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# Collaborative Communication Evaluation Report

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## Context

The Social Services and Well-being (Wales) Act requires a shift towards outcomes focused social care; it supports and expects the sector to practice within a co-productive and strengths-based model of social work/care.

Achieving Sustainable Change Ltd worked in partnership with the Social Services Improvement Agency (SSIA) and now with Social Care Wales (SCW) to design and deliver 'Collaborative Communications Skills Training' to support local authorities in moving to an outcomes focused approach.

The programme consists of 4 phases and councils across Wales have engaged with this programme over the past 3 years and continue to do so through the strategic partnership agreement which has been put in place between Social Care Wales and ASC Ltd.

The programme aims to help practitioners think about the how, why and what of their engagement with individuals, families and colleagues and learn to build on their most effective practice. The programme also supports the development of mentors who champion change and continue to build confidence with their colleagues, embedding the practice and influencing the wider system through multi agency workshops and addressing practicalities in system change.

The course considers the theories of human behaviour that inform professionals in their responses, the skills and strategies that effective practitioners utilise in engaging with people at times of challenge and stress and raises questions about how well organisational systems support effective practice.

## Executive Summary

This report presents the findings of a retrospective evaluation of the Collaborative Communication Skills (CC) Programme and how this has supported the embedding of outcomes practice within local authorities. The evaluation involved focus groups and interviews with 77 practitioners, mentors and senior managers from five local authorities, and a review of 28 written plans supplied by them. The fieldwork took place in March 2019 and involved staff from both Adults' and Children's Services.

### Findings: Implementation

Effective and sustainable implementation needs a 'whole systems' approach involving:

- Strong **leadership support**: strategic and operational; senior, but also dispersed through the organisation by mentors and other champions.

Effective leaders protected time for training and reflective practice; appointed someone to oversee implementation; modelled the approach in their communications; helped to 'push back' against partner agencies where needed; recognised the need to review systems; and listened actively to the experiences of people – both staff and citizens – at the centre of the process.

- Linking the approach to a **vision and set of values** which is coherent, convincing and unifying

This should link to the Social Services and Wellbeing Act at a national level, other models and initiatives being implemented at an organisational level, and with the purpose of teams and roles at a local level.

- Aligning **systems, processes and structures**, so that they support rather than obstruct the approach

Although some authorities had made progress, it was in this area that the greatest barriers to full implementation lay:

- The conversations at Resource Allocation Panels in many authorities were still felt to be needs- and deficit-driven.
  - Forms which do not ask for strengths and the views of the child(ren)/adult and continue to focus on needs and eligibility for services.
  - Performance management systems still tend to focus on processes, tasks and throughput, and do not currently measure and reward outcome-based practice.
- Ensuring there is a **critical mass of staff** who have received the training and are engaged

Where whole team training (including managers) had taken place (and been supported by effective cover arrangements) this was hugely valued; if that was not possible, it was important to train the whole team within as tight a timescale as possible.

- Taking a sustained approach to **developing and applying the skills** in practice, through team reflection, and supervision by mentors, peers and managers.

Regular team reflective practice and peer supervision helps to embed the approach; however, CC tends to be used in supervision to review cases only; using the approach to explore professional development was an area for development.

There is some resistance to the approach:

- Where people had not been able to attend the training,
- Where there is fear (about leaving the safety and structure of previous models or about how the approach will be received by other professionals and citizens),
- Where the idea of giving power to families and individuals does not sit comfortably with people,
- In situations where people were less confident in applying the skills, or
- Where people are not confident that they have permission to work in this way.

It helps if support for individuals responds to an understanding of what is driving their resistance. Regular team reflective practice sessions help to engage all staff, where:

- Simple practical examples of how the approach has been used are shared,
  - There is a safe space to reflect on doubts, challenges and times when the approach did not work as planned.
- 
- **Working with partners** – legal, education, health, voluntary sector, and also families – to communicate the approach consistently, and bring them along.

This can be challenging where others are more risk averse, have a different ethos and do not understand the approach, are working to different timescales and looking to social services for resources and decisive action, or have deficit-based processes (such as Continuing Health Care funding applications).

Some authorities had been able to ‘push back’ against the pressure from other statutory partners and include strengths on the agenda in multi-disciplinary meetings. It was felt that more could be done to train and communicate the approach to other agencies.

- The **key role of time** – recognising that change will take time to bear fruit and finding a way to give practitioners the time they need to apply the skills confidently.

A key message here was that the CC approach can make more effective use of practitioners’ time and save time in the long run.

### Findings: Impact

Local authorities are at very different stages in their implementation of outcome-based social work practice: in most – if not all authorities – there is still a long way to go to implement this model of practice consistently.

However, we found evidence of emerging outcomes-based practice and practitioners' perceptions of the significant distance travelled since the CC Programme. The evaluation provided insights into how outcomes-based practice has been supported by the CC Programme, and what impact it is having on individuals and families. This included:

- **Building better relationships** with individuals and families, by being more open, honest and transparent in communications. 'Assessments' and other meetings were felt to have a therapeutic impact, helping people to explore their feelings.
- Using the CC skills to develop **personal outcomes** with citizens, linking these to the national wellbeing outcomes and using them as the rationale for proposed services.
- Including a consideration of the person or family's **strengths and resources** in each conversation, assessment or multi-agency meeting. When this happened, more balanced and collaborative decision-making and action-planning followed.
- Moving from a 'service-led' model to one in which the **service offer was more focused** on what people actually want and need, incorporating their own solutions too.
- Jointly agreeing collaborative action plans with families and individuals, which provide a framework against which **progress could be validated**.

Although some practitioners are finding the shift to outcomes-based practice challenging, others reported **increased job satisfaction** from working in this way, because it has re-connected them to their original motivation for joining the profession and they feel they are having a positive impact.

## Concluding reflections

### Developing skills and embedding these in practice

Our findings confirm the importance of an ongoing commitment to and investment in regular reflective practice, refresher and induction training in order to support the development and application of the CC skills.

The findings have also highlighted a need to:

- Build on and link to **existing models, resources and knowledge** within local authorities.
- Further develop **strengths-based leadership and supervision skills**
- Extend the training – or at least key messages from it – to **provider organisations, councillors, legal and finance teams**
- Assess coverage of outcomes-focused, strengths-based and CC approaches in **pre-qualification courses**.
- Continue to grow the **national mentors' network** established by Social Care Wales

### **Aligning systems and processes**

Implementation needs to be supported by whole systems change; in order for outcomes-based practice to become mainstreamed, it needs to be a standing item on each agenda; considered in each policy, decision or change; and built into the way the organisation operates.

The findings have also highlighted a need to:

- **Review the paperwork** which is in use.
- Review the role, use and structure of **Resource Allocation Panels**.
- **Co-produce performance measures** with citizens using our services which assess quality of experience and outcomes as well as throughput and costs.
- Communicate the approach to **colleagues in Health, Courts and Education**.
- Build the **evidence base regarding system change** and its impact on local authority performance.

