

The Impact of the Social Services and Wellbeing (Wales) Act (2014) on Social Services in one Local Authority in Wales

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ABSTRACT

This study expands on the body of knowledge regarding the implementation of the Social Services and Wellbeing (Wales) Act (2014). With particular exploration of examples of good practice, in order to develop a strong understanding of what works and what matters to the staff who are delivering interventions in line with Social Services and Wellbeing (Wales) Act (2014). This study also classifies any challenges or concerns that have come to light since implementation.

Beginning with a comprehensive literature review of the historical literature leading up to the current legislature. Alongside a critical analysis of the current literature surrounding implementation of the Social Services and Wellbeing (Wales) Act 2014. This study uses a Practitioner Action Research design, a very practical form of inquiry which seeks to solve real world problems and contribute towards good practise (Denscombe, 2014). This study uses qualitative focus groups with participants from across frontline Social Services. Following data collection, schematic content analysis allowed for further abstraction of data at each step of the analysis (Erlingsson and Brysciewicz, 2017).

The values and principles of the Act in practice involved working within the community, having flexibility and increased autonomy and strong leadership and team support. The conditions practitioners needed in order to work in this way included having time to build a relationship, they needed to be trusted to work in ways that met the needs of the people they supported and reduced pressure to work towards targets and numbers. The challenges to working this way for practitioners involved the tensions and difficulties it put on practitioners and that this way of working did not feel appropriate for all situations and people. The stories shared within this study involved themes of; working in the community, working towards strengths,

connecting with others, finding a purpose, empowering people and increased practitioner wellbeing. Moving forward, the key themes included increased funding for early intervention and community resources, and recognition that there are some instances where working in this way may be difficult and here practitioners need to work alongside complimentary services or approaches.

This study is a small-scale study and due to the covid 19 pandemic, data collection suspended sooner than initially anticipated. It is therefore vital that another cycle of research commences which will include more participants across both health and social care within the local authority. This will validate some of the findings in this study and expand on the findings further. Some key areas to explore within further action research cycles, in particular to understand some of the challenges to working in line with the principles and values set out within the Act including: An exploration of what specific support do practitioners need to further implement the Act into their own practice. Future research cycles could also explore more in depth how the collaborative communication approach can work alongside other approaches within health and social care. And finally how commissioning structures could change and adapt in order for more early intervention and preventative approaches to gain funding which could lead to reduced demand on health and social care services and enable communities to co-produce these services.

INTRODUCTION

The Social Services and Wellbeing (Wales) Act (2014) hereafter referred to as ‘the Act’. Came into effect in April 2016, it places a legal duty on both Health Boards and Local Authority Social Care Services and various functions across Wales to deliver changes to services which will: Enable individuals, families, carers and communities to feel better supported and cared for; and over time contribute towards improved wellbeing outcomes and more sustainable Health and Social Care Services (Verity, Andrews, Blackmore, Calder, Richards, and Llewellyn, 2019). As suggested by many authors the Act is an ambitious piece of legislature, with the potential to enable transformative changes within Health and Social Care Policy, Practice and Systems (Clements, 2017; Rees, 2015; Verity, Andrews, Blackmore, Calder, Richards, and Llewellyn, 2019).

This research is a small scale Practitioner Action Research study which aims to explore the Implementation of the Act within Social Services in one Local Authority within Wales. This research will involve an exploration of what is working, by showcasing stories of good practise from a range of practitioners. It will also highlight any challenges to working within the framework set out within the Act, with suggestions from practitioners of the conditions needed to fulfil the underlying principles within the Act. Which may include examples of good practice and whether there are any possibilities for changes. Which could then be implemented and evaluated again in any future evaluations and add to the body of knowledge surrounding the Act and Social Work Education and training in Wales (Denscombe, 2014; Clement, 2017).

This research study will finalise the researcher's Master of Arts Degree in Equity and Diversity, an academic program within the School of Social Justice and Inclusion at the University of Wales Trinity St David's. This research study represents the culmination of the issues explored within the MA in Equity and Diversity. The Act proposes a framework which recognises issues of power and control and the re-distribution of inequalities within society. Which is specifically necessary within the current political climate, critics have argued that such transformation as outlined within the Act will be difficult to implement during a time of imposed austerity with limited funding available to local authorities (Clements, 2017; Hatherley, 2017; Rees, 2015). The Act also promotes sustainability and social justice and inclusion, as well as complimenting other key pieces of Welsh legislation such as the Future Generations Act (Wales) 2015. Both these pieces of legislature aim to improve the overall health, educational, social, economic and cultural levels of wellbeing throughout Wales (Social Care Wales, 2018).

Introduction to Research Strategy

Anderson and Herr (2009) and Denscombe (2014) suggest Practitioner Action Research is used for the purpose of professional or organisational development and learning, it is practical in nature with a very hands on approach to small scale social research projects. It is a very practical form of inquiry which seeks to solve real world problems and contribute towards good practice. This study will explore the implementation of the Act (2014) within teams across Social Services in one Local Authority in Wales. The researcher is currently employed by the Local Authority. As

suggested by Denscombe (2014) by conducting this study within this framework by a researcher who is also a practitioner, it is optimistic that this study will contribute to better learning and practical, professional examples of good practice and use of the principles and outcomes outlined within the Act. Anderson and Kerr (2009) add what is learned through this type of study on professional practice contributes to the researchers own practice and if done collectively, grows into a spiral of understanding across the organisation, and adds to the larger body of knowledge within that field.

