llewellyn et al., 2021; 2022; Wallace et al., 2023; Phillips et al., 2023).

5.40 Planning, commissioning, and resource allocations are intrinsic to ensuring prevention activities are in place. Evident from the data collected in this study (Read et al, 2023) is that the pressures within the social service system are having implications for the capacity to deliver the prevention agenda. The prevention-focused document analysis, for instance, highlighted that prevention resources were drawn from three pools: redirected resources, prevention-related savings, and additional funds for prevention (e.g., pooled regional budgets and purpose-specific funding). Some workforce respondents highlighted that the latter of these sources, such as the Transformation Fund, were the predominant means by which prevention initiatives were taken forward. There were concerns raised around how the reliance on this time-stamped and short-term funding may influence prevention activities in the future, particularly in a financial context also emphasising financial sustainability and limited resources (Llewellyn et al., 2021; Wallace et al., 2023; Read et al., 2023).

5.41 The distance between the positive rhetoric of well-being and what many perceive as the under-resourcing of services (due to the limitations on social care budgets) may, at times, be disillusioning organisational cultures in a similar manner to how it may be experienced by people accessing services. However, this did not appear to be a universal experience and many organisations were working incredibly hard to find adequate resources to adapt well to this focus. This adaptiveness and resourcefulness were evident in the interviews from the *Post-COVID Process Evaluation*, where some workforce respondents recounted examples of creative working to implement the principles of the Act in the face of adversity.

5.42 There are a number of factors that adversely impact the way in which the workforce can participate in multi-agency working, which are also relevant to the other principles of the Act. For example, a theme from analysis of the data in the multi-agency study was that capacity issues and resource pressures that lead to time constraints and high caseloads can negatively affect meaningful engagement with families. This in turn impacted upon workers' ability to instigate changes of approach to the provision of care and support.

5.43 There is evidence about the centrality of the advocacy requirements under the Act. There was a viewpoint that these measures are working well with increased use of advocacy services by a broader group than before, and an increased awareness of the need for and importance of advocacy, and incorporation of advocacy in social

care practices. But there remain concerns of the sufficiency and sustainability of funding to support such work.

5.44 Within the *Workforce Perspectives Post-COVID report*, the shift to online delivery of care and support was largely viewed as positive and received well by, for example, young people. There were, however, caveats to online provision identified such as the assumption that service users and carers would have access to technological resources which was not always the case. In addition, questions were raised over the appropriateness of certain meetings being held online, including some child protection conferences. Also highlighted was the extent to which virtual meetings impacted the expression of voice and control of service users and carers, and relationship building.

Culture change

5.45 There is unclear evidence in this study on the extent of genuine, wholesale shifts in workforce culture towards a principles-based way of working – what the Code of Practice calls "'culture change towards relational and reciprocal practice" – as the legislation had perhaps envisaged. In addition, COVID-19 meant that plans to progress this agenda stalled with the shift to focusing on crisis management.

5.46 Some respondents from the workforce described how the Act was reinforcing and legitimising cultural change and enabling them to implement values and principles that were already part of their practice and organisational agendas prior to 2016. An example is implementing co-production. The co-production study showed that, where co-production had worked well it depended heavily on permission and support from leaders to build on the value systems that were already present within some teams (Andrews et al, 2023).

5.47 For example, working co-productively requires the involvement of service users and carers from the very outset: authentic co-production incorporates co-design as well as co-delivery. It is also apparent on a practical level. The more co-production is seen as having been instigated by those whose job entails promoting it, *because* it is their job, the less it will be seen as the kind of project which already involves and builds on the priorities of those who use the services in question. However, the evidence consistently suggests that where people know what co-production is, it carries very positive associations. Service-users, carers and practitioners consistently approved of the idea in principle. Similarly, where co-production is

witnessed in practice – and even more so, when it is seen to generate outcomes – it garners further support as an approach. This suggests that one of the most fertile and effective means by which to promote and embed co-production as a form of service provision is through the gradual increased recognition that will come with the carrying out of a steadily greater number of co-produced projects and services.

5.48 Risk was also a key issue raised, and evidence from the workforce reflected on the need for a culture change and new approach to risk as part of assessment processes. Positively, the Act was seen as having facilitated a less risk averse approach to the work of social services. Where it was working at its best, evidence suggests that the Act facilitates greater confidence in managing risk alongside good management and supervision.

COVID-19: a 'curse' and an 'opportunity'

5.49 Drawing from the findings of the *Post-COVID Process Evaluation*, this section describes how, in the face of the multi-dimensional impacts of the pandemic, there is evidence that the pandemic was responsible for both deceleration and acceleration towards implementing the Act and its principles.

5.50 Resulting from a need to respond and adapt quickly to the ever-changing landscape of COVID-19, on the one hand workforce respondents of the *Post-COVID Process Evaluation* raised that there was considerable 'losing of the ground' of gains made before the pandemic. Shifting to reactive and emergency planning, coupled with reduced and/or closed provision, and limited capacity for engagement had implications for the implementation of the Act.

5.51 The impacts of the COVID-19 pandemic inhibited the scope for introducing co-production of services and slowed its pace. While exceptional in important respects, there are lessons here about how the involvement of the most vulnerable in society is likely to be a casualty of any public health emergency or similar event. However, some aspects of the changed circumstances of the pandemic – for example, the shift during lockdown to online communications and meetings in place of face-to-face contact – had some beneficial effects for involvement. This may be because some services can be offered in a similar way, online – or in some cases, because the use of online platforms may prove more accessible for some than face-to-face meetings.

5.52 Against a backdrop of continued increase in demand, ongoing capacity issues (workforce, resources, and specialist provision) to meet need are intensifying deceleration. Unmet need is impacting individuals' well-being because their choices are being denied, alongside negative impacts on workforce well-being (see paragraph 3.22).

