IMPACT | EVALUATION OF THE **IMP**LEMENTATION OF THE SOCIAL SERVICES AND WELL-BEING **ACT**

Summary of approach

April 2019

University of South Wales, Swansea University, Cardiff University and Bangor University

INTRODUCTION

The Welsh Government has commissioned a partnership between leading academics across four universities in Wales and expert advisers to deliver the evaluation of the ground-breaking Social Services and Well-being (Wales) Act 2014.

Professor Mark Llewellyn, Director of the Welsh Institute for Health and Social Care (WIHSC) at the University of South Wales (USW), will lead the team alongside Professor Fiona Verity, Director of the Wales School for Social Care Research. Colleagues from Swansea University, Bangor University and Cardiff University will also work as partners in the study, which is being supported by PRIME Centre Wales.

The project will deliver an independent and objective assessment of the implementation of the Act and the way in which it has impacted on the well-being of people who need care and support, and their carers. The Act is a significant departure from previous public policy, and sets out major change in social care and social services and in relationships between social serves and citizens, communities, and sectors outside government.

The approach of the team will be to examine the implementation and impact of the Act through its five principles – voice and control, well-being, co-production, multi-agency working, and prevention and early intervention – and the financial implications of each. Each of these principles will be evaluated by an academic 'theme lead' supported by an expert adviser. This combination is crucial to ensuring that skills and knowledge of the academics is complemented by the practical expertise and experience of making and implementing policy, delivering and managing social care, working with citizens across organisational boundaries, and putting people at the centre of 'what matters' to them. The team will also be supported and challenged by the Study Expert Reference Group, who will be using the principles of co-production to work with the academics and expert advisors.

POLICY CONTEXT

A significant legislative change, the Social Services and Well-Being (Wales) Act 2014 (hereafter referred to as 'the Act') has 11 parts and is informed by five principles that set out a vision to produce transformative changes in public policy, regulations and service delivery. Aligned to it are structures, processes and codes of practices (i.e. regional partnerships, co-produced care plans, what matters conversations).

In setting out the policy context against which we would develop our evaluation of the Act's impact, it is important to reference **Sustainable Social Services – A Framework for Action**[1] published in 2011, which set out the ambitions for social services and social care in Wales. This was a radical approach setting out the pillars on which the Act would be built, and acknowledging both the strengths that

---

[1] https://gov.wales/docs/dhss/publications/110216frameworken.pdf

exist across the social care and social service systems in Wales, but also the tremendous challenges for the current times and the future.

The complex issues of the changing social context and changing needs, increasing amount of people living longer, technological developments, impacts of austerity and the pressures on services were significant in shaping policy. The Sustainable Social Services-Framework for Action, was informed by the Independent Commission on Social Services (2010)[2] which endorsed the vision set out in *Fulfilled Lives, Supportive Communities* (2007).[3] The Commission gathered together information on the issues and helped identify key factors which would underpin the dramatic changes required to deliver appropriate and timely services in Wales.

Sustainable Social Services clearly set out priorities - a stronger voice for people, simplifying legislation and approaches to supporting people and strengthening the workforce. What this demonstrates is a continuous thread of policy over many years firmly committed to supporting social services and social care in a co-productive way. The policy basis was that generally speaking, people themselves know what works for them, and involving people in their care and support by virtue of getting the services right first time and proportionate to meeting people's needs is what is required. This is coupled with an agenda to work for prevention and early intervention in order to 'stop problems before they start'[4] and using limited resources in the best way. This includes services that work better together and a focus on 'galvanising' community efforts and developments.[5]

The Social Services and Well-Being (Wales) Act 2014 put in place the legislative framework for local authorities and health boards. Its aims are transformational and this was clearly stated as an intention. They are: - to reduce the complexity of complex legislation, prioritise integrated services, and strengthen a rights based approach, extending the rights of carers, remove barriers put in place for young people as they transition to adulthood, and to shift the focus of the workforce and indeed all people, from a task based approach to a focus on well-being outcomes for people. It enshrined in law the preventative approach, and one whereby people are equal partners in designing and delivering the care and support they need (co-production). Codes of Practice and Regulations[6] are incorporated in that statutory framework. The Act sets out to transform the way social services are delivered by:

- promoting the integration of health and social care,
- encouraging people to be independent to have stronger voice and control over their lives,
- giving people greater freedom to decide what support they need,
- promoting consistent, high-quality services across the country.