Pre-theoretic Overview

The current knowledge surrounding the Act tends to focus on the outcomes experienced by the public (Cooke, Iredale, Williams and Wooding, 2019; Carers Wales, 2018), research undertaken with the professionals who deliver support within the framework of the Act is relatively limited (Clements, 2017; Hulmes, 2018). Clements (2017) adds there is a need for social workers to have critical commentary on the Act and there is a scarcity of writing within professional journals which could weaken Social work education and training in Wales. Which is why this research will invite professionals to comment on the positive experiences and the not so positive experiences, the issues surrounding implementation of the Act and what matters to those professionals who are delivering the approach to supporting people set out within the Act. As suggested by Clements (2017) this will enable researchers to support good practice through writing and commentary on the Act. Hulmes (2018) adds that understanding the experience of social workers can be shared with steering groups and support the Welsh governments evaluation of the Act, which has now been published (Verity, Andrews, Blackmore, Calder, Richards, and Llewellyn, 2019). In brief the Welsh Government's Evaluation of the Act 'Evaluation of the

Social Services and Well-being (Wales) Act 2014: Framework for Change Report' is a principle focussed evaluation of the literature and the Welsh Government social care and health policy and strategy documents since 2005. Which was then tested with Welsh Government Policy leads and stakeholders who are members of the Study Expert Reference Group (Verity, Andrews, Blackmore, Calder, Richards, and Llewellyn, 2019). This research study aims to contribute towards this evaluation with accounts of what works, what are the challenges to delivering this framework and how practitioners could be better supported to implement the framework outlined in the Act.

Research Audience

The purpose of this research is to specifically explore how the Act contributes towards a change in practice and service delivery (Denscombe, 2014). By examining the experiences of the practitioners who work within the Framework set out within the Act the research will seek to understand the complex relationship between factors as they operate within a particular social setting, it will therefore use a social constructionism worldview (Denscombe, 2014; Galbin, 2014). This study will show case good practise and highlight any issues or limitations to effective practice, with an overarching aim to explore the impact of the Act and gauge its impact on policy, practice and theory (Denscombe, 2014).

Therefore the intended audience for this research includes Health and Social Care Practitioners at all levels, from students to qualified professionals and voluntary or unpaid care and support providers. This research will provide the audience with a critical overview of the historical and contemporary literature surrounding the Act,

provide the audience with qualitative empirical data which will showcase examples of good practise and any issues or challenges to practice. Through thematic analysis this research will present and discuss key findings, potential limitations and further research opportunities (Roller, 2018). It is important to note, this research sits within the Social Constructionism worldview. Therefore, this research will use thematic analysis which will offer the audience with a rich description of the phenomenon under investigation. By telling the story of the research participants which in turn will allow the audience to create their own experience, perception and understanding of the issues within the research and how they relate to their own experiences and social settings (Saunders and Wilkins, 2010). Which encompasses the complexity and interrelatedness of the many facets of individuals and their communities (Galbin, 2014).

Research Aims and Objectives

As outlined within the introduction chapter, the primary aim of this research is to explore the implementation of the Act within Social Services in one Local Authority in Wales, in order to gauge its impact on policy, practise and theory.

In order to do this the objectives of this research are as follows:

- Collect examples of good practice from teams and practitioners across Social Services.
- Develop a strong understanding of what works and what matters to the staff who are delivering interventions in line with Act.
- Classify any challenges or concerns that have come to light since implementation into themes and synthesise these with any suggestions to overcome these from both the primary and secondary data.

LITERATURE REVIEW

Introduction

The purpose of this study is to explore with practitioners across Social Services in one Local Authority in Wales, the impact of the Social Services and Wellbeing (Wales) Act (2014) commonly referred to as ‘the Act’ on their Practice. It will focus on exploring what is working well, and what challenges or obstacles there are to delivering care and support within the framework set out within the Social Services and Wellbeing (Wales) Act (2014).

The Social Services and Wellbeing (Wales) Act (2014) provides a legal framework for improving the wellbeing of people and their carers who need care and support, and overall the Act aims to improve and transform public services within Wales. The Social Services and Wellbeing (Wales) Act (2014) expects organisations to move from a service led and needs based approach. To focus on working together with the individual, their family and networks to understand their circumstances, their strengths and identify outcomes, which matter to them and develop a shared plan of action as to how these outcomes can be achieved (Social Care Wales, 2018).

Social Care Wales and the Social Services Improvement Agency worked in partnership with Achieving Sustainable Change Ltd and introduced a transformative training and mentoring program called Collaborative Communication, in order to deliver practice in line with the national outcomes framework to further implement the Act (Tyrell, Blood, Goulding and Day, 2019). The Local Authority which will be

studied in this research has also implemented the Collaborative Communication training and mentoring model to enable their workforce to deliver the approach set out within the Act (Social Care Wales, 2019). This is particularly important as the majority of participants within this study have completed this training, and this study is well placed to evaluate the implementation of the Collaborative Communication Approach within this Local Authority in order to understand the impact of the Act on Practice.

Historical Overview of the Act

Social Care Wales who are custodians for the Act, assumed the functions of the Care Council for Wales as the regulator of the social care workforce in 2017. Social Care Wales also have an overarching role as regards to care and support services (Law Wales, 2019). According to Social Care Wales (2019) the Act was introduced following a White Paper: Sustainable Social Services for Wales: A Framework for Action (2011), which highlighted a number of challenges faced by public services in Wales. This framework was produced following an Independent Commission of Social Care services, From Vision to Action: The Report of the Independent Commission on Social Services in Wales (2010) which is based on findings which are grounded in the lived experiences of people in Wales. The Commission received written evidence from almost one hundred individuals and organisations, and organised oral evidence sessions in numerous locations across Wales with a variety of service providers, managers, service users and carers. In addition to these formal hearings, the Commission held individual meetings with civil servants, politicians, researchers, and representatives of various organisations and

lobbying groups. The Independent Commission used the principles set out within a previous Welsh Assembly Strategy for Social Care: A Strategy for Social Services in Wales over the Next Decade: Fulfilled Lives, Supportive Communities (2007). This was produced from a variety of literature and legislation in order to create a framework fit for purpose for the whole of social care delivery following an earlier Commission Welsh Assembly Report; Beyond Boundaries: Citizen Centred Local Services for Wales (2006).