5.53 On the other hand, there were also numerous references to acceleration in certain aspects of implementation, in particular whereby initiatives in the early planning stages were progressed at a pace in response to COVID-19. The pandemic gave 'permission' to work differently, and to re-evaluate and explore alternative ways of working without the pre-pandemic level of bureaucracy. Respondents gave examples of greater collaboration and new partnerships across sectors and agencies, streamlining processes, flexibility, and development of creative solutions.

5.54 Positive revelatory impacts of the pandemic included improved manager/workforce relations, increased sharing of good practice, greater confidence to work more creatively with those in receipt of care and support, and more person-centred, outcome-focussed conversations. It is difficult to be definitive about the longevity of these impacts, but some are likely to persist, whilst others are likely to wane.

Summary – addressing a P-FE

5.55 From the workforce perspective, we have seen evidence of positive implementation of social services resulting from a focus on the principles. Equally, the general ethos of the Act, giving people more voice and control and approaches such as "what matters" conversations, have helped cross divides that may exist within workforce cultures, albeit not always consistently. This has enabled workers to work beyond prescribed boundaries and explore wider options.

5.56 The well-being aim of the Act may have broader positive implications for communities should prevention and early intervention initiatives be developed with clearer understandings of organisational roles in well-being, and a concise, unified understanding of the concept of 'well-being' to support this.

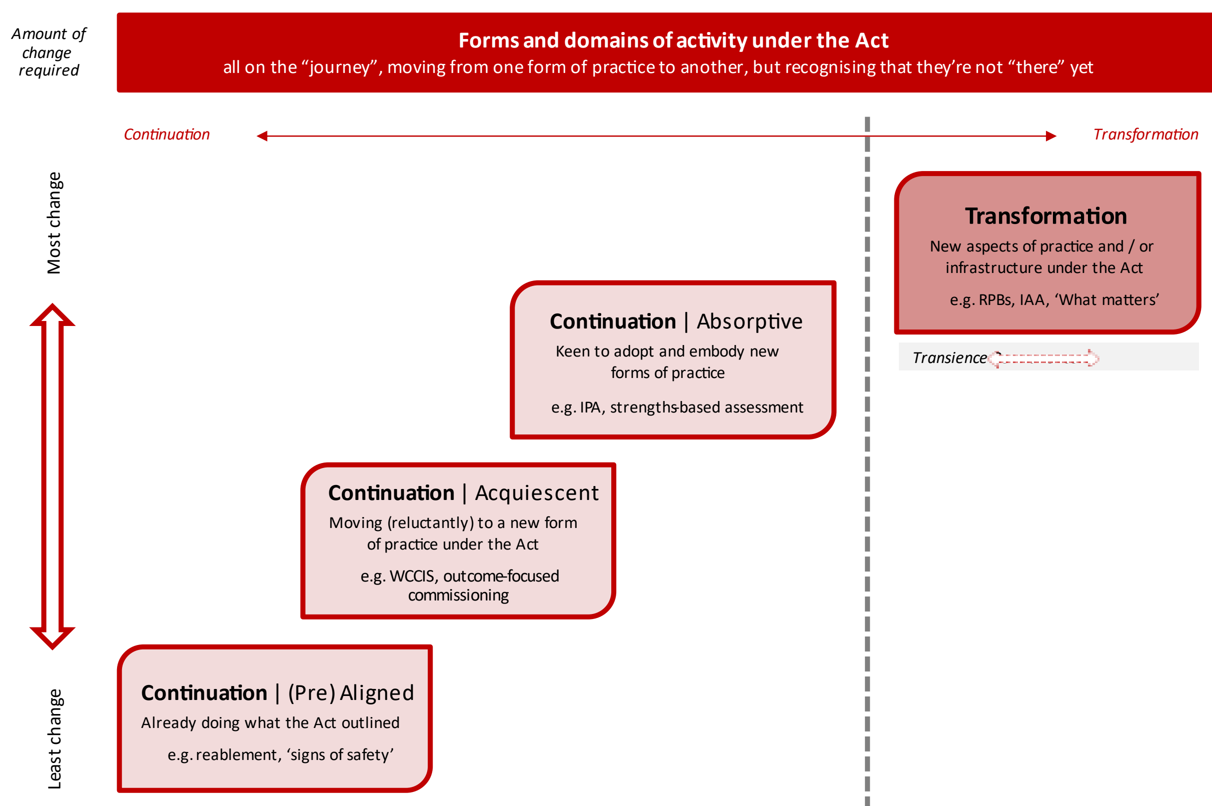
5.57 There was a view from both the perspectives of service users and carers and from some workforce participants, that implementation has not been as successful as envisaged. There is a disconnect between legislative rhetoric and operational reality, especially when faced with the tensions between local flexibility and interpretation versus centralised control and resource constraints.

5.58 In addressing the question ‘If principles have been articulated, to what extent and in what ways are they being adhered to in practice?’, it is perhaps useful to reflect back on the way we conceptualised the workforce ‘journey’ of implementation, and how it looked in the pre-COVID 19 world (see Figure 5.1 below).

5.59 The diagram was an attempt to rationalise the complexity we have seen. It suggests that due to the differential starting points of all of the localities in Wales, four different forms of practice have been embodied in the implementation process of the Act to date. These different forms of practice have required varying degrees of change to meet the requirements of implementation.

5.60 Change in the diagram takes place in two domains. The first domain concerns forms of activity and practice that, to a greater or lesser extent, had already been established prior to the Act’s implementation. The second domain concerns forms of practice that, in order to meet the duties and requirements of the Act, required an element of transformation. There are four stages within this process: Continuation – (Pre) Aligned; Continuation – Acquiescent; Continuation – Absorptive; and Transformation.

Figure 5.1: Perspectives from the workforce about the journey of implementation – Pre-COVID 19



5.61 So what does this mean for an assessment of how and in what ways the principles of the Act are being adhered to in practice? Clearly there have been a number of ways in which implementation has been successful in translating the principles into practice. The evidence suggests that the five principles offer a valuable 'interconnected' framework and that the implementation of the Act is an ongoing journey.