## 1. Introduction

### 1.1. To the Evaluation

Social Care Wales commissioned Practice Solutions, working in partnership with Imogen Blood & Associates, to conduct a retrospective evaluation of the Collaborative Communication (CC) Skills training programme and how this has supported the embedding of outcomes practice within local authorities.

Five case study authorities were selected in partnership with Social Care Wales on the basis that they provided a range of approaches and were at different stages of the implementation journey.

Between February and April 2019, we worked with these local authorities to set up and run a total of 7 focus groups, 7 group meetings and 13 interviews (both telephone and face to face), involving a total of 77 participants.

Within the five authorities, we engaged three Adult Social Care Departments and four Children's Services. The following tables show the breakdown of participants by role, department and research method:

<b>ADULT SERVICES/DEPARTMENTS</b>	<b>SENIOR STAFF</b>	<b>PRACTITIONERS</b>	<b>TOTAL</b>
1:1 INTERVIEW	1	4	5
FOCUS GROUP	2	10	12
MEETING (INC MENTOR MEETINGS)	11	5	16
1:1 PHONE CONVERSATION	2	0	2
<b>TOTAL</b>	<b>16</b>	<b>19</b>	<b>35</b>

<b>CHILDREN'S SERVICES/DEPARTMENTS</b>	<b>SENIOR STAFF</b>	<b>PRACTITIONERS</b>	<b>TOTAL</b>
1:1 INTERVIEW	3	1	4
FOCUS GROUP	3	16	19
MEETING (INC MENTOR MEETINGS)	4	7	11
1:1 PHONE CONVERSATION	2	0	2
<b>TOTAL</b>	<b>12</b>	<b>24</b>	<b>36</b>

<b>ADULTS AND CHILDREN'S SERVICES – JOINT ACTIVITIES</b>	<b>SENIOR STAFF</b>	<b>PRACTITIONERS</b>	<b>TOTAL</b>
1:1 INTERVIEW	0	0	0
FOCUS GROUP	0	0	0
MEETING (INC MENTOR MEETINGS)	0	6	6
1:1 PHONE CONVERSATION	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>6</b>	<b>6</b>



<b>ALL SERVICES – TOTAL ACTIVITY</b>	<b>SENIOR STAFF</b>	<b>PRACTITIONERS</b>	<b>TOTAL</b>
1:1 INTERVIEW	4	5	9
FOCUS GROUP	5	26	31
MEETING (INC MENTOR MEETINGS)	15	18	33
1:1 PHONE CONVERSATION	4	0	4
<b>TOTAL</b>	<b>28</b>	<b>49</b>	<b>77</b>

The teams we worked with encompassed a range of services including Child Protection, 14+, Adult Disability, Adult Scoping Services, Children with Disability and Community Occupational Therapy plus the relevant Reflective Practice Mentors.

The focus groups and interviews were structured around the following key questions:

- What has the impact of the CC Training been?
- What has helped people use the approach in everyday practice?
- What has got in the way of using the approach in everyday practice?
- What will help you use and develop the approach in the future?

The interviews were recorded, with the permission of participants, so that the data collected could be analysed thematically.

In addition to the primary qualitative data collection, we also reviewed a total of 28 assessments and plans completed by practitioners since the CC programme. The purpose of this supplementary exercise was to see whether and how learning from the programme is becoming embedded in practice, and whether there is evidence of a strengths-based approach, focussing on personal well-being outcomes, in these formal documents.

The plans were supplied by two Adult Social Care Departments and one Children’s Service (from different local authorities participating in the study). The participating authorities anonymised these documents and made a service decision that, since the citizens had signed a general disclosure form, it was appropriate and ethical to share them with us for the purposes of the evaluation.

We reviewed these plans and assessments against the following criteria:

- Evidence of ‘What Matters’ conversations, and the strengths of individuals/ families
- Consistency of personal and national wellbeing outcomes
- Analysis combines the concerns of professionals and individuals/ families
- Whether and how planned interventions should meet personal wellbeing outcomes
- Whether the scoring matrix had been completed

The evaluation was not designed to provide a comprehensive assessment of practice before and after the programme or to draw generalisable findings about the degree of implementation across the whole of Wales. Social Care Wales recognises that the changes required to support a shift towards outcomes-based practice, as

required by the Social Services and Wellbeing (Wales) Act (SSWA), are multi-layered and complex and that the CC Programme represents one strand of this. They commissioned the evaluation in order to understand in more detail how the CC Programme has and can support this process, what enables and hinders success, and by what mechanisms and in which contexts this can result in better outcomes for individuals and families.

## 1.2. To the Collaborative Communication Programme

The Social Services and Well-being (Wales) Act (2014) (SSWA) requires a shift from the 'care management' approach of the National Health Service and Community Care Act (1990) to a 'What matters?' conversation, based on helping people to identify their personal wellbeing outcomes and the strengths and resources they have to achieve them.

'... work with people to identify what matters to them, and identify their strengths and capabilities is central to the system'

p.3, Code of Practice: Part 3: Assessing the Needs of Individuals<sup>1</sup>

As part of its work to promote and embed this move to outcomes-based practice under the SSWA, Social Care Wales (and formerly the Social Services Improvement Agency) commissioned and worked in partnership with Achieving Sustainable Change Ltd (ASC Ltd) to design and deliver the CC training programme to councils across Wales over the past three years.

The programme aims to help practitioners think about the how, why and what of their engagement with individuals, families and colleagues and learn to build on their most effective practice. It is delivered in four phases:

1. Briefing and planning session for senior management team;
2. Staff training, involving two consecutive days with follow-up sessions;
3. Further training (two consecutive days with follow-up sessions) for those invited to act as mentors; and
4. A review and strategic planning session, involving senior managers and mentors.

Although the programme content and structure were delivered consistently across Wales, different local authorities have chosen to implement it differently. In the next section, we present the key variations and what the evaluation has found about how these have driven or impeded successful and sustained implementation.

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<sup>1</sup> The Social Services and Well-Being (Wales) Act 2104. Available at: <http://gov.wales/topics/health/socialcare/act/?lang=en>. Part 2 Code of Practice (General Functions) Accessed 1/3/17

## 2. Implementation

In this chapter, we present the key factors influencing effective and sustainable implementation of the CC Programme, which emerged from our analysis of the data collected.

### 2.1. A whole-systems approach

A key feature of the CC programme has been its focus on the importance of developing a 'whole system' approach to embedding outcomes-based practice. This is delivered through the first and final phases of the programme, which encourage senior managers to plan strategically for implementation. An important message from the evaluation has been that, whilst the training focuses on developing *individuals'* skills, a shift in culture and structure is required at an *organisational* level if the approach is to be effectively and sustainably embedded as (what one participant termed) the 'new normal'.

This requires a wider change management approach to align skills, culture and structure in a way that feels to staff on the ground like part of a coherent journey towards a clear goal, rather than 'change after change'. Successful implementation needs a multi-layered approach involving:

- Strong **leadership** support: strategic and operational; senior, but also dispersed through the organisation by mentors and other champions.
- Linking the approach to a **vision and set of values** which is coherent, convincing and unifying
- Aligning **systems, processes and structures**, so that they support rather than obstruct the approach
- Taking a sustained approach to **developing and applying the skills in practice**, through team reflection, and supervision by peers and managers.
- Ensuring there is a **critical mass of staff** who have received the training and are engaged
- **Working with partners** – legal, education, health, voluntary sector, and also families – to communicate the approach consistently, and bring them along
- The key role of **time** – recognising that this scale of change will take time to bear fruit and finding a way to give practitioners the time they need to apply the skills confidently.