All four of these important pieces of literature which informed the Social Services and Wellbeing (Wales) Act (2014) have similar themes which have been thoroughly researched and sophisticated since 2006. Starting with the Independent Commissions, the Welsh Assembly Report (2006) and the Independent Commission on Social Services in Wales (2010). Both of these Commissions were given a very open remit to review Social Service provision across Wales. The Welsh Assembly's Report (2006) compared findings to a wide range of literature and sources whilst the Independent Commission's (2010) findings were grounded in the lived experiences from individuals and organisations. Both commissions report key strengths in Wales including; scale, commitment to partnership and co-terminosity at a local level (Welsh Assembly Government, 2006). The Independent Commission (2010) noted Social Services had a higher profile in local and national government, improvements in leadership, an increased range of services, increased user satisfaction and increased workforce qualifications and regulation (Independent Commission, 2010). The main challenges faced by Social services in the Welsh Assembly report (2006) included: Organisational Structure, Capacity and Complexity. These were also reported by the Independent Commission (2010), alongside others such as; the position of social

services and issues experienced by users at transfers and transitions and the lack of consistency. The main challenge or tipping point identified by the Independent Commission (2010) related to current austerity measures and the financial pressures experienced by Local government. The Independent Commission on Social Services in Wales, (2010) adds that Social services in Wales are at a Retrench or Reform tipping point in relation to public spending. There is the chance to make sustainable, preventative and collaborative changes and therefore reform social services rather than retreat into providing only core services. The recommendations in both commissions include: Efficient collaboration using joint resources to secure better outcomes and shared accountability across all public services. Intelligent service commissioning which may include more flexible organisational structures and streamlined procedures using modernised ICT systems and a mixed economy of care services. And increased preventative, early intervention and re-ablement services which engage the service users their carers and the public (Independent Commission on Social Services in Wales, 2010; Welsh Assembly Government, 2006).

Following both commissions the Welsh government produced frameworks for action, A Strategy for Social Services in Wales over the Next Decade: Fulfilled Lives, Supportive Communities (Welsh Assembly Government, 2007) and Sustainable Social Services for Wales: A Framework for Action (Welsh Assembly Government, 2011). Both white papers set out clear visions and key features or strengths. Both frameworks also set out clear principles and priorities for action, the Fulfilled Lives, Supportive Communities Framework (2007) set out to establish local service boards and local service agreements for a more joined up approach and pooling of resources, and improved engagement with the public by having single access points to social

services and the development of national standards. Four years later the Sustainable Social Services for Wales: A Framework for Action Report (2011) is more sophisticated and the action priorities are a lot more inclusive and provide a framework for action including: A strong national purpose and expectation and clear accountability for service delivery. A national outcomes framework, a vision for Citizen Centred Services, how to achieve integrated services, how to reduce complexity. And guidelines on creating a confident and competent workforce, and safeguarding and promoting the wellbeing of citizens.

To summarise, the commissions and frameworks which have informed the creation of the Social Services and Wellbeing (Wales) Act (2014) are thorough and responsive to the needs of the public and also the challenges faced by Social services (Independent Commission on Social Services in Wales, 2010). The evidence is grounded in the lived experiences of people and the organisations and comparative to a wide range of literature and resources in and outside of Wales (Independent Commission on Social Services in Wales, 2010; Welsh Assembly Government, 2007). The theory is rooted in the social model of disability and a rights based approach in order to tackle social exclusion and all four pieces of literature have used a citizen model of public service provision (Independent Commission on Social Services in Wales, 2010; Welsh Assembly Government, 2006; Welsh Assembly Government, 2007; Welsh Assembly Government, 2011).

Contemporary Research

The Social Services and Well-being (Wales) Act (2014) came into effect from the 6 April 2016. As previously mentioned it is the amalgamation of commissions and frameworks set out by the Welsh assembly in order to achieve an improved social, economic and cultural level of well-being throughout Wales, alongside other key pieces of legislature including The Wellbeing of Future Generations (Wales) Act (2015) (Social Care Wales, 2018). Whilst the legislation is relatively new, there is a limited number of research papers and critical pieces of literature surrounding the Act. The majority of the literature suggests that whilst the Act is a far reaching piece of legislation, specifically during a time of crippling austerity measures, this agenda requires a whole system reform (Rees, 2015). Greenwell and Antibii (2017) add that the current system is not designed or funded on supply and demand it is managed and monitored through a set of performance measures and financial targets which describe little about whether the Act is making a real difference. Greenwell and Antibii (2017) add the main issues or challenges faced with delivering the Act is service provision which is criteria and threshold driven, these thresholds are normally set without reference to real demand and become a way of rationing services. Greenwell and Antibii (2017) suggests this allows services to maintain some control of their finances, ironically it results in people being denied help until they reach crisis point, requiring more expensive interventions later on. Therefore despite the Act emphasising for more early intervention and preventative services, the current system offers a specialist, expensive, case management and late intervention service (Green and Antibii, 2017). Orrell, Dallimore, Krayner and Huxley (2019) find within a social network case study analysis that despite the requirement of the Act for more

integration and collaboration of care services this was not evidenced. Orrell, Dallimore, Kraye and Huxley (2019) add that recent findings demonstrated fragmented service provision. They have attributed this to: a lack of knowledge and recognition of different organisations within their network and the skills and services they provide; and current commissioning models which encourage competition between organisations for contracts which diminishes the possibility of collaborative working. All of these challenges are in line with the findings within the Independent Commission of social care services, *From Vision to Action: The Report of the Independent Commission on Social Services in Wales* (2010) which is based on findings which are grounded in the lived experiences of people in Wales.