5.62 A focus on well-being as an aim for social care services is received as a positive direction by people both accessing and delivering services. It appears to have positively impacted the working cultures and capacity for innovation of organisations responsible for social care delivery. Its conceptual function operates as an ideology that rallies professionals around the individual and families. But there remains a considerable agenda to be worked on, in part because of the way in which COVID-19 has adversely consumed time, attention and capacity away from the focus on translating the Act's principles into practice.

5.63 Impacts of the pandemic on the translation of the principles into practice are many. Deceleration was experienced in progress of implementation, delivery of provision, and integrated working, all of which are set against wider social and economic impacts, and an increase in need.

5.64 Despite these challenges, there are a number of positives derived from an acceleration in response to the pandemic. Implementing new ways of working and models of care, and enhancing integration during a time of significant crisis, highlights the resolve and commitment to continue to advance and implement the principles of the Act.

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

Introduction

6.1 The Act posits that, for the principles to be able to achieve their desired results, an individual must be able to feel that they are a genuinely equal partner in their interactions with professionals and to achieve well-being outcomes that are based around ‘what matters’ to them within the context of their assessed social care needs. It is a condition of the Act that a local authority responds in a person-centred, co-productive way to people’s particular circumstances. Supporting prevention and working in an integrated way are to be intrinsic to the delivery of social services.

6.2 The purpose of this chapter therefore is to consider the third P-FE question on the extent to which the principles as articulated, conceptualised (see Chapter 4), and implemented (see Chapter 5) have led to the desired results – as outlined in paragraph 6.1 above. In doing this we draw on the key findings from all 11 of the individual studies conducted for the IMPACT evaluation. This section is divided into themes and issues that are drawn from evidence collected across the study, many of which mirror the topics identified in Chapter 5, adding additional weight to the identification of these as part of our synthesis of the data.

6.3 In order to address the third P-FE question (*If adhered to, to what extent and in what ways are the principles leading to the desired results?)* we answer three of the four questions that the study team were asked to address in the original specification from the Welsh Government:[67]

1. Whether the Act is meeting its objectives?
2. Overall, what difference has the Act made/is it likely to make?
3. Any unintended consequences arising from the Act?

6.4 There are a number of issues that will be discussed below, but perhaps more than elsewhere it is important to recognise here the context of COVID-19 as a material factor impacting on the desired results. The pandemic had a devastating impact on the well-being of the most vulnerable people in society, including many of those

[67] The fourth question – ‘What further action, change or development is required?’ – will be answered in Chapter 7.

covered under the Act, and for the operation of the social care system. As described by all of our participants, in different ways, it was on the optimisation of people's experiences that the negative impact of COVID was most keenly felt, a point that needs to be considered when reading this chapter.

Is the Act meeting its objectives?

6.5 Firstly, we were asked to consider the extent to which we could demonstrate whether the Act was meeting its objectives (see Paragraph 6.1). The themes we draw out are a) cultures for transformation, b) power dynamics and relationships, c) measurement and understanding impact, and d) capacity and resourcing.

Cultures for transformation

6.6 Ensuring that workforce cultures are open to the transformative potential of the Act is crucial to its successful optimisation. Our findings from service users and carers (Llewellyn et al., 2021) suggested that principled and motivated individuals are the key drivers for change; they have a catalytic effect on organisational culture and the behaviour of others. For example, co-production is something that is difficult to enforce through legislation. It is as much a way of being as it is a way of doing. However, there is clear evidence that motivated individuals and groups have latched onto and utilised the Act to further co-production (Andrews et al, 2023). These people were key to further embedding co-production and 'bringing others' with them.

6.7 We found evidence from the workforce of an openness of culture, and some agencies working well together. This comprised discussing, reflecting and negotiating how to resolve conflicts across organisations to ensure practice improves for the future. It is important that a relationship-based approach continues to enable 'frank' discussions to embrace aspects of multi-agency working such as co-production and joint visiting (Andrews et al., 2023; Wallace and Garthwaite, 2023). We found evidence that the creation of Regional Partnership Boards has been a major step forward in developing multi-agency working and illustrates the need for an organisational framework within the multi-agency environment. That said, we conclude from the evidence gathered within our individual study on multi-agency working that they are yet to fulfil their potential as strategic leaders within and between sectors (Wallace and Garthwaite, 2023).

6.8 The Act has made a difference to how prevention and early intervention work has been embraced and organised by local authorities, in conjunction with collaborators and partners. This is evidenced through the prevention document analysis where each authority offered some indications of shifts in their activities towards the types of preventative services highlighted by Welsh Government, e.g. information, advice and assistance services, models of reablement, family support programmes etc. For some local bodies this was building on a history of such work. It is also evident in how workforce respondents talked about prevention. Some described cultural and programmatic shifts in this direction, and others provided a narrative about how prevention work under the Act is extending and deepening historic practice (Read et al., 2023).

6.9 There was evidence of ongoing cultural and organisational shifts within local authorities to accommodate new prevention practices emanating from the Act. These shifts varied significantly but included: redistribution of funding and resources, greater partnership working with the third sector, development of multi-agency teams around particular issues, development of preventative focused initiatives, and a move towards general preventative working (Read et al., 2023). Assumptions can be made that the development of this preventative focused culture and landscape of initiatives will lay down the groundwork for the realisation of the related objectives of the Act.

6.10 Organisational culture is key to the aspirations of the Act around co-production and engagement, which was particularly apparent in work with people who are often viewed in particular ways – including parents involved in child safeguarding and people with acute mental health conditions. That said, our study on co-production has uncovered examples of positive engagement of people in these situations which has been valued and their meaningful involvement in co-production (Andrews et al., 2023). These scattered examples arose in very specific circumstances – and there is much to learn from the ways in which they have overcome the barriers involved. Whilst the Act has set the stage for co-production, our evidence suggests that it has been limited in reaching its objectives by traditional, embedded systems and processes that cannot cope with the dynamic, relational and responsive ways of working under co-production.