The move away from eligibility criteria to a "what matters" approach with a proportionate approach to assessment marked a shift which required practice and culture change. There are examples / case studies included on how far this is embedded which we will use to inform our evaluation including the **Parliamentary Review of Health and Social Care**.[7]

---

[2] From vision to action. The report of the Independent Commission on Social Services in Wales 2010

[3] Fulfilled Lives, Supportive Communities: A Strategy for Social Services IN Wales over the next decade 2007

[4] Sustainable Social Services – A Framework for Action

[5] Sustainable Social Services – A Framework for Action, p. 17

[6] https://gov.wales/topics/health/socialcare/act/code-of-practice/?lang=en

[7] https://gov.wales/topics/health/nhswales/review/?lang=en Parliamentary Review final report: A revolution from within: Transforming health and care in Wales

The **prudent health care initiative**,[8] launched in 2014, complemented this policy direction by 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, avoiding wasteful care.

The importance of embedding and legislating for a collaborative approach can be seen not just in the relevant papers but in the way that collaborative leadership was demonstrated in the design and support for the National Social Services Leadership Group, the Social Services Partnership Forum and the two iterations of the National Social Services Citizen Panel, which took a leading role in introducing the concept of co-production to the way the Act was developed. These leadership arrangements are significant in respect of informing policy and measuring impact.

The **Regulation and Inspection of Social Care (Wales) Act 2016**[9] established a regulatory regime which supports the Act. It also put in place Social Care Wales, an organisation which drives improvement and regulates the sector.

The **Wellbeing of Future Generations (Wales) Act 2015**[10] requires public bodies - such as local authorities and health boards to put long-term sustainability 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. This is linked closely to the Act, focusing on well-being, outcomes and a collaborative approach.

A Healthier Wales[11] published in response to the Parliamentary Review sets out a long term future vision of a 'whole system approach to health and social care', which is focused on health and wellbeing, and on preventing illness.

The Integrated Care Fund and Section 64 grant funding were reshaped to support the delivery of policy. There is evidence[12] that the Transformation Fund has supported the transformation of care and support on a number of fronts including the improvement of care co-ordination, developing new models of care, and assisting the prevention of unnecessary hospital admissions and delayed discharges.

The Parliamentary Review of Health and Social Care published its final report in January 2018. This acknowledged the policy context and the legislative background to secure a seamless system based on delivering well-being for the individual. A substantial amount of evidence and data was gathered as part of this work which informed the recommendations and will inform the policy context for the future.

Therefore within our evaluation, we will be reviewing the culmination of a suite of policy and legislation which has been designed to drive a very significant change in what is done and why, how it is done, outputs and outcomes across the whole of the care sector – health, social services, the third and independent sectors and people and communities themselves. Underpinning these changes are key values and principles.

---

[8] http://www.prudenthealthcare.org.uk/

[9] http://www.senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=12110&Opt=0

[10] http://www.legislation.gov.uk/anaw/2015/2/contents/enacted

[11] https://gov.wales/docs/dhss/publications/180608healthier-wales-mainen.pdf

[12] Review of ICF: Projects and Initiatives which Demonstrate Good Practice, Welsh Government 2017

FUNDAMENTAL PRINCIPLES OF THE ACT

Our approach to undertaking this research is to structure the evaluation by using the fundamental principles of the Act as the scaffolding. We will work on the principles underpinning the Act but also focus in on each element of the associated Codes of Practice written for each Part of the Act. Our understanding of these principles is set out briefly below.

WELL-BEING

The concept of well-being was developed as part of the policy and legislation for the Act and takes on a broader meaning, acknowledging the wider well-being of people and the contributions played by social services, but going well beyond that to the contributions played by the wider public sector, the third sector and people themselves and their families, carers, friends and communities. It will be essential to acknowledge the considerable work to develop the national outcomes framework for people who need care and support.