Therefore current literature suggests that present-day provision within health and social care runs counter to the aspirations and principles set out within the Act (Clements, 2017; Greenwell and Antib, 2017; Hatherley, 2017; Orrell, Dallimore, Kraye and Huxley, 2019; Rees, 2015). Clements (2017) adds that the Act is potentially a flawed piece of legislation but this is entirely remedial. Clements (2017) suggests the eligibility criteria regulations need simplifying and the outcomes framework needs abandoning. Instead there needs to be a strong voice from the minister to Local Health boards on how to behave and roll out the principles of the Act in action. Focusing specifically on promoting local and sustainable services, minimising the turbulence of organisational change and reducing bureaucratic burden. Greenwell and Antib (2017) suggest that this will involve entirely different conversations at all levels including a shift in power and relationships, the changes required reflect the strong social justice element within the Act. Greenwell and Antib (2017) suggests the adoption of new non-institutional power bases and relationships

where professionals and managers do not hold onto managerial and professional power, but instead talk with people and other agencies as equal partners, recognising their strengths through a conversation about what is important to them in their neighbourhoods. Clements (2017) adds that the government could enter into genuine discussions with independent organisations such as the British Association of Social Workers Cymru and disabled peoples and carers organisations to ensure that local authorities target those in most need.

Furthermore, Independent reports with health and social care practitioners and the public since the implementation of the Act are also limited. The British Association for Social Work indicate there has been positive outcomes for social workers since implementation of the Act. Although these statistics were very low due to the low uptake of social workers within the study. Social workers described changes to their practice which included co-produced outcomes, early intervention services and timely and effective safeguarding measures (Hulmes, 2018). Hulmes (2018) adds that some respondents felt that these changes did not fulfil the expectations set out within the Act as high eligibility criteria and limited access to support reduced the positive outcomes experienced by the individual, their carers and families (Hulme, 2018).

Track the Act produced by Carers Wales (2018) which has been funded by Welsh government has also been monitoring the implementation of the Act with the public and organisations. The key findings and recommendations from their briefings include: It is fundamentally difficult to determine the effectiveness of the Act given there is not a universal mechanism on monitoring or evaluating the Act and the

outcomes experienced by service users, carers and the public. There is also limited information and advice available for carers and despite some examples of good practise, so far the success of the Act is limited (Carers Wales, 2018). Measuring the Mountain: What Really Matters in Social Care to Individuals in Wales Final Report (2019) also funded by the Welsh Government, aims to study the impact of the Social Services and Well-being (Wales) Act 2014 on the citizens in Wales. The aim of this report as outlined in the proposal to Welsh Government was to implement a community based evaluation of the effectiveness of the Act in order to provide a robust platform of data of user experience in inform the Welsh Governments formal evaluation programme (Cooke, Iredale, Williams and Wooding, 2019). The main findings within this report include:

Despite the Act holding people in the best place to judge their own wellbeing and have power and control over what they need. Many people felt side-lined and the social care staff had been the primary influence in the experiences they shared which were often negative ones (Cooke, Iredale, Williams and Wooding, 2019).

Cooke, Iredale, Williams and Wooding (2019) summarise their findings which include:

“Negative stories raised issues of the need to fight for services, of feeling judged when accessing care and support, and of needing to fit in with service provision no matter how inconvenient.” (Cooke, Iredale, Williams and Wooding, 2019, p. 78).

Other challenges were around time, and the time of social care professionals being wasted in some way, for example by inappropriate meetings, lengthy and unfitting paperwork or misplaced or ill-fitting support being organised.

Although Cooke, Iredale, Williams and Wooding (2019) also reported:

“Positive stories contained examples of balances in decision-making power, thorough and reliable communication and flexibility in approaches from social care professionals. They demonstrate the importance of connections and the pivotal role one individual can have; they underline the value, both financially and from a humanitarian perspective, of listening to people, treating them with respect and believing what they say.” (Cooke, Iredale, Williams and Wooding, 2019, p.79).

Other urgent conclusions involve better support for carers and improving the provision, availability and accessibility of information which could deliver the principles set out within the Act around supporting people to remain independent, reduce the need for interventions and promote well-being. As well as a better understanding of co-production, how it works and how it can be implemented. A strong message throughout the study is that if the Act is to work then people must be listened to, and they must be believed and there must be a common purpose that is shared by both parties (Cooke, Iredale, Williams and Wooding, 2019).

Policy into Practice

As there is limited literature surrounding the Act and this study aims to explore the implementation of the Act within Social Services in one Local Authority in Wales, in order to gauge its impact on policy, practice and theory. It is important to

understand how policy, theories and legislation can translate into knowledge and practise. This theory is often described as Knowledge Translation, Wensing and Grol (2019) suggest that despite increasing research in this area, knowledge within this field is slow. Wensing and Grol (2019) add there is often misunderstanding or missed links between problems and approaches to implementation, resulting in strategies or policies that do not match targeted problems. As pointed out previously by Clements (2017) this disparity exists within the framework surrounding the Act and the challenges faced by Health and Social Care in Wales. Wensing and Grol (2019) add that this is due to crude outcome measures being identified and suggested approaches which are poorly specified and invalidated. This is one of the major criticisms of the Act and the Welsh government, Clements (2017) suggests that the outcome measures expected from Local Authorities are methodologically flawed and could measure nothing of value and further distract practitioners from important work. Critics argue there are further examples throughout the Act's chapters and codes of practice where Welsh Government outline what they want to see change, but fail to explain what this looks like in practice or how Local authorities must commission services to satisfy their obligations (Clements, 2019). This could widen the gap between policy and practice in Wales and subsequently local authorities across Wales could experience disparities between practise and service delivery. However looking through the literature, advice and guidance material provided on the Social Care Wales Website paints a more positive picture. There are various guides, documents, toolkits, video resources and other materials which can support local authorities meet the various duties now placed on them (Social Care Wales, 2019). One of these resources is a training and mentoring programme called Collaborative Communication.