Power dynamics and relationships

6.11 Relatedly, it is important to recognise the role that the relationships of power between service users, carers and the workforce have played in the optimisation of the Act. It is also the case, on occasion, that power dynamics have hindered the optimisation of the Act.

6.12 Across all of the evidence – from service users, carers, and the workforce – there was an acknowledgement of the importance of voice and control in social care. As a core plank of the Act, the 'what matters' assessment model, with its conversational style and person-centred focus offers the potential of a conducive environment in which to foster the principles of voice and control. The service user and carer findings in particular (Llewellyn et al., 2021) reveal that there remains a need to enhance voice and control, and to maintain a balance in terms of power dynamics between the professionals providing care and support, to carers and those they support.

6.13 The themes of 'the struggle' to be heard and the 'labour of care' – that is the attempt to get the required level of support – previously emerged as key findings linked to voice and control in the 'Measuring the Mountain' study. This remains pressing and relevant. From the perspectives of service users and carers, there remains a need to promote advocacy, raising awareness of it and address the 'channels' that may need to be developed to ensure all sub-population groups have access to such services (Llewellyn et al., 2021).

6.14 Positive engagement in co-production had a transformative effect on people's lives and sense of worth. Indeed, in the data that we have collected from service users and carers it appears that in many cases, the people who most benefited from being involved in co-production were those who might otherwise have been most likely to be excluded from it (Andrews et al., 2023). From the perspective of co-production, challenges to small scale, relational and responsive co-production were linked to regionalised approaches to planning and development. Individual service users and unpaid carers who had been involved in regional planning meetings often found them impersonal and excessively bureaucratic and small community-based organisations found it very difficult to get a seat at the table and to be heard (Andrews et al., 2023).

6.15 Findings from service users and carers reveal a range of examples of positive interpretations of the impact resulting from a focus on 'voice and control' in all stages of assessment and the delivery of services. In particular, the evidence collected identified that the promotion of advocacy and self-advocacy to create a sense of voice and control for service users is being operationalised and enhanced by the Act (Llewellyn et al., 2023).

6.16 Just as there is recognition of the legacy of national, regional and local policy, alongside operational service and practice configurations that have shaped the rolling out of the Act, a recognition of the legacy and impact on individuals and communities (of interest and of place) of long-standing health inequalities and social inequities is needed. Where you live, your socio-economic standing, your cultural background, whether you are a disabled person, and your language of preference are all material issues that still play a part in your experience as a service user or carer in a way that the Act had intended they would not. As the findings from service users and carers reveal (Llewellyn et al., 2022), such factors shape who is heard, by whom, to what extent and in what circumstances.

Measurement and understanding impact

6.17 Being able to accurately account for the change that the Act has helped to bring about has been a recurrent theme throughout our study, and here we draw together some of the key points about measurement.

6.18 In relation to the overall aim of improving the well-being of people in need of care and support, and carers in need of support, it is not possible to say whether this has been wholly achieved with the available data (Lyttleton-Smith et al., 2023). Responses to the National Survey for Wales from the proxy groups we selected of people identified as carers and those with limiting long standing illness, 'impairment' or 'infirmity' are mixed. In the year before the Act was introduced (2014-2015), the life satisfaction of these respondents increased, being sustained until the first year of the COVID-19 pandemic, but there were no changes in measures capturing worthwhileness of life or happiness measures. A small but meaningful increase in anxiety scores was observed post-COVID when compared to the pre-Act period.

6.19 The scope and comprehensiveness of this data is not sufficient to conclude whether well-being has improved in the population of interest since the Act came into force.

Also it is not possible with this type of data to attribute observed changes in well-being to the Act.

6.20 The Act has had an influential role in how local authorities have embraced prevention since its publication, but there is only a partial picture of how the Act is meeting prevention related objectives. In part this is due to the challenge of measuring prevention-based objectives, which has meant that very few progress indicators have been included in the Performance and Improvement Framework (Welsh Government, 2021), with these lacking consistency since the Act was introduced (Read et al, 2023).

6.21 The National Outcomes Framework (NOF) is an important document in guiding expectations and practice around well-being. However, from the workforce evidence gathered, the extent to which this document is guiding service-level decisions is unclear (Llewellyn et al., 2021). Furthermore, the NOF itself does not appear to be widely reflected on within direct practice, with practitioners relying on second-hand interpretations of its content from training and management direction (Wallace and Garthwaite, 2023). This is potentially preventing the content of the NOF from having a wider impact on practice. Indeed, the NOF itself requires improvement to fully represent the indicators of well-being. For instance, findings from the well-being data analysis highlighted further elements specific to service users and carers, such as accountability for decision-making, the relationships in place with professionals, and choice over the level of control over care planning.

6.22 Understanding the impact that the Act has had for service users and carers is too often difficult to determine. Workforce participants suggested that, for example, understanding the impact of preventative services is a complex challenge and will require a long-term view. It requires the passage of time, and a good grasp of the context and purpose for which it is being implemented. It is often not possible with current data to determine changes of focus brought about by the Act and how they are meaningfully impacting the lives of people accessing services (Read et al., 2023).

6.23 Aside from population-wide metrics around reablement and information, advice and assistance services and a limited range of case studies presented in Annual Reports, there was little evidence presented around the impacts of prevention. This was particularly the case for universal and community-based initiatives with the potential for far-reaching but difficult-to-capture well-being outcomes (see Lyttleton-

Smith et al, 2023). Greater efforts to understand the role that such services can provide at an individual and community level would benefit future planning and decision-making around preventative services. Defining multiple methods that better capture the long-term impacts of the Act over time would help to understand what difference is being made as a consequence of the legislation (Llewellyn et al,.2021; Wallace et al., 2023).