We consider each of these points in the remaining sections of this chapter.

In order for outcomes-based practice to become truly mainstreamed, it needs to be a standing item on each agenda; it needs to be considered in each policy, decision or change. It needs to become built into the way the organisation operates. The authorities we spoke to were at different stages of this journey; in most, there was a sense that there is still a way to go in relation to changing the culture and systems:

‘The culture and the way the system is... and the demands on us and everything else, doesn’t allow us to practice in this way’.

In one authority, we heard that there had been a recognition that the initial roll-out had not brought about sustained change. The authority decided to invest in more training and focus more on leadership and culture change to support staff to embed the approach.

## 2.2. Leadership

Leadership – particularly senior leadership – has been instrumental in determining the pace with which the CC approach has been implemented and in creating, from the top-down, a supportive environment for practitioners to develop these skills.

Key ways in which leaders had supported implementation included:

- Protecting time for training and reflective practice in the face of organisational and external pressures. It was important to be consistent about CC being a priority, and staff sometimes said they felt had received mixed messages from senior leaders in this regard, e.g. where managers had said training or reflective practice was important, but had then cancelled events or taken workers out of them to respond to other priorities. Where senior leaders openly supported and made time to attend reflective practice sessions and events, they were much more likely to happen regularly, as discussed in section 2.6.
- Appointing someone with sufficient time, resource and seniority to plan and oversee effective implementation. One senior manager admitted they had seriously under-estimated how much time and resource were needed to support effective implementation.
- Consistent modelling of the approach in communications with colleagues and in supervision.
- Visibly leading a ‘push-back’ against colleagues in legal teams or in health, where their risk aversion or timescales are getting in the way of outcomes-based practice (see Section 2.7)
- Recognising that it is not enough just to say that we will work in this way, and that implementation requires significant system change, including a review of systems and processes (See section 2.4).

Senior managers and frontline staff sometimes expressed different views about implementation. For example, senior managers generally saw fewer obstacles to implementing the approach in practice than practitioners, who were more likely to feel that systems and processes got in the way. Where senior leaders were able to articulate their vision and the steps that were in place to implement the approach, these were not always seen, understood or shared by frontline practitioners. In one local authority, practitioners described senior leaders as ‘invisible’ and unaware of the emotional impact on practitioners of trying to work collaboratively within a task-based and rule-bound system. One senior manager described being quite shocked to discover that staff were not already consistently practising in this way. Despite this, most leaders were open about the amount of change that was still required. For example:

‘Are we well equipped to deliver the new act? I would have to be honest and say “No”! It will take us time to get the heart back into practice and roll back the processes that have taken over what we do’

Sustained and successful implementation of collaborative and outcomes-focused practice requires collaborative and outcomes-focused leadership: it needs leaders to listen actively to the experiences of people – both staff and citizens – at the centre of the process. If leaders are to truly model the approach, they need to manage change in a strengths-based way, by identifying and nurturing what is already working in their organisations, empowering teams to set their own goals and finding out what they need from leaders to achieve them. This requires dispersed leadership, in which agents for change are enabled to lead culture change in different parts of the organisation and its hierarchy. It is also important to avoid the pitfall of organisational change getting ‘lost in the middle’, where senior managers articulate the vision and staff want to apply the approach, but middle managers are left trying to performance manage using systems which prioritise throughput and outputs, rather than outcomes and quality. Engaging managers in training and in system change is key: as the mentors group working across one authority observed:

‘It’s more likely to work in the teams where the managers have done the training’.

Some participants also mentioned the role of councillors – whose interventions on behalf of residents sometimes put increased pressure on services to reduce waiting times and put services in. One senior manager felt that councillors needed to be educated about the approach and that they would benefit from attending training.

### 2.3. Values and vision

In order for Collaborative Communication and outcomes-based practice to be embedded, it is important that they are part of a vision which is clearly and consistently articulated by senior leaders. This vision needs to make explicit the link between Collaborative Communication and other approaches being used in the organisation, otherwise there is a risk that staff feel overloaded by new initiatives. Related initiatives mentioned to us included: Person-Centred Practice, Early Help Model, Reclaiming Social Work, Motivational Interviewing, Signs of Safety and Integrated Family Support.

Recognising that Collaborative Communication fits with the vision and aims of the Social Services and Wellbeing Act can also provide clarity and a sense of direction:

‘This is what were meant to be doing under the Act... but the pressures are still there.’  
Mentor

In addition to aligning with an organisational and national vision, some participants were able to link the ethos of Collaborative Communication directly to their team’s or role’s purpose, for example:

‘In the 14+ team, we naturally need to develop young people’s resilience. By working in this way, we are looking out for strengths, and the capacity within the child and their family.’

Ensuring the language used throughout the organisation reflects the new approach can also help to reinforce the shift in approach and embed it within the culture:

‘Our thinking has changed, so our language has changed. We talk about ‘conversations’ now, not ‘assessments’.

‘We’re all facilitators, not fixers now’.

Others were keen to make the point that the ‘new approach’ was not new to them, and that it aligned well with their own existing values-base:

‘It’s something I believe in, and I have used my whole career’.

Others spoke about ‘(re)connecting with the reason you came into this role’.

Collaborative Communications – and outcomes-based practice more widely – may represent a culture shift and a new set of skills but were also felt by many of participants to build on core social work values. This sense of alignment with personal and professional values was not felt universally though; other colleagues were described as struggling with the underlying ethos. One mentor explained that:

‘This way of working is about giving the power back to families’.

This may be difficult for practitioners who do not agree this is right way to work with people, perhaps especially with families where there are child protection concerns, or who feel defensive, perhaps as a result of lack of resources, or of confidence in their role or skills.

‘People in the organisation who find this difficult, don’t understand or don’t value this way of working. The main emotion that prevents colleagues from working in this way is fear. Fear of appearing naïve, or of being persecuted, by other professionals, especially Cafcass and the courts’.

We continue the discussion about relationships with other professionals in section 2.7, and the discussion about how to engage ‘resistant’ colleagues in section 2.6.

These findings are consistent with those of a recent study exploring new ways of working in adult social care, which highlighted vision, leadership and staff ownership as critical factors for successful implementation of new models of practice. Specifically, the strength of the relationship between a clearly articulated vision and leadership are critical in creating an environment in which staff both know and understand the vision and can experiment with new skills and ways of working. The report concludes:

‘Staff need to be empowered, motivated and supported to not only adopt new ways of working, but to embrace the values and principles of a strengths-based, outcome-focused approach ...’

(Bolton, 2019<sup>2</sup>, p.36)

## 2.4. Systems, processes and structures

Although some authorities had made progress in aligning their systems, processes and structures to support collaborative and outcomes-based practice, it was in this area that the greatest barriers to full implementation lay.