In order to implement the Act within Social Care Practise across Wales, Achieving Sustainable Change Ltd worked in partnership with the Social Services and Improvement Agency (SSIA) and Social Care Wales to design and deliver a training and mentoring model called Collaborative Communication, which aims to support local authorities in moving to an outcome focused approach. This training and mentoring model involves four phases: Initially training practitioners to think about the approach and skills required to support effective practice. Once the workforce has received training, the programme supports and trains mentors, who champion change and continue to build confidence with their colleagues. Mentors then work together to further embed the practise changes and influence system changes through multi-agency workshops and addressing any issues required to support system change. The final phase involves feedback to senior management teams and how to maintain these system changes going (Tyrell, Blood, Goulding and Day, 2019).

Social Care Wales have recently published a report Collaborative Communication Evaluation Report (Tyrell, Blood, Goulding and Day, 2019). It is a retrospective evaluation of the Collaborative Communication Programme and how this has supported the implementation of the Act and the embedding of Outcomes Focussed Practice within five Local Authorities in Wales. The evaluation involved focus groups and interviews with 77 practitioners across Adult and Children's Services. The main findings included; in order to implement the framework set out within the Act, the Collaborative Communication model could build on and link to existing models, resources and knowledge within the local authority, there needed to be a strength based outcome focus within leadership and supervision. The

Collaborative Communication training or the key messages from it needed to be extended to provider organisations and services across the local authority not just operational staff within Social Services. There could also be the coverage of a strength based, outcome focused approaches within pre-qualification courses, and ensure there was links to university and practice settings for pre-to newly qualified workers. Overall the findings in the report confirm that implementation needs to be supported by whole systems change, and that this process takes time (Tyrell, Blood, Goulding and Day, 2019).

Context for Study

In order to gauge the efficacy of the Act, Orrell, Dallimore, Krayner and Huxley (2019) recommend that future research requires a longitudinal study which measures changes in service system integration over time. Cooke, Iredale, Williams and Wooding (2019) agree and would like to continue collecting stories and start to build a year-on-year sample that would support the monitoring of progress, and the ongoing understanding of people's experiences. From their current findings, two themes stand out as needing more specific work these are; timely and accessible information, and supporting carers. Carers Wales (2018) adds that Welsh government should consider specific carers data collection as part of the performance measures expected from Local Authorities.

Therefore the current and future research surrounding the implementation of the Social Services and Wellbeing (Wales) Act (2014) focuses on the views, opinions and experiences of the people and carers and whilst this is very important, any

approach is only as effective as the people who deliver it. It is therefore vital for Health and Social Work Education and Training in Wales to understand the impact of the legislation on practice to which there is a lack of writing in professional journals since the implementation of the Act (Clements, 2017). Key recommendations from the current research specifically the British Association of Social Work Cymru suggests that there needs to be further research carried out which can explore the impact of the Act on Social work practice. Hulmes (2018) proposes qualitative case study analysis for optimum knowledge for practitioners. The aim of this study is explore what is working well, and what challenges or obstacles there are to delivering care and support within the framework set out within the Social Services and Wellbeing (Wales) Act (2014) within one Local Authority in Wales. By collecting the experiences, views and opinions of the practitioners who are delivering the framework outlined within the Act. It is hopeful this will add to the body of knowledge which as suggested by Cooke, Iredale, Williams and Wooding (2019) will enable the effective implementation of the Act which could take years, decades even to perfect. Change will only happen if those within the social care sector are supported to evaluate and understand what is important in social care delivery and how to take the best approaches.

Over the last three years not all local authorities in Wales have committed to the Collaborative Communication training and mentoring model which was co-designed with Social Care Wales in order to implement the Social Services and Wellbeing (Wales) Act (2014) as it does incur further costs. Although the Local Authority involved within this study has rolled out Collaborative Communication across their Workforce, the researcher has completed this training and is a

Collaborative Communication Mentor. The Local Authority involved in this study is currently at the fourth stage of the Collaborative Communication implementation approach, which involves feedback to senior management on the effectiveness of the training and mentoring across the workforce and the system changes needed to further implement the Act within the organisation. Therefore the researcher is well placed to conduct a Practitioner Action Research Study. Furthermore, the study is timely placed to add to the evaluation of the Collaborative Communication implementation approach within the Local Authority. By conducting focus groups with practitioners who have received the Collaborative Communication training, this study will explore the practitioners views, opinions and experiences of what is working well, and what challenges or obstacles there are to delivering care and support within the framework set out within the Social Services and Wellbeing (Wales) Act (2014) within one Local Authority in Wales.

As noted earlier within the literature review there were many criticisms to delivering the framework set out within the Act including: The difficulty of delivering whole system reforms during a time of crippling austerity measures. Consistently high eligibility criteria and overly bureaucratic processes, paperwork and regulations which inhibit practitioners from delivering practise in line with the aspirations of the Act (Clements, 2017; Greenwell and Antib, 2017; Hatherley, 2017; Orrell, Dallimore, Krayner and Huxley, 2019; Rees, 2015). There was also hope, the Act does have the power to affect real change in the way people are treated where there are balances in decision-making, thorough and reliable communication and flexibility in approaches (Cooke, Iredale, Williams and Wooding, 2019). Although this will require strong leadership at all levels, and a clear message from Welsh government and Health

ministers (Clements, 2017). Therefore, this study aims to explore if some of these challenges are present and the impact of the Act on practice within one Local Authority in Wales. It will focus on exploring what is working well, and what challenges or obstacles there are to delivering the framework as set out within the Act. With an overarching aim to understand how policy, theories and legislation can translate into knowledge and practice, a theory often described as Knowledge Translation (Wensing and Grol, 2019).