First published as a working document in 2014[13] the national outcomes framework approach was developed in an engaged way, working with groups including those people who needed care and support and carers.[14] The key objectives of the framework are: to describe the important well-being outcomes that people who need care and support and carers who need support should expect in order to lead fulfilled lives, give people a greater voice and control over their lives and enabling them to make informed decisions to ensure they achieve their personal well-being outcomes. Understanding what matters to people themselves is key. Part 2 of the Code of Practice sets out further detail.

Measuring well-being is difficult, it is subjective and affected by a large variety of factors. We also know that any changes to well-being take a very long time to become visible in data. However, well-being is the desired outcome of the Act.

PREVENTION AND EARLY INTERVENTION

Prevention and early intervention is key to the Act, acknowledging austerity but focusing on getting things right first time, working together much more effectively, cutting out unnecessary practices and listening to people themselves, building on strengths and assets. Prevention is also rooted in communities and requires community engagement and mobilisation of community motivations and actions. Getting in early and getting it right first time is better for people and services and was the thinking behind this significant approach. Whilst measuring the immediate impact of preventative measures, e.g. preventing an unnecessary hospital admission through reablement, is relatively straightforward, the longer-term benefits of the prevention approach in social services is more complex and requires longitudinal studies. It also requires appreciation of the diversity of local contexts and the various local prevention agendas.

The Act specifies many ways that preventative approaches and services may be implemented within local communities and these include requires to promote community based structures like social enterprises and co-operatives and support third sector provision. Sections 15, 16 and 17 of the Act describe these requirements.

---

[13] https://www.legislation.gov.uk/anaw/2014/4/contentsnsultation

[14] https://gov.wales/docs/dhss/publications/160610frameworken.pdf

VOICE AND CONTROL

Voice and control is a key tenet of the Act, including the "what matters" conversation. The focus is on putting the individual adult or child, including unpaid carers, at the centre of their care and support. They should be allowed control to reach the outcomes that help them achieve well-being across all aspects of their lives. This is demonstrated throughout the Act and Codes of Practice, but Part 3 (Assessing the needs of individuals) sets this out in considerable detail. Notably the Code makes it clear the general presumption must be that the adult is best placed to judge their own well-being.

It also sets out a link to co-production, requiring people to be partners in decision making, noting that the approach is based on strengths and understanding people's own contribution to their well-being.

CO-PRODUCTION

The Act introduces the concept of co-production (see Section 16 of the Act). This policy is intended to drive change to open up innovative alternative models of care, using co-operatives and co-operative approaches, social enterprises, the third and independent sectors and user led organisations. We will seek to measure how far this has been taken forward, taking account of initiatives such as Care to Co-operate[15]

MULTI-AGENCY

The Act has brought a fresh impetus to collaborative working through its statutory obligations for co-operation. It puts in place requirements for regional collaboration, and a legislative framework to enforce this if required between local authorities themselves and between local authorities and health boards. It supports the establishment of the National Adoption Service. It puts in place a new statutory framework to protect adults at risk and duties on relevant partners to report to the local authority when it suspects that a person may be an adult at risk. It provided for the creation of new Safeguarding Children Boards and new Safeguarding Adults Boards.

The emphasis is on working together across organisational boundaries. Regional Partnership Boards are still in relative infancy and it will be important to measure how they are fulfilling their responsibilities to provide effective regional governance of health and social care.

Within the Codes of Practice, part 6 refers to looked after and accommodated children, part 7 – safeguarding and part 9 co-operation and partnership. Importantly, the focus throughout is on well-being outcomes and Welsh Ministers have powers under the part 8 Code to issue a Code which may impose requirements on local authorities and give guidance both to local authorities and to other providers of care and support. Welsh Ministers may intervene in the exercise of social services functions by a local authority on certain grounds specified in the Act; and where appropriate to issue directions.