Some of the practitioners and managers we spoke to were facing organisational change on a number of fronts, including re-structure, the introduction of new processes and procedures (some to meet the SSWA; some due to budget management restrictions caused by austerity), or – in the case of one authority, external regulatory help. Organisational change brings practical and psychological challenges which can get in the way of implementing new models and cultures; yet it was recognised that some of the change was in the right direction and this should support the model once the changes had bedded in. For example, three of the five authorities in our sample had re-structured as a result of system thinking and the use of design principles, through the Vanguard model and it was felt that this aligned well with the CC model. One team also described a positive impact from re-structure: here service re-organisation within Children’s Disability Services had created more staff posts and a team manager to lead the service, which was felt to improve the service’s capacity to implement new ways of working.

Resource Allocation Panels were reported as a barrier to implementation in most of the authorities we visited. Mentors in one focus group described how, when practitioners bring cases to panels (which are ‘led by our managers, who made us go on this training’), the conversations become needs and deficit-driven, rather than strengths-based and outcome-focused. This undermines the approach, since practitioners are conscious that they will need to gather sufficient evidence of deficit and need to make a successful case for a care and support package to be put in.

Authorities which are further along the implementation journey have shifted their thinking about the role of panels. At one particular authority, for example, we heard from a senior manager how the Resource Allocation Panels had been used:

‘as a way of embedding these alternative ways of working – as a scrutiny and challenge of the decisions being asked to be approved and a quality and financial control’

In authorities where panels are demanding evidence about deficits and risks, proformas to support assessment and planning are still focused on gathering this evidence. Practitioners described having to translate strengths-based conversations into deficit-based forms, which requires both skill and commitment.

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<sup>2</sup> Bolton, J. (2019) New Developments in Adult Social Care Further considerations for developing a Six Steps Approach to delivering effective.



‘Our forms are a barrier. The forms look at situation, risk concerns and plan. They don’t include strengths and resources. The care and support plans don’t include strengths’.

Practitioner focus group

This was confirmed in the forms reviewed by the evaluation team: for example, the proforma relating to Children’s Services did not ask for the voice of the child(ren). Where forms do ask for strengths and resources, this tends to have been layered over the top of a case management approach and simply added onto forms which are already long. Not only does this require a disproportionate amount of writing on the part of practitioners, but it also risks reinforcing the idea that the purpose of assessment is to ask a lot of questions.

Another concern raised by practitioners was how to record a conversation which does not result in a formal assessment. For example:

‘How am I supposed to make this count [if there is no assessment]? The conversation is flowing really well, and I don’t want to stop the flow, but I am also thinking, how is this going to look [to senior managers]?’

Adults practitioner

None of the authorities in our sample had yet implemented a recording system which fully supported outcomes-focused and strengths-based approaches, though we did hear of promising developments in this area. For example, one authority has been working to develop ‘light touch’ ways of recording ‘What matters?’ conversations that do not generate formal assessments. In another authority, a manager with a quality assurance and performance management background who reports directly to the Head of Service is working to develop new ways of recording conversations, using pen pictures and narratives, and embed these into quality assurance:

‘I don’t think we’re quite so driven by the form as we used to be; it would be good to get to the point where you don’t need them at all. We should really know the person we’re working with and be able to build on what you know and can see what has changed - that’s what we should be focusing on at Panel’.

We heard that performance management systems still tend to focus on processes, tasks and throughput, and do not currently measure and reward outcome-based practice. Practitioners told us that they experienced the pressures from managers to prioritise throughput of cases and minimise waiting times for assessment as working against outcomes-based practice. Some of these pressures were driven by the timescales of statutory partners (e.g. in relation to hospital discharge) – a point to which we return in section 2.7.

A practitioner in Children’s Services reflected on how performance management and organisational priorities impact on their practice:

‘If we’re managed by time scales and process, we work with families using process and timescales’.



## 2.5. A critical mass of staff

Having a critical mass of enthusiastic staff who own and can drive the culture change, within teams and across the organisation, is necessary for successful implementation. We were certainly struck by the passion and enthusiasm for the approach by those staff participating in the evaluation, though we recognise that these may not be fully representative of the wider workforce.

Although some felt they had benefited from hearing different perspectives in mixed role training groups, whole team training was felt to have been hugely beneficial in terms of implementation and sustainability. Having a shared learning experience – especially where this also involved team leaders and managers – promoted consistency of understanding and engagement. It also allowed teams to start a practice of team reflection within the training sessions which they were then able to continue back at the office.

‘Doing the training together meant everyone was motivated.’

Practitioner

‘It was good that whole teams were trained together so that we were able to get the same message and go back and reflect’.

Mentor

One team explained how they had previously been on other training programmes, which had been good at the time, but had not led to a change in practice. By contrast, they felt that the approach taken in their authority to the Collaborative Communication Programme roll-out, in which teams had been trained together, managers had attended the training alongside practitioners, and mentors had been appointed and trained, had led to skills from the course being applied in practice.

Ensuring effective cover arrangements was felt to be essential to support this; in one authority, a whole team provided cover for another team while they were receiving training. In another authority where there had not been adequate cover, workers had been drawn away from the training sessions to attend to crises within their caseload, despite the fact that the training had been designated as ‘mandatory’.

In one local authority, capacity for people to attend the training was severely constrained due to chronic and high levels of sickness. This delayed both the roll-out of the training for staff in teams and the capacity of those people attending to practice the approach due to the volume of work created by staff shortages and the need to maintain a rapid throughput of the work. Similarly, the availability of staff to take on the role as Champions was also limited, reducing the opportunities for staff to reflect on practice and to consolidate their new skills.

Where team members were trained in mixed groups to avoid the challenges of cover, it was important that the whole team received the training within a reasonable time period, otherwise it made it difficult to commence whole team reflective practice and the impact was diluted. Some felt that they could and should have been more organised in this regard.

In some authorities, places were limited, and people had been selected from teams to attend, with priority usually given to qualified staff. This was felt to have had a negative impact, both on team relationships and on subsequent implementation: the cascading that had been hoped for often did not happen, as those who had been excluded sometimes then resisted the model.

One senior manager also raised and highlighted the importance of making sure that care and support providers are also working in this way and have received similar training. Where people in receipt of domiciliary care packages, are living in care homes, supported accommodation or foster homes, or attending structured daytime activities, it is this workforce which has the greatest impact on people's day-to-day experiences.

## 2.6. Supporting the development and application of skills

If the skills learned in the training room are to be effectively embedded in practice, it is vital that organisations support the ongoing learning and development of practitioners. We heard many examples of the different ways in which this is happening in the local authorities within our sample, through team reflection, support from mentors and peers, and through supervision. In this section, we also present the reflections from the evaluation as to what works in overcoming staff resistance to change and engaging new recruits or others who did not benefit from the initial training.

### Opportunities for team reflection

Practitioners in both Adults' and Children's services confirmed that team reflective practice sessions (these were variously referred to as 'peer learning', 'group supervision' 'team talk', 'Fishbowl') were highly valued and helped to develop and consolidate their understanding of the approach.

Specifically, they helped by:

- Providing opportunities to share examples and experiences of applying the CC skills.