Summary

In order to achieve the aims of objectives of this study and address some of the main findings of the literature review, the primary aim of this research is to explore the implementation of the Act within Social Services in one Local Authority in Wales, in order to gauge its impact on policy, practice and theory. In order to do this the objectives of this research are as follows: collect examples of good practice from teams and practitioners across Social Services. Develop a strong understanding of what works and what matters to the staff who are delivering interventions in line with Act. Classify any challenges or concerns that have come to light since implementation into themes and synthesise these with any suggestions to overcome these from both the primary and secondary data. In order to do this the study will use a Practitioner Action Research design, this is a very practical form of inquiry which seeks to solve real world problems and contribute towards good practise (Denscombe, 2014). The study will involve both qualitative focus groups and participant validation or member checking questionnaires administered following thematic analysis to ascertain whether participants agree with the themes produced following data collection and analysis (Cresswell, 2014). Throughout data collection, schematic content analysis

will allow for further abstraction of data at each step of the analysis (Erlingsson and Brysciewicz, 2017). Additionally ethical issues permeate all aspects of research and all of these methods and considerations have been discussed thoroughly within the next chapter.

METHODOLOGY

Introduction

This is a small scale Practitioner Action Research study which aims to explore the Implementation of the Social Services and Wellbeing (Wales) Act (2014) within Social Services in one Local Authority within Wales. This research will involve an exploration of what is working, by showcasing stories of good practise from a range of practitioners. It will also highlight any challenges to working within the framework set out within the Act, with suggestions from practitioners of the conditions needed to fulfil the underlying principles within the Act. Which may include examples of good practice and whether there are any possibilities for changes to policy or practice. Which could then be implemented and evaluated again in any future evaluations and add to the body of knowledge surrounding the Act and Social Work Education and training in Wales (Denscombe, 2014; Clement, 2017).

Anderson and Herr (2009) and Denscombe (2014) suggest Practitioner Action Research is used for the purpose of professional or organisational development and learning, it is practical in nature with a very hands on approach to small scale social research projects. It is a very practical form of inquiry which seeks to solve real world problems and contribute towards good practise. This study will explore the

implementation of the Social Services and Wellbeing (Wales) Act (2014) within teams across Social Services in one Local Authority in Wales. The researcher is currently employed by the Local Authority. As suggested by Denscombe (2014) by conducting this study within this framework by a researcher who is also a practitioner, it is optimistic that this study will contribute to better learning and practical, professional examples of good practise and use of the principles and outcomes outlined within the Act. Anderson and Kerr (2009) add what is learned through Action Research on professional practise contributes to the researchers own practise and if done collectively, grows into a spiral of understanding across the organisation, and adds to the larger body of knowledge within that field.

As noted by the Social Care Institute of Excellence (2012) Practitioner Action

Research has many strengths which include:

- The practitioner-researcher has a certain closeness to the problem or area of inquiry alongside prior knowledge of systems in place within the organisation. Although this must also be approached thoughtfully without self-awareness, honesty and reflection, this closeness could produce a biased report of limited use.
- The practitioner-researcher has already established networks for a sample of participants to come forward, and relationships in place which facilitate an environment which is conducive for openness within data collection.

Although the Social Care Institute for Excellence (2012) also point out that participants must be given the choice not to participate as some people may feel pressurised to take part because of internal politics, and the dynamics involved within working alongside the practitioner-researcher may mean that

they are reluctant to comment negatively, or express views that may go against current policy or practice.

Research Design

This study will use a pragmatic philosophy and qualitative research design. As suggested by Dudovskiy (2018) a pragmatic research philosophy can combine a number of research approaches and strategies and can use multiple methods including action research methods, the ontology of the study could be either objective or subjective and axiology can be both value free or biased. Saunder and Wilkins (2010) suggest Practitioner Action research is a form of research which is often political and social in nature, where it is concerned with the transformation of organisations and communities to bring about increased effectiveness and social justice. This interpretation mirrors the aims of the Act and the context for this study. This is very similar to the influential Kemmis and McTaggart (2014) approach to Action research which views it as a form of collective self-reflective enquiry in order to improve the rationality and integrity of their own practice, as well as their understanding of them and the conditions in which they arise within. As is the cyclical nature of Action Research once the researcher has completed the study the recommendations will summarise and reflect upon the findings and in the light of this, plan for the next cycle (Kemmis, McTaggart and Nixon, 2014). As noted by Saunders and Wilkins (2010) an essential element of practitioner action research is that there is an understanding from the outset that there needs to be continual re-evaluations of the research question, therefore ideally there needs to be the setting up of systems which can test whether or

not the organisations strategies or operations match its vision. Finally Action research needs to be facilitated and promoted amongst practitioners and participants as a continuous learning from experience.

Research Question

What impact has the Social Services and Wellbeing (Wales) Act (2014) had on Social Work practise in one Local Authority in Wales?

Aims of Research Activity:

The aim of this research is to explore the implementation of the Social Services and Wellbeing (Wales) Act (2014) within Social Services practise within one Local authority in Wales, in order to gauge its impact on policy, practise and theory.

Objectives of Research Activity:

The objectives of this research are as follows:

- Collect examples of good practise from teams and practitioners across Social Services in one Local Authority in Wales.
- Develop a strong understanding of what works and what matters to the staff who are delivering interventions in line with Social Services and Wellbeing (Wales) Act (2014).
- Classify any challenges or concerns that have come to light since implementation into themes and synthesise these with any suggestions to overcome these from both the primary and secondary data.