RATIONALE FOR UNDERTAKING THE STUDY

Our approach is driven by our objective of delivering an evaluation which focuses on understanding the translation of the transformative potential of the Act into practice and the associated system, institutional and culture changes that we can identify – whether in people, in staff teams, in managers, in communities, in organisations and across systems, and in relationships – in respect of the Act's intent. In order to do this we take approach of examining the implementation and impact of the Act through its five principles, and the financial/implications of each, giving us six themes in total.

---

[15] https://wales.coop/helping-people-set-up-care-co-operatives/

For each of the six themes, we have an assigned research lead/adviser and an evaluation method congruent with the aims and objectives of each principle. We will also ensure that all of the Parts of the Act are fully considered in taking this approach – we provide a table below which shows how this might be undertaken.

INTERSECTIONS BETWEEN THE PRINCIPLES AND THE PARTS OF THE ACT

The table below evidences how our evaluation method will address both the five principles and the financial/implications of each, alongside the 11 Parts of the Act. We have noted where there will be a particular relationship and alignment between each of the Parts and the Principles with an 'X' – we clearly recognise that there are connections with all of the Principles and Parts of the Act, but in the table below we indicate where these are especially important for us to consider:

PARTS of the ACT	PRINCIPLES					Financial / economic implications
	Voice and control	Prevention and early intervention	Well-being	Multi-agency	Co-production	
1 – Introduction						
2 – General functions	X	X				X
3 – Assessing the needs of individuals			X		X	X
4 – Meeting the needs		X	X	X	X	X
5 – Charging and financial assessments						X
6 – Looked after and accommodated children			X	X	X	X
7 – Safeguarding	X			X	X	X
8 – Social services functions		X				X
9 – Co-operation and partnership				X	X	X
10 – Complaints, representations, advocacy services	X	X	X			X
11 – Miscellaneous and general	X			X		

The research will be conducted by a team and involve independent academic 'theme leads' (or co-leads) working together with their 'expert advisors' (people who have practically been involved in the

development and implementation of the Act). This blend of skills and knowledge we feel offers the evaluation team an important additional dimension. These roles will be complemented by the Study Expert Reference Group (SERG), which will combine a number of the key stakeholder organisations and crucially be co-led by two citizens of Wales who have knowledge and experience of social services – as people in need of support or as carers. As can be seen, the evaluation of the six themes (the five principles and the financial/economic implications of the Act) are detailed as follows:

Theme	Theme lead/s	Expert advisor
1. Voice and control	Professor Mark Llewellyn (University of South Wales)	Heulwen Blackmore
2. Prevention and early intervention	Professor Fiona Verity (Swansea University)	Jonathan Richards
3. Well-being	Dr Pippa Anderson (Swansea University) Dr Jen Lyttleton-Smith (Cardiff University)	Catrin Awoyemi
4. Co-production	Nick Andrews (Swansea University) Dr Gideon Calder (Swansea University)	Noreen Blanluet
5. Multi-agency	Dr Carolyn Wallace (University of South Wales) Dr Alison Orrell (Bangor University)	Tony Garthwaite
6. Review of financial/ economic implications	Professor Ceri Phillips (Swansea University)	Malcolm Prowle

DOMAINS OF INQUIRY

In addition to focusing on the principles and financial implications, and ensuring that there is a read-across to the different parts of the Act, we feel that there is a clear rationale for the study to focus on five domains of inquiry, within which we will be detecting the implementation process and impact of the Act. These are for, and by:

1. **Individuals** – whether these are people in receipt of support and/or care, or not;
2. **Family and carers** – those people who provide unpaid support to people with needs;
3. **Communities** – those clusters of people living together in localities or in age, common interest or cultural based social relationships;
4. **Workers** – whether these are 'frontline' paid care workers, social service and third sector paid workers, team managers or those care managers arranging support and care for others;
5. **Organisations** – whether these are the strategic leaders of public sector bodies like local authorities and health boards, or leaders of key stakeholder organisations.

In practice, this will mean that across the six themes, we will be gathering data that pertains to each of these five domains. This will allow us to compare the ways in which different circumstances and contexts will have affected the implementation of the Act itself and the changes that have resulted.

METHODOLOGY

We propose a method that will allow for the key drivers of transformative change underpinning the Act – the five principles on which it is based – to be explored in a number of different contexts and across five domains. This approach sits alongside an exploration of the financial/economic implications of the Act.