One team told us that, in every team meeting, they ask each member to give one example in which they have used the CC skills in the last month. They explained that, 'By asking this regularly, people know it's going to be asked and this encourages them to use it more often'. Through these discussions, practitioners often realise they have been using the skills more than they previously thought. This approach also supports the sharing of tips and ideas between team members.

- Allowing links to be made with the model and research findings and external practice examples.
- Enabling teams to develop their understanding of how CC related to other theories, models and training they had received, for example, on attachment.
- Discussing more complex cases and highlighting both risks and strengths to promote a more balanced approach: reflecting on the risks helped practitioners feel more confident.

- One team told us they had developed and implemented their own collection of visual CC tools, which helped them to keep on track with the approach by prompting them to 'Stop/Pause and Think'.

A key finding was that the regularity and quality of team meetings and events was significantly improved where senior managers attended and visibly supported them. This meant that teams had not only permission but also a mandate to dedicate time to these meetings. In one authority, senior managers' support for reflective practice had led to investment in themed conferences and the commissioning of related research.

### **Support from mentors or other peers**

An important component of the CC Programme involves the identification and training of champions who can lead the change at practitioner and manager level. The general feedback was that these mentors helped practitioners to implement the skills by supporting reflection and modelling the approach.

Specifically, we heard how mentors were:

- Initiating and facilitating regular group reflection.
- For example, one mentor explained,

'I have three members of staff and we do group supervision. We talk about the pros and cons of the approach and how we use it for different cases. In the last group, we spoke about how one of the workers had positively used the approach without realising they had used the approach and how that had worked really well with the family'.

- Another explained how they add a mentoring group session to the end of team meetings.
- Drawing good practice from other parts of the service where this approach is more embedded, for example from having worked previously in Integrated Family Support.
- Helping to maintain enthusiasm for the approach.
- Providing opportunities to observe and be observed:

'It helps listening to other colleagues having conversations and noticing how families and professionals respond when we work with them in this way'.

Mentors were keen to develop their roles by acting as a conduit to share good practice examples between authorities. Social Care Wales has now established a national mentoring network which came together at a meeting in June 2019.

### **Supervision**

Practitioners felt that the CC model and the wider move to outcomes-based approaches of which it is a part requires more emotional investment from them in their relationships with individuals and families and also more creativity. Support and

permission from managers through effective supervision are crucial to being able to work confidently and sustainably in this way.

We heard evidence that managers are starting to use strengths-based and outcomes-based approaches to review cases during supervision. Although some recognised the CC model's potential to act as a tool for exploring professional development in supervision, this was generally felt to be an area for development, with individual performance management still tending to be task-based and process-driven.

Practitioners – just as those they support – can benefit from an opportunity to co-produce personal performance and development outcomes and targets and identify the resources available to achieve these. A number of participants suggested that it would be helpful to develop a set of tools and practical examples of how CC skills can be used in supervision.

'We need to have what matters conversations ourselves – it's as much about us as it is about what we do with them [service users]'

Practitioner

### **Understanding and working effectively with resistance from staff**

Not all practitioners are enthusiastic about the CC approach: we heard that there is still resistance from some colleagues. An important first step in engaging others is to understand what is driving their resistance:

- Some people had not been able to attend the CC training (for example, because they had not been selected, because they had been off sick at the time, or because they had joined the team after the training). Some of these staff felt excluded and some were described by colleagues as being 'sceptical' or even 'resentful'.
- Recognising that the former way of working was familiar and provided practitioners with a structure which made them feel safe. Working to embed a new approach creates uncertainty and is hard work. This was illustrated by the following practitioner quotes:

'... you did know where you were with the Community Care Act though – there were some days I didn't really need to think a lot about what I was doing – I could just do it'.

'... I know people think the old way was wrong, but it did give you a clear structure'.

- Some practitioners in the focus groups expressed uncertainty about whether and how to apply CC skills in certain situations, specifically:
  - In child protection cases, where the level of risk is felt to be high, some practitioners felt that a more directive approach was needed, or that

other professionals expect this (a point to which we return in Section 2.7)

- In work with individuals who communicate non-verbally or who may not have capacity
  - In work with people who are at end-of-life or who are critically ill.
  - When people are in crisis.
- Some had tried to use CC in some situations and felt it had not worked: from the examples given, it sounded as though these people needed more opportunities to develop and practice, but some had decided that this proved the ineffectiveness of the model.
  - Others reported feeling 'guilty' and that it was a 'bit of a luxury' to work in this way.
  - Some – though not all – practitioners lacked clarity and confidence about how to incorporate the 'scoring matrix' which they are required to use to establish a baseline and to track progress as part of the Welsh Government Outcomes Framework. Although not an intrinsic part of the CC model, the training programme aims to help practitioners think about and practice when and how they might use this in different scenarios. Whilst some practitioners reported feeling happy using the matrix now; others said they did not have the confidence to weave it naturally into conversations, without it feeling 'clinical'.

The following examples from the evaluation suggest approaches that can help to engage staff who are resisting the model in these different ways:

- Engaging all in regular whole team reflective supervision in which they hear practical examples of their colleagues applying the approach successfully; the recently-formed team that developed their own 'Stop/pause and think' tools explained that this had been particularly useful in engaging 'sceptical' colleagues who had not previously attended the training.
- Space within team and individual supervision to openly discuss challenges, concerns and times when CC has not gone as planned. Where this space is not explicitly created, or not trusted, there is a risk that resistance can go under the radar and people end up paying lip service to the model. An overall message from these conversations with practitioners is that it is important to recognise and respond to the causes of people's resistance, and to create an open learning culture, not one in which the challenges are skirted over. This needs to include reassurance and modelling from managers that it is important to learn from our mistakes, not hide them or blame people.
- Being clear that you can and will sometimes need to use different styles of communication; working as a team to establish a distinction, for example, between 'what needs to be a safeguarding conversation and what can be a collaborative communication conversation'. We heard one example of effective joint working between a support worker, who had a long-standing relationship with the family and was able to work collaboratively with them, which the social worker had more direct conversations around safeguarding.

- Further skills practice, shadowing, critical reflection and sharing of good practice examples to build practitioners' confidence in using CC with those who are non-verbal or may lack capacity, for example working with family, friends and support workers to understand what communication the person does have and to consider their perspective. For example, we heard how the CC approach had been used in a school review meeting to hear the voice of the young person and find a solution that was right for her, even though she was not able to attend the meeting.

## **New recruits**

We heard that, whilst some newly qualified social workers and occupational therapists had received pre-qualification training on strengths-based approaches and motivational interviewing; others seemed to lack understanding and/or skills. From the anecdotal evidence collected, it is hard to be certain about whether this is because the topic is not included consistently across all syllabuses, or whether it is being covered, but not in sufficient depth, e.g. in a theoretical lecture, but not through skills practice. This suggests a need to systematically assess coverage of the topic across courses and also to ensure there is a coordinated learning and development pathway for pre- to newly-qualified workers, which straddles the university and practice settings.

Participants recognised a need to embed CC skills training and outcome-based approaches within induction training, for all new starters, whether newly, previously, or unqualified. None of the authorities in our sample have implemented this yet.