Capacity and resourcing

6.24 Many of the aspirations of the Act have, in the view of most study participants, been compromised by the funding crisis in social care – in ways which have particularly debilitating implications.

6.25 This is especially relevant in areas such as developing co-production, where embedding fresh ways of working and engagement with service users is pivotal to achieving their outcomes. An example from the focus groups we ran for the Co-production study (Andrews et al., 2023), was around the cuts that have been made to the support of people with sensory impairment who stood out as a particularly marginalised group. Specialist social worker support appear to have been replaced by more generalist support, which does not have the same level of expertise associated with it, and which is less attuned to the particular circumstances and needs of would-be co-producers.

6.26 Inhibitors to effective multi-agency working, which impeded the results that can be attained for people – from both the workforce and service users and carers – also include insufficient resources, especially time and capacity across some services, short funding cycles and a lack of alignment in human and financial resources, leading to duplication of information giving, variable responses and conflict (Wallace and Garthwaite, 2023).

6.27 Being visible and valued meant being given time and consideration for some, with voice and control diminished by time constraints in the delivery of care and support (and assessment) services (Llewellyn et al., 2022). Although our evidence from the workforce demonstrated a clear understanding of the pressures they are under and have faced – exacerbated by the pandemic – there is an acknowledgement from some that a lack of time and capacity means that they are not always able to provide care in the compassionate and empathetic way that they would aspire to. (Wallace et al., 2023).

6.28 It is also important to remain mindful – from the point of view of service users and carers – of times when capacity constraints on staff can lead to compromises for people in that they do not have time to undertake the additional work that is needed to foster strength-based conversations about the assessment and provision of care and support (Llewellyn et al., 2021).

Overall, what difference has the Act made/is likely to make?

6.29 Thinking about both the difference brought about by the Act, and the potential for the Act to optimise change, a number of themes emerged from our data synthesis. These themes are: a) rethinking traditional approaches to service delivery, b) inconsistency and unwarranted variation, c) person-centred, and d) holistic approaches and managing expectations.

Rethinking traditional approaches to service delivery

6.30 The Act has raised the status of the principles, including around co-production, voice and control, and prevention and early intervention, and made managers and practitioners challenge and re-think historical approaches to planning and development.

6.31 Using technology to communicate in a different way during the COVID-19 pandemic improved some people's experience of multi-agency working but paradoxically, effective communication between agencies and services was hindered by information systems not being integrated. Information sharing was not always undertaken consistently and with sufficient confidence to deliver effective outcomes (Wallace et al., 2023).

6.32 Factors influencing successful multi-agency working have been the co-location of workers, having the right people in the team with the right terms and conditions, co-ordinated networking and the shared management of risks. There is evidence of some difficult but positive discussions and agreements about financial settlements in some areas of multi-disciplinary working but also evidence, from some service users and carers, of challenges when trying to include non-traditional / non-statutory partners to meet individual needs (Wallace and Garthwaite, 2023).

6.33 The Act is working to further ground into everyday service delivery the principles. At its best there is evidence from our workforce participants of the rearticulation of, for example, risk within the assessment process in some areas in ways that were more

empowering, less rooted in aversion and more confident in exploring strengths-based management and support (Llewellyn et al., 2021; Wallace et al., 2023).

Inconsistency and unwarranted variation

6.34 Whilst there is evidence of some positive changes in strategy and operational practice, there remains an issue concerning inconsistency of delivery and outcome, and unwarranted variation.

6.35 There was a degree of inconsistent practice and perceptions around multi-agency working from workforce participants which means we are not able to conclude that the objectives of the Act are being met yet. This is unsurprising given that an aspiration for stronger multi-agency working has been unfulfilled over decades and the implementation of the Act is relatively recent (Wallace and Garthwaite, 2023).

6.36 The key evidence for the above is in the experiences of service users, carers and families who reported instances of multi-disciplinary decisions being made by staff without accurate service user information, a lack of communication from the agencies, insufficient involvement of families in decision-making and an absence of a mutual understanding of the workings of the assessment process (Llewellyn et al., 2022). The workforce presented a more positive picture, reporting that the Act had helped to promote good communication with providers and commissioners, and with the person at the centre. There is a need to address this inconsistency in perceived multi-agency practice between the workforce and those who receive care and support (Wallace et al., 2023).

6.37 We found differences in interpretation of the requirements of multi-agency working in the Act between organisations, people and professionals (Wallace and Garthwaite, 2023). This led to confusion, inconsistency, conflict, misunderstanding, differing expectations and a blame culture across organisations, with some professionals or organisations working better together than others.

6.38 The requirements in the Act have acted as a stimulus to increase multi-agency working. However, from the perspective of the workforce respondents in this study, the experiences of agencies working well together prior to the Act is an indicator of how well they do now. There is continued success where this joint working has historically supported a person-, as opposed to process-centred approach to care.

Person-centred, holistic approaches and managing expectations

6.39 In respect of well-being under the Act, ‘what matters’ conversations bring together well-being, voice and control, and co-production. These are a key channel through which co-production is perceived by professionals to occur with people accessing care services, and they are an important opportunity to assess and act to improve a person’s holistic well-being. ‘What matters’ conversations are broadly perceived very positively by professionals; however, the data from people accessing services is more mixed (Llewellyn et al., 2022). A common theme in the data collected for this and other recent studies (e.g. Burrows et al., 2021) is a sense of disappointment following a ‘what matters’ conversation.

6.40 As we note above, we have gathered evidence from the workforce that suggests an increased focus on partnership / multi-agency working following the Act which is an important factor in a well-being-focused approach. This way of working supported them in considering the well-being of people accessing services more holistically, rather than simply focusing on their own service area. Some professionals demonstrated an increased focus on outcomes (including well-being outcomes) following the Act. However, this varied depending on the service area and local authority (Llewellyn et al., 2021; Wallace et al., 2023).

6.41 However, these positive aspects need to be balanced with issues presented by the workforce around the need to manage people’s expectations, such that they have a ‘realistic’ view as to what they might expect from social services.