Data Collection: Focus Groups

This research is a pragmatic study which seeks to better understand the research question, aims and objectives within an actual real-world situation. In order to do this, the study will involve both qualitative focus groups and participant validation or member checking questionnaires administered following thematic analysis to ascertain whether participants agree with the themes produced following data collection and analysis (Cresswell, 2014).

Focus groups have been chosen in order to explore attitudes, perceptions, feelings and ideas around the research topic (Denscombe, 2014). As suggested by Punch (2014) well facilitated focus groups can produce data which would be less accessible without the use of interaction within a group. Denscombe (2014) adds during a focus group session participants are encouraged to discuss the topic among themselves, this allows further insights into the reasoning behind the views and opinions that are expressed by group members.

The focus groups are expected to last for up to 90 minutes each time and this will give participants an opportunity to give their views and opinions in relation to the research questions. Ideally the focus groups will contain at least 6 people and possibly up to 10 participants and the researcher. This number of participants will give a range of viewpoints whilst also enabling each participant to be included within the discussion (Denscombe, 2014).

The researcher will gain approval before hand through the participants and their team managers, the research topic and questions will be sent to each participant at least one week prior to the focus group taking place via email, and the researcher will conduct 4 focus groups across different teams within Social Services.

The format of each focus group will include: A preliminary 5-10 minute introduction which will include details around confidentiality and consent. Followed by a 60-80 minute discussion using the research questions previously outlined and finally a 5-10 minute de-briefing at the end of the focus group. The researcher has chosen to conduct focus groups within already established groups, this will mitigate risks to the participants and also aid the researcher in establishing a climate of trust between the group. In order to help participants feel at ease and able to express themselves and discuss the research topic freely (Denscombe, 2014).

Member Checking Questionnaires

Initial data analysis will be carried out following the focus groups, the researcher will use schematic content analysis (Denscombe, 2014; Punch, 2014). This will not only categorise the data and allow themes and categories to emerge from the data. Schematic content analysis will allow for further abstraction of data at each step of the analysis. Allowing the researcher to disentangle the data and look for knowledge which builds on or brings together action and reflection, theory and

practice, in collaboration with the participants which is the core of Action Research (Punch, 2014).

Following initial data analysis, the researcher will include member checking questionnaires' in order to improve the credibility of the research, by gaining feedback on the data, interpretations and conclusions from the participants (Cresswell, 2014), this process will be done through questionnaires sent via email. And this feedback will be included within the overall findings to improve the trustworthiness and credibility of the study (Denscombe, 2014; Punch, 2014).

Sourcing and Selecting Participants

Ideally the focus groups will contain at least 6 people and possibly up to 10 participants and the researcher, overall there will be between 24-40 participants involved within the research. The participants are all adults over the age of 18 and able to provide consent. The researcher will contact various team managers across the Social Services departments within one Local Authority in Wales, in order to mitigate risks to participants, specifically the time and work pressures on the participants. The researcher will suggest that focus groups take place immediately following team meetings. Once approval has been gained from team managers, the researcher will contact individual social work practitioners within these teams. The researcher will invite a variety of practitioner roles and varied teams in order to get a wider understanding of how the Social Services and Wellbeing (Wales) Act (2014) is

implemented across teams and professional practice within one Local Authority in Wales.

Research Ethics

Ethical issues pervade all facets of a research study, hence ethical approval will need to be approved prior to any data collection. As noted by Denscombe (2014) even with small scale research projects, prior to the research being conducted it has been scrutinised by a panel of suitably qualified professionals. This has been done by submission of an Ethics Approval Form (see appendix 5). In this study that panel includes professors and staff at the University of Wales Trinity St David. Once ethical approval has been gained data collection can commence. The appendices includes all the necessary information given to each participant including; consent forms (see appendix 3), an invitation to the research study (see appendix 1), the focus group schedule and relevant information sheets (see appendices 2 and 4). The member checking questionnaires will be sent via email once initial data analysis has been completed, in order to improve the credibility of the research, by gaining feedback on the data, interpretations and conclusions from the participants (Cresswell, 2014), this process will be done through questionnaires sent via email. And this feedback will be included within the overall findings to improve the validity and credibility of the study.

As with any research there are risks to the participants, the researcher has identified these prior to conducting the research within the ethical approval form. As noted by Denscombe (2014) during data collection the researcher must outline any

potential risks to the participants and as data collection progresses there needs to be supervision in place and a constant monitoring of events to prevent any unforeseen circumstances from causing harm to the participants. The identified risks within this study prior to data collection include:

1. Emotional Distress such as; it may highlight any issues or challenges they are experiencing in their role and without further support could negatively affect them.
2. Transfer of personal data such as; contact details, roles and responsibilities, or their views and opinions.
3. Extra workload pressures as a part of the participants already busy working week is being taken up in the research activity.
4. Challenge practise or views for example; some individuals views may differ from others in the focus group and this may cause them to feel negative, criticised or challenged.

As noted by Israel (2015) researchers are expected to minimise risks of harm or discomfort to participants which is referred to as the ethical principle of non-maleficence, and promote the wellbeing of participants or principle of beneficence. In this study these steps have been proposed:

1. There will be a thorough debrief at the beginning and end of the focus group, giving participants full transparency, openness and security. The researcher will remind participants to speak to their supervisor, manager or occupational health if any undue stress has been caused.
2. Throughout the research process the researcher will ensure consent is gained, also participants will be reminded that they have the right to withdraw at any time, and all data will be anonymised and confidential.