## **2.7. Working with partners**

Some multi-disciplinary relationships were felt to have been strengthened through the new way of working – for example, a Children's Disability Team reported much closer working with physiotherapists, and there seemed to be have been more mapping of and signposting to the community and voluntary sector. Overall though, working with statutory partner agencies – including courts, health, and education – was widely felt by participants to create challenges to the implementation of a collaborative and outcomes-focused approach. Reasons for this included:

- Other organisations, especially courts/ Cafcass and health, being risk averse;
- Partner agencies working to a different ethos, for example a medical/ deficit-based (NHS) or directional/ punitive (courts) model;
- Other professionals not understanding or valuing the CC approach; given this, social care professionals were anxious of being perceived by them as naïve or neglectful where they sought to work in a more consensual way;
- By the time referring agencies like education and housing, and family members reach meetings and assessments with social services they are often feeling at the end of their tether: a strengths-based response can feel like an attempt to justify inaction or a reduction in services;



- Different organisations are working to their own timescales and targets; this is especially true of the NHS in relation to hospital discharge, and also education around attendance targets;
- Deficit-based assessment processes – for example, assessments for Continuing Health Care (and also for Personal Independence Payments and Disabled Facilities Grants, though these were not explicitly mentioned by participants) focus on impairments, risks and challenges, and workers felt they needed to ‘hide’ strengths they had identified for fear they might jeopardise applications.

We heard some examples of how local authorities had started to push back against these pressures from partner agencies, and what else they thought might help in future.

### **‘Pushing back’ against colleagues and partners**

Children’s Services in one authority had embarked on a piece of internal work with their own staff. They sought to raise confidence amongst social care professionals that, whilst it is important to take legal advice into account, you do not have to follow it if your decision is justifiable. Alongside this internal communication, leaders were visible in supporting practitioners in key meetings, for example, with the Head of Service attending some child protection strategy meetings. Regular team reflective practice meetings also helped build workers’ confidence to negotiate with legal teams in relation to timescales and risk.

Practitioners in an Adult Social Care focus group prioritised a similar push-back against timescale pressures surrounding hospital discharge moving forwards. They explained that, at present:

‘You walk onto a ward, having never seen the person before and you’re expected to complete a mental capacity test, go to a Decision Support Tool meeting and make a Best Interests decision based on that hour. Your practice is shoe-horned into a very short visit just to make sure they have the paperwork to make the discharge’.

They felt that Adult Social Care needed to take greater responsibility and accountability for slowing the process down. This could, for example, include building an evidence-based case for the potential savings that can accrue to health from taking the time to understand people’s personal outcomes at this key transition point.

### **Putting strengths on the agenda in multi-agency meetings**

Child Protection teams also spoke about how they tried to model strengths-based approaches and inject balance into multi-agency meetings. Two quotes from children’s practitioners illustrate this:

‘The fact that we recognise the things that are going well, when we discuss families, we change the conversation other professionals have around the family’.

“One big change is how we try to include positives at the end of child protection strategy discussions. In one meeting there were so many negative things said about mother. We tried to get the agencies to think about strengths at the end of the meeting if they haven’t been discussed’.

### **Training and communication to statutory partners**

Several participants questioned whether colleagues working for statutory partners, such as Cafcass and the NHS had received or should receive parallel training on the CC approach. We understand from Social Care Wales that local authorities did offer places on the CC programme to health partners, but that take-up had been almost non-existent.

This was felt to be an area where senior leaders in local authority teams could and should exert influence, perhaps through the Regional Partnership Boards, alongside ongoing work at a national level between Social Care Wales and Health Education and Improvement Wales to ensure consistent messaging for health colleagues.

### **2.8. The role of time**

The important role of time in embedding the approach was a recurring theme: time to attend training and hold regular reflective practice sessions; time to build relationships with individuals and families; and time to implement the whole systems approach to embedding this approach within the organisation’s culture and processes.

Practitioners described how prescribed timescales for the completion of “assessments” restrict the opportunity to have detailed “what matters” conversation with people; sometimes this is because they are under pressure to work quickly to complete hospital discharge “assessments” and avoid delayed discharges.

However, we heard different views about the time implications of working in a CC way. Although many felt they did not have enough time to build the relationships which the CC approach required; others felt that the approach has helped them to make more effective use of time:

‘Helped carve out more time and being more precious with the time I spend with people’.

‘The big thing is getting the best value out of the visit and giving it some value. Before it was like we had an itinerary – it was all service based - what were we going to provide? It was almost like you had a tick box, but now it’s back to a real conversation and letting the person speak’.

Some practitioners recognised that it can take longer to get to the heart of the matter when they go in with a barrage of questions, especially where this prompts people to close down, than when they go in with a few well-chosen strengths-based questions and take time to listen actively and reflectively to the answers. Others recognised that there can be a trade-off between time spent at the outset and the amount of service put in.



‘In normal practice [interestingly, ‘normal practice’ was contrasted with the CC model], we have perhaps become service driven and offer service rather than spend time up front with families’

This was perhaps especially true during a crisis, when there is a temptation to quickly put in a raft of services. We heard examples in which practitioners had instead used their CC skills to calm everyone down and think collaboratively and creatively about what should happen next, leading to an action plan that everyone felt happy with and that involved very little formal service offer.

A key message here for managers is that, whilst a lack of time can all-too-easily become an excuse for not using Collaborative Communication, flexibility is really important. If CC is being applied effectively, some ‘assessments’ will be much quicker (and in many cases, an ‘assessment’ will not be needed at all); others will require a number of repeat visits, but that this investment ‘upfront’ should result in more effective targeting of services.

There appears to be a virtuous (or vicious) circle effect here. We heard, for example, how one authority, which is four or five years into a journey of whole system change, has succeeded in reducing caseloads, because they have been able to focus on putting in more appropriate interventions. Engaging individuals and families more collaboratively in an outcomes-focused model has enabled them to take people off waiting lists and child protection registers, which in turn means practitioners have more time to build relationships in more complex cases and to intervene preventatively and holistically with new referrals. This was also expressed nicely by a group of practitioners from another of the authorities:

‘Initially we thought time was an issue or a barrier. What we have found is that working in this way, and spending longer at the beginning, we build relationships and save time in the long run’.

However, a key message from the evaluation is that, although this system change is possible, it does not happen overnight. One Head of Service explained that, despite adopting a systemic approach to change, in which senior leaders consistently modelled the approach in conversations with practitioners, it has still taken ‘*time and patience*’ for staff to appreciate, understand and practice the skills, and for it to permeate the organisation and its practice. Change is not an event; it’s a process.

### 3. Impact

‘The real test of whether the CC is making a difference is for service users to see a difference and tell us what it means to them. At the moment were not set up to do that. We’re only just starting to think how we could do that.’

Senior manager, Adults

As we have seen in the previous section, local authorities are at very different stages in their implementation of outcome-based social work practice. During our fieldwork and in our review of plans, we heard and read examples of practice which reflect a high-level of competence and skill in using Collaborative Communication. However, the evidence also suggests that these are by no means universal and that in most – if not all authorities – there is still a long way to go to implement this model of practice consistently.