6.42 This is most clear where those accessing services initially feel heard and are hopeful that their views will make a difference, only to be disappointed when what they perceive as their needs are not met. This is further heightened when they are not informed of the decisions being made and the reasons behind them. We heard from people about situations where this disappointment negatively impacts well-being and the person’s relationship with social care professionals (Lyttleton-Smith et al., 2023). Therefore, without rigorous accountability and sufficient service provision to meet well-being needs, this opportunity to improve well-being can have the effect of lowering it (Llewellyn et al., 2022).

6.43 In addition, we found that there is an appetite to understand the expectations of multi-agency working, learn from one another and compare operational and managerial practice which needs to be harnessed to create increased momentum in achieving effective multi-agency working more consistently (Wallace and

Garthwaite, 2023). Procedural aspects of integrated health and social care impeded the effectiveness of multi-agency working. For example, responding to people's needs can involve complex pathways of care and support involving different agencies which are often not clear and can cause distress to families when their expectations cannot be met by the system. In this regard, joint commissioning and Continuing Healthcare continue to present challenges.

6.44 Expectations also need to be managed within the workforce. For example, successful multi-agency working is largely dependent on workers from different agencies collaborating; yet in some cases these closer professional relationships amongst workers highlighted differences and anomalies in relative terms and conditions, especially when jobs and roles appear to be very similar. These differences led in some cases to friction and grievance where they were not effectively managed (Wallace and Garthwaite, 2023; Llewellyn et al., 2021; Wallace et al., 2023).

Are there any unintended consequences arising from the Act?

6.45 The themes under this question are; a) short-term funding as a rate limiting factor, b) blurred accountabilities in multi-agency environments and c) dualities and differences in understanding prevention.

Short-term funding as a rate limiting factor

6.46 It was never an intention of the Act that short-term funding would limit the potential well-being outcomes that could be achieved, but the challenges of implementing new agendas in a tight, resource-strapped environment was noted both in the study literature review and as a theme across the study reports.

6.47 Particularly in relation to prevention and early intervention, evidence from the workforce highlighted that adoption of the prevention and early intervention agenda was largely reliant on short-term funding initiatives that tended to taper off over time, for example the Intermediate Care Fund. While the intention was undoubtedly to mainstream such services at the end of this funding period, in practical terms the impacts of the COVID-19 pandemic and broader resource strains in social care have made this process more challenging (Read et al. 2023).

6.48 A further unintended issue centred on one of the key narratives of the Act – namely that whilst it is a notable piece of public policy, 'preventing' things from happening or

delaying them is hugely challenging to implement. This narrative was evident in the accounts of some service users and carers, and others (Llewellyn et al., 2022; Read et al. 2023).

Blurred accountabilities in multi-agency environments

6.49 The pursuit of increased shared responsibilities via closer multi-agency working can lead to blurred accountabilities, and this theme is reflected in terms of governance arrangements from the perspective of the workforce. Facilitating multi-agency working through structural and organisational changes, such as enhancing the status and responsibilities of the Regional Partnership Boards, can also add reporting lines, thereby increasing workload and time pressures (Wallace and Garthwaite, 2023).

6.50 Although service users and carers wished to see organisations co-ordinating their work and communicating consistently, in order to maximise the likely impact on their well-being outcomes, they also identified with the importance of having an individual person or organisation who they could relate to in terms of being responsible for supporting them (Llewellyn et al., 2022; Lyttleton-Smith et al., 2023). The unintended consequence of not being able to deliver on continuity of provision adds complexity to the governance and delivery challenge.

Dualities and differences in understanding prevention

6.51 Prevention and early intervention have been framed within the analysed documents as a means to ensure social services are financially sustainable for the future (Read et al., 2023). They have also been framed as harbouring a values-based intention of interacting with service users and citizens at the right time, for example, to support social justice, social capital building and assets-based community development. Practically, this duality in the drivers behind preventative activity, as perceived by practitioners, meant that one or the other may be prioritised. Based on the variability between local authorities in terms of financial position and approach, there was some evidence from the workforce that the preventative agenda was being used to explain reductions in services.

6.52 Relatedly, numerous social care professionals highlighted differences in how prevention may be or has been interpreted at a local authority level, with this being mirrored within the document analysis. Contextually, the period of financial austerity

in which the Act was introduced was suggested to have guided some of these interpretations (Read et al, 2023).

6.53 On this basis, the introduction of an overarching model of prevention and early intervention would help practitioners to situate their preventative efforts within a framework of activities. Clarity on the way partnership working with the third sector and other key stakeholders is expected to operate within this framework might help strengthen the nature of these relationships going forward and solidify the intended spirit of collaboration the Act sought to introduce.

Summary – addressing a P-FE

6.54 There is clear and compelling evidence of incredible amounts of hard work, passion, commitment, adaptiveness and goodwill from stakeholders involved in the Act, given the scale and scope of the challenges facing both the care workforce and unpaid carers.

6.55 There remains challenges for people who use services and carers when it comes to realising the prospects offered by the principles and focus of the Act. Based on the data we collected, there were positive accounts of an ability to be heard, to influence and have needs met, and often there was acknowledgement of the role of individual social service staff in making this happen. The implementation of assessment tools and processes and of resources, multi-agency working and budgets were key factors shaping how the experiences of service users and carers were enhanced or limited. There is a need to address underlying issues around the balance between the power and control offered to citizens as part of the Act (which includes having greater financial control) and the feelings of disempowerment that can characterise people’s experiences.

6.56 Working much more effectively between and within sectors is critically important and the Act has been a positive step in placing greater emphasis on the need for health and social care services to work together. However, a strong mutual understanding of organisational and professional roles is necessary alongside an avoidance of inward-looking approaches that focus on individual agency resources.