In broad terms, and across the study as a whole, we will adopt the methodological position suggested by the specification – using contribution analysis to help with questions of attribution – but augmenting this with a number of approaches relevant to the five principles of the Act and the requirement to understand the financial implications.

In addition to these phases, we feel that Patton's model of Principles-Focused Evaluation (P-FE) and the GUIDE framework[16] should be adopted in this study. This will allow us to provide a robust and rigorous structure within which all of the detailed evidence from the fieldwork under the six themes (the five principles and financial/economic implications) can come together to undertake a 'meta' analysis of the findings. Sitting underneath this P-FE framework are six bespoke methodological responses that have been designed by the theme leads and expert advisors to explore each of the principles in turn.

PRINCIPLES-FOCUSED EVALUATION FRAMEWORK (P-FE)

We see value in using P-FE because of the intentions of Act to implement a principles based 'paradigmatic shift' most notably in the central place given to 'promoting well-being', co-production, cultural change and a shift to 'what matters' to the person/families who uses services. The socio-economic context in which the Act is being implemented is complex, diverse and dynamic. The Act requires those responsible for its administration to adhere to key principles and in so doing adapt to diverse contexts and respond to what matters to people who use services, carers, and communities. Consequently, there is no one or universal project or programme format to be implemented, but rather a potential myriad of ways that the Act can be implemented in various contexts, that are congruent with the underlying principles of the Act. Moreover, the Act is concerned with a broad sweep of responsibilities in the area of social services. The organisations charged with undertaking various parts of the Act will have distinct histories, cultures, past practices, staff capacities and relationships to other organisations in the local area and systems. In other words, the state of play at the time the Act was introduced into law will be different across Wales.

Patton defines P-FE as evaluating 'how principles are informing innovative developments in a complex dynamic situation'.[17] P-FE explores the process, utility, and impact of principles based developments (e.g. policies, programmes, interventions). Patton further writes: *…principles-focused evaluations can evaluate processes of implementing principles, outcomes associated with principles, longer-term and broader impacts that result from principles-driven programming, and innovative approaches to principles adaptation*

And;

Three core questions bring the focus to principles-focused evaluation: To what extent have meaningful and evaluable principles been articulated? If principles have been articulated, to what

---

[16] Patton, M. (2018) *Principles-Focused Evaluation*, The Guilford Press, London.

[17] Ibid. p.27

extent and in what ways are they being adhered to in practice? If adhered to, to what extent and in what ways are the principles leading to the desired results'[18]

This model has a GUIDE framework:

- **Guiding** –a principle is prescriptive and gives guidance on what to do, how to think, what to value, and how to act to be effective.

- **Useful**-the principle is able to guide and direct the action and inform choices between alternatives.

- **Inspiring –**values based and meaningful. Can motivate the intended change.

- **Developmental**-sensitive to the context and able to allow for adaptation in diverse contexts.

- **Evaluable**-the meaningfulness of the principles and if the results and impacts of adherence to them.

In the table below we set out how the P-FE will be used as an organising structure for the evaluation. It is important however to recognise that there are important questions that will be addressed through the P-FE. These are our key overarching research questions, and they are listed in the middle column of the table. Usefully, the table also provides information on the methods, data sources and approaches that will be deployed to answer them.

Elements of the GUIDE framework	Overarching research questions	Evaluation Methods (what we are proposing for this study)
Guiding	What directions are being prescribed by the principles of the Act? What does the Act require to be done in order to fulfil the guiding direction and values of the principle (i.e. duties, practices, processes and expected outcomes)? How well-suited are the measures used to understand the impact of the Act, and how far have they kept pace with the new thinking of the Act itself?	**This will be accomplished in the co-productive development of the logic model and theory of change which will be informed by the literature review.**
Useful	How are the principles of the Act being interpreted and used in national, regional and local contexts?	**These will be addressed through the specific methodological approaches detailed by the theme leads, including:**
Inspiring	What do the principles of the Act inspire that is different?	**- Group concept mapping**
Developmental	What are the emergent issues that are influencing what is being done, and how the	**- Social network analysis** **- Document analysis** **- Focus groups**