Some teams within our sample of local authorities believe that they are beginning to see an impact on some of their quantitative measures of performance, for example a reduction in the numbers of children removed from their families or on the child protection register. However, it is both premature and methodologically challenging, given the complexity of factors driving performance, to draw confident conclusions about trends and causality. Other innovations, either within individual local authorities, regional partnerships, or national initiatives introduced in response to the SSWA may also have contributed to changes in social work practice. It is hard to account for rising demand due to demographic change in adults’ services and very difficult to disentangle the impact of the Act from the impact of austerity that has accompanied its implementation.

Given these considerations and the scope and design of this evaluation, it is not possible to comment with confidence on how widespread outcomes-based practice is within Welsh local authorities. Our focus instead in this chapter is on using the qualitative data collected to explore:

- What the emerging outcomes-based practice looks like and involves;
- How the CC Programme and associated ‘whole system’ changes are supporting this practice;
- What difference it can make to individuals, children and families when we work with them in this way.

We present examples of impact under a series of themed headings in the remainder of this chapter.

#### 3.1. Building relationships

A recurring theme from the fieldwork was that practitioners felt that the CC approach was helping them to build better relationships with individuals and families, by being more open, honest and transparent in their communications. In Children’s Services, it was felt that such relationships could be a mechanism for making progress, improving safety and other outcomes for children.

Some practitioners participating in the focus groups told us that their conversations with individuals felt more *'real'*, *'natural'* and *'empowering'* as a result of using the CC skills.

Asking open questions and having more 'human' conversations, rather than simply working through a form was felt to take interactions with individuals and families in different – and sometimes surprising - directions. By using active and reflective listening skills, workers were able to support citizens to openly explore their hopes and fears.

A social worker in Adult Social Care described one home visit in which they were able to use the skills developed through the CC programme:

'All I said was a couple of sentences at the beginning of my meeting with [...] and she told me everything. I was there for two hours, but at the end she said, "Thank you for listening to me – I think I knew what I needed to do but you've really helped me realise that I can do it. I feel so much better now.'

Those working with families felt that, where they had found the confidence to reflect parents' statements back to them, this had helped parents to explore their feelings and had set a tone of collaboration which had helped to bring people with you who, it was felt might otherwise have pushed against you.

Children's Disability practitioners explained the value of the approach in supporting collaborative planning at transition, a time of uncertainty and heightened emotions. By focusing on the family as 'experts' in the care of their child and modelling this through their communication, they were able to create a constructive environment for partnership working with parents.

As the example of the two-hour home visit shows, 'assessments' (or conversations that do not turn into assessments) conducted in this way can have huge therapeutic value for individuals and families. Often practitioners seemed to be quite surprised by the benefits of *'giving your time to them'* and really listening. A Children's Service worker quoted a young person giving them the feedback, *'You've really listened to me'* at the end of a meeting in which they had used the CC approach.

### **3.2. Developing personal outcomes**

Practitioners gave examples in which their use of CC skills, such as asking open questions and reflective listening, had enabled citizens to articulate their own outcomes: what is *'important to'* them, not just *'important for'* them.

Children's Disability practitioners in one local authority explained how they had used the approach to help parents of disabled children and young people envision the future and think about what they wanted to achieve for their child. By using open questions, they felt that these conversations were more detailed than they would otherwise have been. By focusing on outcomes and using this to structure the conversation, they felt they were able to keep the conversation on track and get to the 'heart of the matter'.

Our review of some of the plans and assessments completed by two authorities showed a mix of success in recording personal outcomes. In some, we found clear examples of personal outcomes, in which people's aspirations or fears were recorded in their own words. For example, the personal outcome for a man who was recovering from a brain injury was recorded as:

'Being a dad, being a man, not kicking off on my family, not feeling I'm disabled, having a space of my own and not feeling like I want to disappear which would be better for everyone'.

In this plan, a clear link was drawn between the personal well-being outcomes and national well-being outcomes. For example:

'Having the support... to meet my needs in a way that suits me and my family and does not make me feel disabled' is linked with 'I get the right care and support as soon as possible'

In this case, the practitioner's analysis clearly integrates the man's priorities with their own interpretation of the situation. Consequently, a clear rationale is evident for the actions that are recommended in terms of how services or other interventions will help the person achieve those outcomes. For example, in the case above, a Personal Assistant will provide practical support with personal care and work, whilst alternative accommodation is pursued to provide physical and emotional space.

However, we saw other examples from Adults' Services in which 'personal outcomes' were expressed solely in terms of tasks with which the person needed help, and the narrative was purely deficit-based. In many of the Children's Service plans we reviewed, there was little evidence of 'what matters' to the child or their family. Where parents' and grandparents' views were recorded, these tended to be expressed as parents saying they were unable to cope, not expressing any aspirations or goals for their family or children.

### **3.3. Identifying strengths and resources**

Some teams described how, since the training, they now made a point of including a consideration of the person or family's strengths in each conversation, or assessment multi-agency meeting. Including this on the agenda reminds them to ask about the strengths and resources within the family; when the strengths are heard, more balanced and collaborative decision-making and action-planning is likely to follow.

For example, one Children's Services practitioner described how, when talking with education professionals who were eager to talk about risk, the approach helped to shift the focus of the conversation. Because the worker had listened carefully to the school and the family about strengths as well as risks, they were able to be clearer and more confident in their decision making. Another team explained how, when discussing the issues that led to a first referral to Children's Services, they now also ask questions about what is going well, recognise that the family have not needed support before. This helps to identify 'exceptions to risk' as well as risks right from the outset.

Members of a team working with young people aged 14 and over explained that have introduced 'eco mapping' as a result of the CC training. They use this approach, to 'look for capacity in the family', by asking young people 'Who are the important people? Who do they go to? What do they want? What do they need? What matters to them?'

In Adults' services we also saw examples of strengths and resources being recorded in some of the plans and assessment forms. One practitioner explained that:

'The training made me not make assumptions that they didn't have any networks – often I find now that they do have family and friends who can help them'.

This approach can help to reduce the feelings of shame and judgement which families frequently experience in meetings where only their failings and the challenges they face are discussed. This can, in turn, promote engagement with services.

By unearthing the resources of individuals, families and their networks, the risk of them becoming dependent on services or being separated from each other can be reduced. Where risk assessments are more balanced and families are engaged with the process, there is more chance of them avoiding court. As one worker explained, the focus is on achieving the 'best outcome for the family'.

### **3.4. Services as a means to an end**

Where the CC approach is being implemented effectively, practitioners and managers felt that the service offer was now more focused on what people actually want and need. They described a move from a 'service-led' approach in which practitioners were 'looking to match people to services' to a 'person-led' approach where they allow space for people to identify their own solutions, thereby building resilience rather than dependence.