6.57 There is evidence that partnership working between social services and health services can work well, but was often perceived to be problematic at best and in some cases non-existent, to the detriment of service users and carers (Wallace and

Garthwaite, 2023). This sometimes manifested itself in the need for service recipients to take on the responsibility for bridging gaps between agencies. In reflecting on the data from a service user and carer perspective, we see that although the Act was seen as a positive development in promoting greater coordination of services, an absence of effective multi-agency working in the provision of care and support was more the norm rather than the exception.

6.58 Our evidence also suggests that if the key outcomes of the Act are to be delivered, there is a need for greater recognition of the third sector in playing a key role in this work, and for further investment in this sector.

6.59 As noted in the well-being report (Lyttleton-Smith et al. 2023), it is not possible to disaggregate the impact of the Act from the impact of the pandemic or other possible influences in relation to the overall well-being of service users. There is also not enough reliable quantitative evidence relating to the measurement of well-being for people covered under the Act to state definitively how well-being has changed for the population of interest. However, what is clear is that the experience of service users and carers, as reported previously, has been directly impacted by COVID-19.

6.60 For the majority of service user and carer respondents interviewed for this evaluation, their experience was one of frustration. Against the hope offered by the Act, they perceived a series of barriers. These included a relatively ‘tokenistic’ approach to listening, power imbalances between themselves and professionals, the need to constantly chase professionals for support, and a lack of recognition of their rights especially around issues of cultural sensitivity among others. These barriers served to work against the experience ‘offered’ and ‘promised’ by the Act’s underlying principles.

6.61 Based on this evidence, we suggest there remains therefore a distance between the highly aspirational rhetoric of individual agency under the Act and the extremely complex and, often, imperfect matter of enacting this in individual cases which can create frustration and stress. This is particularly acute where people in need of services seek to obtain them and find that provision is unavailable or not delivered in a manner that they feel maximises their well-being and is unsuitable for them.

6.62 The third P-FE question asks us to consider ‘If adhered to, to what extent and in what ways are the principles leading to the desired results? There are two important

things to say in response. The first relates to the initial clause in the question. As seen in Chapter 5, there has been adherence to the principles in the implementation of the Act to some extent, but the data from this evaluation points to variation in quantity and quality across Wales. Secondly, and building on this, there have been material and unforeseen contextual factors which have legitimately impeded the extent to which the desired results can be achieved. Our evidence suggests that the Act is providing a framework for a renewed form of practice, but to ascertain the pace towards delivery of the results and outcomes is a hugely complex issue. Limitations on resources and disparate local provision – alongside external factors outside government control – appear to be preventing people's experience being optimised. Outcomes are not yet being delivered in the consistent and sustainable way that the Act outlined.

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

7.1 As evident from the preceding three chapters, the study has brought together a number of sources in order to answer the three key questions of a P-FE – questions around conceptualisation, implementation and optimisation. There is widespread support across all of this study's participants for the enabling framework that the Act provides, and for the principles that are the driving force underpinning delivery. And yet, there are gaps, obstacles and shortfalls in the experience of service users, carers and workers who are all trying to realise more of the transformative potential that the Act offers.

7.2 In addition to the answers to those three key questions, a P-FE places centre stage the importance of the context within which the evaluation is happening. In order to be valid, findings need to be "…context dependent, sensitive and specific" (Patton, 2018: 210). Building on this, the final question that came from the original Welsh Government specification asked us to consider things that might need to be done differently in order to close the gap between expectations and experiences. In these paragraphs we provide a summary of the recommendations made under each of the principles.[68]

What further action, change or development is required?

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

7.4 Firstly, there is a need to develop a more conceptually rich model of prevention in social care which includes social care structural domains (organisational, delivery, resourcing and workforce contexts) as well as interpersonal and individual domains (focused on needs, and the resources around the person). Secondly, ringfencing the resources for community-based prevention would help to avoid the danger that the prevention agenda becomes heavily associated with a quest for short-term cost-savings. Thirdly, it is important to increase the 'tools' for evaluation of prevention in social care, using (amongst others) the Welsh Government 'Performance and

[68] For information on the detail under the summary of the recommendations in the document, see Verity et al. (2023), Llewellyn et al. (2023), Andrews et al. (2023), Wallace and Garthwaite (2023), and Lyttleton-Smith et al. (2023).

Improvement Framework'[69] which has potential to support a wider measurement of prevention, and subsequently an enhanced understanding of its impact.

7.5 Having reflected on the evidence on voice and control drawn from all aspects of the study, we recommend that four areas are considered and addressed in order to maximise the impact that the principle of voice and control can achieve.

7.6 It is crucial, first, to champion the ethos of voice and control such that all those who have a duty to promote this principle take every opportunity to do so. Following this, making voice and control a 'reality' for everyone should be prioritised, which could be addressed through investing in advocacy, alongside working with and investing in, the expertise of community-anchored organisations. Next, is recognising the importance of voice and control 'cartographies' in mapping and enhancing models, practices and processes that foster voice and control in ways that can be mapped, monitored and reflected upon. Finally, it is important to provide support and promotion of direct payments alongside the development of innovative and alternative models of person-centred, citizen-directed support, perhaps in the form of co-operatives and social enterprises.

7.7 From the perspective of co-production, the following recommendations are made as a reflection on the evidence gathered by the research team. Adequate, long-term sustained funding needs to be found for co-production if it is to have an impact, alongside developing learning and opportunities for the workforce. Good practice in co-production across Wales should be celebrated and publicised as a source of inspiration for others, and greater co-production should be promoted and supported – for example, with people who are most in need of recognition so they can benefit from co-productive approaches. Emotional and practical support should be available in a robust and consistent way to service users and carers who share the personal and often painful in co-production activities. And approaches to care and support which are consumerist, paternalistic, and divisive between 'us and them' should be challenged, and a culture of reciprocity, mutual support and collective action promoted.

[69] See Performance and Improvement Framework for Social Services: using evidence to inform improvement

7.8 In terms of multi-agency working, we offer the following as a basis for further discussion on how the effectiveness of working together can be improved to best support people's well-being outcomes.