---

[18] Ibid. pp.27-29

	principles are being adapted in national, local and regional contexts?	- **Surveys** - **Interviews** - **Most significant change panels** - **Economic analysis** **They will be augmented by analysis of the extant datasets that are available to the study team.**
Evaluable	What has been the early results and impact of the implementation of the principles in different contexts? - For service users - Organisational policy, systems and cultural change - Work practices - System linkages and interactions (with civil society organisations and health) - Resource allocations - Data collection and evaluation systems	**Reviewing the empirical data in the light of six themes and the five domains of inquiry, and report accordingly.**

The rationale for undertaking this P-FE approach is to ensure that there is an appropriate and robust framework in place within which the primary and secondary data will be analysed. Given the complexity of this study, without such a framework there is a real risk of misinterpreting the data, or not collecting the right data. Whilst the logic model and theory of change will address this to a degree, we feel that the additional rigour provided by the approach of P-FE will be of considerable value.

RESEARCH QUESTIONS

The research team have been focused on refining the research questions and the methods to be used in data collection. Whilst there is a common evaluation reasoning throughout all the six sub-parts, the research questions are slightly different. This reflects the intention to deeply explore what is relevant for each principle in the context of the Act, and what the Act requires must be done and might be done.

Below we set out the research questions under the headings of Theory of Change (TOC)/Logic Model, Process Evaluation and Impact and Outcome (Short term) Evaluation. The contribution analysis is included in the TOC. The initial period is to establish a baseline of how the Act has been interpreted, what it has guided and how this is different to before the Act, and early impacts.

Theory of change*- which directions are being prescribed by the principles of the Act.*

The Theory of Change (TOC) and Logic Model will be a description of the links and pathways between the assumptions about problems, issues, context and needs, what is proposed to be done, and the intended results/impacts of the activities. This TOC and Logic Model development process is being led by Professor Verity with the input of the evaluation theme leads and expert advisors.

The TOC/Logic Model will support the contribution analysis, that is the assessment and judgement about the extent to which the processes, impacts and early outcomes reported can be attributed to

the changes that have taken place since the inception of the Act. A contribution analysis will form part of the TOC document, and set out the nature of the attribution questions to be considered in this evaluation together with historical, contextual and public policy factors that also need to be considered, and which may influence the assessment that any identified changes and results are due to the implementation of the Act. Source material for this work include (but is not limited to) the following documents:

Sustainable Social Services for Wales: A Framework for Action (Welsh Government, February 2011)

Social Services and Well Being Act (Wales) BILL Explanatory Memorandum incorporating the Regulatory Impact Assessment and Explanatory Notes (2013)

Social Services and Well Being Act (Wales) 2014

Part 2 Code of Practice (General Functions)

Code of Practice and guidance on the exercise of social services functions and partnership arrangements in relation to part 2 (General Functions) of the Social Services and Well-being (Wales) Act 2014.

Part 4 Code of Practice (assessing the needs of individuals)

The Code of Practice on the exercise of social services functions in relation to Part 3 (Assessing the needs of individuals) of the Social Services and Well-being (Wales) Act 2014.

Part 4 Code of Practice (Meeting Needs)

The Code of Practice on the exercise of social services functions in relation to part 4 (Meeting needs) of the Social Services and Well-being (Wales) Act 2014.

Part 4 and 5 Code of Practice (Charging and Financial Assessment)

Code of practice on the exercise of social services functions in relation to Part 4 (direct payments and choice of accommodation) and Part 5 (charging and financial assessment) of the Social Services and Well-being (Wales) Act 2014.

Part 6 Code of Practice (Looked After and Accommodated Children)

Code of Practice and guidance on the exercise of social services functions and partnership arrangements in relation to Part 6 (looked after and accommodated children) of the Social Services and Well-being (Wales) Act 2014. Including children and young people who are leaving or who have left care.

Part 8 Code of Practice *on the Role of the Director of Social Services (Social Services Functions)*

Code of Practice on the Role of the Director of Social Services.