We heard a number of practical examples of this in different teams and authorities. For example:

- By having a conversation using CC skills, rather than 'using the form as a structure for the conversation', one practitioner was able to see that the person really needed bereavement counselling rather than a care service.
- One worker explained how since and in response to the training:
- 'What's really stuck with me was those conversations not spoken..... How you read those. How important it is to just let people sit with things for a few minutes'.
- They gave an example of conducting a review in a nursing home with a family and managing to resist the temptation to fill a silence. In the past they would have filled the gap by suggesting a service-led solution, but 'holding back' gave the family time to generate some of their own solutions.

- Occupational Therapists who had attended the training explained that they had widened the focus of their assessments from undertaking physical measurements for aids and adaptations to having more holistic 'What Matters' conversations with people. By using the 'Stop and Think' tool, they found they were prescribing less equipment because they were being more responsive to what people actually want to do and achieve.
- We heard of a practitioner arriving in a crisis situation in which a partner carer had been taken to hospital and, instead of automatically organising respite care for his partner, taking time to calm the situation down, and find out what the main concerns were, using CC skills. The result was a simple solution which involved the woman staying at home with visiting support, and a neighbour walking the couple's dog.

'It's about helping people to help themselves rather than "fixing" the problem for them'.

### 3.5. Validating progress against jointly agreed actions

Practitioners described how the CC skills had enabled them to jointly agree collaborative action plans with the families and individuals they supported. This provided a framework against which progress – however small – could be validated.

For example, a mentor described how, in core group meetings, they now ask questions like,

'What do we need to achieve and how are we going to do that?' They explained that:

'It's good for the families to feel they are achieving something'.

Practitioners described how they and their colleagues in other agencies were frequently surprised by the achievements of the people with whom they are working. This can then reinforce the self-esteem of families, who are frequently reminded of their past shortcomings. We heard, for example, of one family where other professionals were asking for the children to be removed. The team found that, by adopting the CC approach and looking at the strengths and resources, the family were able to turn things around and other agencies were able to support these changes.

This was felt to be contributing in one team to 'a dramatic reduction in the number of cases we issue in court'; others described how children had been removed from the Child Protection Register because of the progress which their families had been supported to make. Practitioners explained that, as a result of working in this way, 'you feel more confident that you are stepping away from the family at the right time'.

### 3.6. Impact on worker satisfaction

As we saw in the previous chapter, some practitioners are finding it hard to make the change to using the CC approach; however, we certainly heard that some practitioners felt the programme and the wider change to outcomes-based work, had improved their job satisfaction. The reasons given for this included:

- Feeling energised and re-connected with their original motivation to join the profession
- Feeling more rewarded by their work, because they feel they are making a positive difference to individuals and families
- Being liberated from the forms and traditional structures, which can be exciting and empowering
- Team-building, especially where teams had been newly formed and/or had received whole team training and regular reflective practice
- Using CC in professional and personal relationships
- Thinking about their own strengths.

The following quotes from practitioners participating in the evaluation illustrate some of these points:

'We came into the job to make a difference and this way [of working] lets me do that'.

'I wait and see what happens and what they have to say – it's exciting, but it's... hard work as well'.

'Being able to be the social worker I have wanted to be'.

### 3.7. Distance travelled

As this was a retrospective evaluation, it was not possible to assess directly what practice had been like before the programme. However, we heard examples of practitioners' perceptions of the distance travelled as a result of the training and the wider culture change driven by the SSWA.

Several people compared the outcomes-focused and collaborative approach they use now to the service-led approach they used in the past. An Adult Services social worker told us:

' .... If I think back, oh say 10 years ago to the assessments I did then, I am quite ashamed. To be honest, I used to go in thinking, ok I've got to sort this problem out – it's really down to me, what services are there that I can use to help me fix it. You'd be thinking 'where does this person fit into [services]?'

Similarly, a Children's Services practitioner explained that:

‘We were all caught on a conveyor belt of endless assessments, risks and meetings – telling people what to do, what they must do, and what they could or more often what they couldn’t have. I’m not really sure what I achieved.’

Several people told us that they felt the approach today was more positive and collaborative than it had been in the past. For example, one member of an Adult Services team described their own personal experience of being on the receiving end of a care management approach:

‘... This way of thinking was never offered to me when I was caring for my mum and dad. It was all what you couldn’t do - it wasn’t anyone’s fault that’s just the way it was, but it didn’t feel right and using CC I know how it could have been so much better. If you ask different questions- you get different answers’.

A Children’s Service worker described how CC had supported a shift in practice to taking a more balanced approach in work with families:

‘As a profession, we were used to being negative and thinking about what is going wrong;

the training enabled us to think more clearly about hearing families’ views’.

One woman at an annual review of the services she received was relieved to hear that the practitioner had come for a chat and had not brought a pile of forms to complete. She explained:

‘Time and time again you professionals – not just you, but health people - will come into my house and stare at their forms. Now, I call that just plain rude. I want to be able to have a proper conversation and tell you all about me and my life’.

In another case example, we heard how a previously agreed transition plan was revised following a ‘what matters’ conversation with the young person. By listening to the foster family and the young person, and by challenging other professionals’ assessments as based on what is ‘important for’ not ‘important to’ the young person, services were changed. Important family relationships were supported and, when it was confirmed that she could stay in the place she regarded as ‘home’, the young person’s behaviour settled and fewer services were needed.



## 4. Reflections on findings

### Developing skills and embedding these in practice

Our findings confirm the importance of an ongoing commitment to and investment in regular reflective practice, refresher and induction training in order to support the development and application of the CC skills.

The findings have also highlighted a need to:

- Build on and **link to existing models, resources and knowledge** within local authorities, e.g. Integrated Family Support, Signs of Safety, Motivational Interviewing, etc).
- Further develop **strengths-based leadership and supervision skills**.
- Extend the training – or at least key messages from it – to **provider organisations, councillors, legal and finance teams**.
- Assess coverage of outcomes-focused, strengths-based and CC approaches in **pre-qualification courses**, and ensure there is a coordinated learning and development pathway for pre- to newly-qualified workers, which straddles university and practice settings.
- Continue to grow the **national mentors' network** established by Social Care Wales as training continues to be delivered.

### Aligning systems and processes

Our findings confirm that implementation needs to be supported by whole systems change, and that this is a process which takes time. In order for outcomes-based practice to become truly mainstreamed, it needs to be a standing item on each agenda; it needs to be considered in each policy, decision or change. It needs to become built into the way the organisation operates.

The findings have also highlighted a need to:

- **Review paperwork** to ensure it supports strengths-based and outcomes-focused approaches, sharing good practice and learning across authorities.
- Review the role, use and structure of **Resource Allocation Panels**; this might include further delegating resource decisions to managers, as well as ensuring panels encourage and support strengths-based and outcomes-focused approaches. These meetings should follow the principles and language of the CC approach.
- Further develop systems for gathering feedback from citizens using our services and work to **co-produce performance measures** which assess quality of experience and outcomes as well as throughput and costs.
- Communicate the approach to **colleagues in Health, Courts and Education**, using Regional Partnership Boards and existing relationships between Social Care Wales and Health Education and Improvement Wales to promote

consistency of understanding and to 'push back' against processes and timescales which can get in the way of this approach.

- Undertake more detailed evaluation in future of those authorities which are further along in their implementation journey to build the **evidence base regarding system change** and its impact on local authority performance.