7.9 Performance measures, outcomes and evaluation information need to be more robust to inform decision making, and a community of practice across Wales should be established to share ideas and solutions for challenges encountered. Multi-agency and cross-border processes should be clear to individuals, their families and carers, and to that end, further guidance on how to achieve sector-leading multi-agency working should be produced, alongside the provision of mandatory refresher training for all operational and strategic partners, in a multi-agency setting, together. Finally, a champion for multi-agency working should be identified within each Regional Partnership Board across all population groups.

7.10 The well-being element of the Act proposed an ambitious aim for social care in Wales: to extend its reach beyond offering core care services by actively engaging in the promotion and improvement of the well-being of people accessing such services. This evaluation study has identified problems relating to delivering that improvement in well-being which are hindering the ambitions of the Act, and recommends three responses to address those.

7.11 Firstly, we should establish and communicate a simple, clear definition of well-being, aligned with the literature and with the intent of the Act. Secondly, there should be investment in improved measurement of well-being in numerous settings delivering social care services at the interface of service delivery. Thirdly, there needs to be a modification of three criteria in the NOF, namely the extension of 'relationships' to include relationships with supporting professionals as key to well-being; the extension of 'rights and entitlements' to include the accountability of services to people accessing them, including information on what decisions were made relating to their care and personalised reasons given for those decisions; and a change in control over services to include a choice over the degree of control an individual would like to have over their services.

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

7.12 It is important to think about what we – all of those who have a stake in the Act – can now do about the evidence that we have gathered. Given that our analysis

suggests that policy, practice and experiences have diverged one from another, a number of questions follow.

7.13 We have not sought to identify specifically which stakeholder groups should be responsible for answering these questions. There are three reasons for this. Firstly, we believe that it is for stakeholders in the sector to come together to address these questions, should, of course, they feel it is important for them to do so – it is not our place to dictate this to them. Secondly, it is often the case that such exhortations are too vague to be helpful – what does requiring the Welsh Government or local authorities to respond actually mean? We are much more interested in allowing people, groups, communities and organisations the opportunity to come up with a response that they feel they want to make, rather than being required to make. Thirdly, we are concerned that identifying certain organisations, or types of organisations, closes down a range of innovative and creative possibilities and ways forward which would be a wasted opportunity.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A final word

7.16 The bullet points that follow represent the ‘story’ of our study and are a series of statements that encapsulate the evidence we have gathered, and the challenge that we conclude now exists in thinking about the Act:

- The legislation, and the principles underpinning it, provides a well-supported framework for change in the practice and delivery of social services;
- 'Journeying' is a consistent and helpful metaphor used throughout the study by people who use services, carers and most particularly the workforce to describe the process of transforming those principles into practice;
- The context within which the Act is placed has altered over time, and in unprecedented ways. At the time of writing this Final Report, forces around the global public health pandemic, the workforce crisis, and the cost-of-living crisis are combined with longer-term challenges around demography and austerity, to create new and acute realities which either did not exist at all in 2016, or at least not to the same extent;
- The 'place of settlement', where a consensus of optimism and focus about the Act existed in 2016, has been disrupted by all those contextual forces. These uniquely challenging circumstances have forced stakeholders away from that place of settlement;
- There is clear and compelling evidence of the incredible amounts of hard work, passion, commitment, adaptiveness and goodwill from all stakeholders given the scale and scope of the challenges facing both the care workforce and unpaid carers, but there is also clear and compelling evidence of the problems that remain within the system. This Final Report however, is not a story of attribution – the situation is contested, complex, nuanced, and messy without simple explanations and straight-forward solutions;
- The evidence demonstrates that we can be most positive about how the Act was conceptualised; the evidence suggests we can be less positive and slightly more challenged in considering the implementation, and less positive again, given the contextual challenges outlined, in thinking about service delivery and optimisation across the whole system;
- There are consistent and cross-stakeholder strengths identified in the first phase of the Act's life (as enacted). There is a largely positive, but somewhat mixed picture about the second phase when the Act was translated from legislation 'on a page' into delivery (as practised). There is a much more negative perspective offered from service users and carers unable to achieve the desired results from the care and support they received as consistently as they would want (as experienced);

- Due to this, our study concludes there is a growing sense of divergence away from the original vision of social services as portrayed by the principles – where social services play a role in supporting individual and collective well-being, where teams of practitioners work together across agencies to provide people with opportunities to express their wishes, exercise control over their future, and co-produce their outcomes when, and only when, preventative measures are no longer able to keep them away from the doors of social services;
- This has resulted in a number of people interviewed for this study feeling a sense of disconnect from the promise of those principles, attributable in part to the factors that have impacted on social services since the Act's instigation, and frustration has built around this;
- The series of 'test questions' (see above), identified through the analysis undertaken by the study team, provides a platform for renewal and re-focus around the core principles of the Act. Our recommendation is that these questions can be a vehicle to support dialogue amongst stakeholders in order to invigorate and revitalise the vision the Act lays out post-COVID; and
- The journey towards the realisation of the ambitious aim of the Act is not complete, as expressed universally in the view of the participants of this study. The question is, therefore, what does the next stage in that journey look like, who needs to take it, to where does it lead, and when will we know when we have arrived?

7.17 The Act's framework was established to enable transformational policy, organisational, and system-level change, leading to change in the delivery of care and support. The outcome of all of this activity would be reflected in the experiences of those receiving care and support, and over time, lead to enhanced well-being of service users and carers, and the attainment of sustainable social services.

7.18 We have to conclude that, on the basis of the evidence that has been collected over the last four years, these destination points have yet to be reached at a systems wide level, although there have been significant forces that have served to delay and divert people along the journey. The question now really concerns the extent to which the sector as a whole believes that in addressing our test questions together, it may be possible to restate a common purpose. If so, the full realisation of the

principles offers the willing traveller the map and guidebook as to how this can be achieved.

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