Part 10 Code of Practice (Advocacy)

Code of Practice on the exercise of social services functions in relation to Advocacy under Part 10 and related parts of the Social Services and Well-being (Wales) Act 2014.

Part 11 Code of Practice (Miscellaneous and General)

Code of Practice on the exercise of social services functions in relation to part 11 (Miscellaneous and General) of the Social Services and Well-being (Wales) Act 2014.

Code of Practice on Special Guardianship

Code of Practice on the exercise of social services functions in relation to special guardianship orders

> ***Process evaluation*** *– how the overarching principles of the Act are being interpreted, adapted to national, regional and local contexts, and what is being done in practice.*

Well-being

– How has well-being (and other outcomes e.g. QoL where relevant) been defined for the purposes of the Act by Welsh Government (WG) and stakeholders (well-being outcomes that people who need care and support and carers who need support social care, organisations and their partners)?

Co-production

– What was it like before, what is it like now and what brought about the changes?

Prevention

– Across Wales, how are local authorities *interpreting* the social care and support prevention and early intervention agenda of the SSWB Act and what *conceptual frameworks* are being used to guide the implementation of social care and support prevention?

– How are local authorities *implementing* social care and support prevention and early intervention agendas, and how is this different to what happened before the Act?

Voice and control

– What does 'voice and control' mean for people?

– To what extent has there been a change in the relationship between individuals, families and carers, and the professional care workforce which includes care managers and social workers?

– What has moved in the culture of the workforce in the light of the Act?

– How do people recognise impact, and how do they know that people have been positively impacted upon?

– What resources are required in order for greater control to be exerted by individuals?

– How have local authorities and regional partnerships responded to this new agenda?

Multi-agency

– What are the critical success factors for multi-agency working?

– Which critical success factors are most important and have most impact?

– When, how and for whom were multiagency networks implemented?

– What resources are required for multi-agency working to achieve the outcomes expected?

– How have cross boundary governance arrangements supported people and agencies to work together?

Prevention

– How are local authorities *monitoring and evaluating* the early results and impacts of social care and support prevention arrangements?

– What has changed since the implementation of social care and support prevention?

Co-production

– What good or bad changes have come about as a result of attempts at co-production?

– Which of these changes as the result of co-production are most significant?

Multi-agency

– Has implementation of the Act promoted sustainable integrated care and support?

– What impact has the Act had on multiagency working?

Well-being

– What changes in well-being outcomes that people who need care and support and carers who need support have been identified and reported since the Act was implemented?

– What gaps are there in current measurement of well-being and other relevant outcomes that need to be addressed to enable the impact of the Act?

– Where are there exemplars of measurement of impact on well-being in social care for people who need care and support and carers who need support should expect in order to lead fulfilled lives,?

Voice and control

– To what extent has the balance of power between the individual and the professional shifted? How far, for example, are we able to see a shift in the power balance such that we "always start from the point that people know best themselves"?

– Overall, to what extent has this theme been successful in transforming practice?

Measurement issues – *the extent to which there is data and metrics to evaluate the impact and outcomes.*

– What data exists to tell us that people's voices are heard and they have greater control?

– What metrics do we need to put in place in order to ensure that we are able to understand the impact of voice and control?

– How might social care and support prevention best be measured (including what did not happen)?

– How have WG and stakeholders implemented measurement of well-being (and other outcomes e.g. QoL) for those covered by the legislation?

- For people who need care and support and carers who need support how do the definitions of well-being and other relevant outcomes map to the Dolan and Metcalf framework, and other relevant definitions reported in the literature and best practice for measurement and meaningful changes?

- What gaps are there in understanding of and appropriate definitions of well-being and other outcomes mentioned in the act by those affected by the Act?

- What is best practice for measurement and relevant and meaningful changes and improvement in well-being outcomes that people who need care and support and carers who need support should experience in order to lead fulfilled lives,?

- Is a robust baseline measurement and follow up programme in place to assess the impact of the Act?

STUDY TIMELINE

The study will run for at least three years (November 2018-October 2021), but may run for a further two years to allow for a greater period of time for the baseline position to be explored.