3. Due to the pressures of their roles, participants may feel undue stress from further commitments outside of their role. The researcher will travel to the participants and will request to hold focus groups at the end of team meetings to reduce the amount of time participants are away from their work.
4. The researcher will hold focus groups with already established groups, within teams in order for participants to feel supported and relaxed. There will be a full introduction and debrief during the focus group to outline the aims and objectives of the research and ensure participants are fully aware that this research is not to criticise their practise it is to explore and critique the Social Services and Wellbeing (Wales) Act (2014). Participants will be able to withdraw at any point, all data will be confidential and stored securely, and findings will be anonymised.

There are also potential risks and ethical considerations for the researcher and the research institution, these have also been included within the ethical approval process.

These risks may involve:

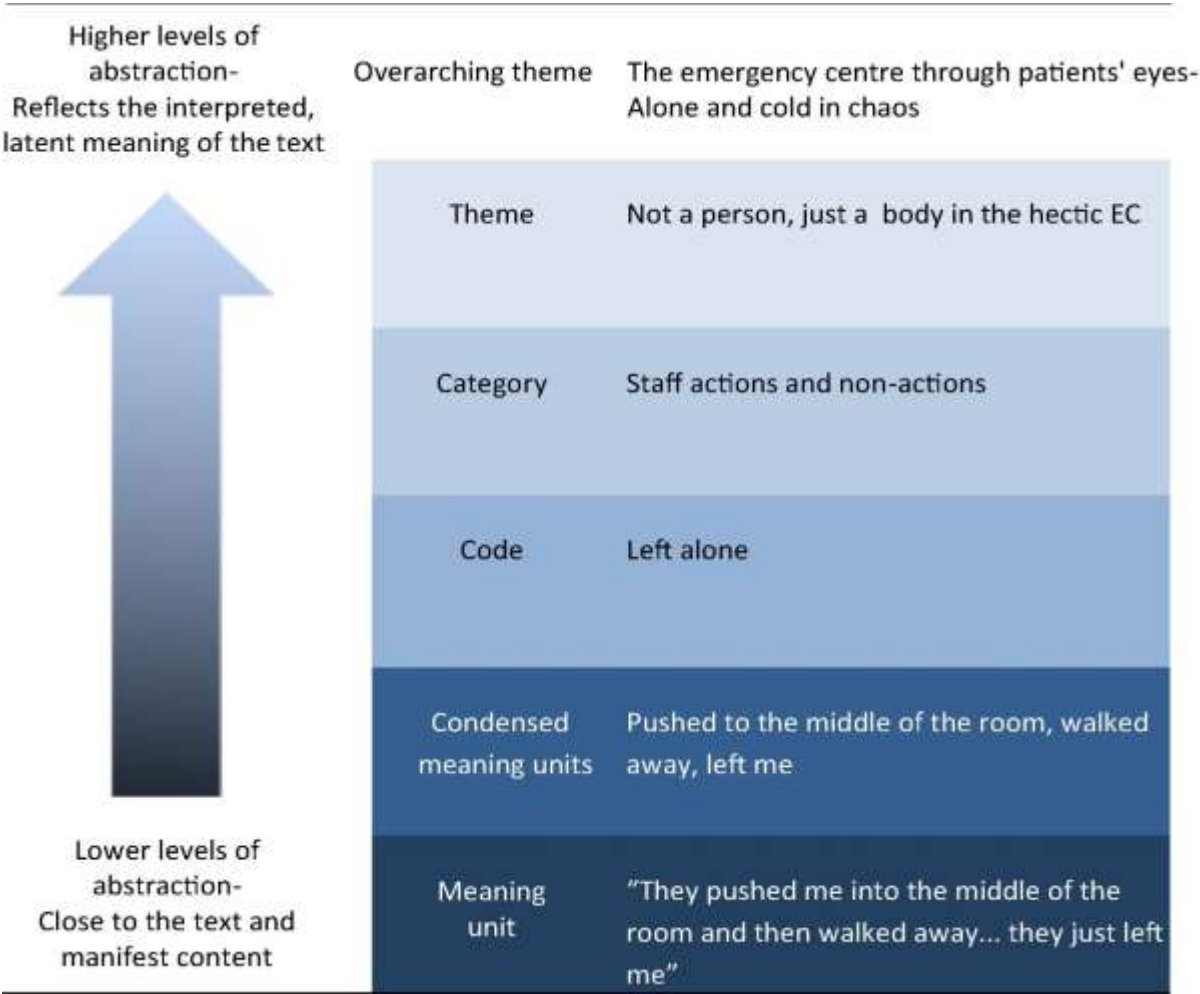
1. Distress and workload pressure due to the commitments in both the workplace and for the research.
2. Dual roles and possible power imbalances for example; work place colleagues will now be aware that the researcher is also invested in a masters study program, they may feel uncomfortable or even threatened.
3. Conflict of interest for example; the findings of the study could highlight challenges experienced by participants which may cause conflict for the researcher in the workplace.
4. Breach of data protection and/or adverse publicity for the research institution.

These risks will mitigated by ensuring:

1. Regular supervision with research supervisor alongside workplace supervision to monitor workload pressures. Excellent time management will also reduce distress.
2. The researcher will ensure maximum transparency and manage expectations by providing information, consent and a full introduction and debrief during data collection.
3. The researcher will provide full transparency to all participants, and manage expectations accordingly. Member checking will be used to ensure the findings reflect the views and opinions of the participants. Feedback and an executive summary with key recommendations will be available for the participants and the organisation.
4. The researcher will maintain full confidentiality throughout the research process, store all documents and correspondence securely in line with GDPR guidelines. The researcher will use the university's digital curation centre's checklist for data management plan throughout the study. The researcher will gain permission and full ethical approval. The researcher will have regular supervision and maintain professional boundaries and conduct at all times.

Data Analysis Tools

Rather than traditional thematic analysis of the data, this research will expand on this form of analysis and adopt a pragmatic approach to schematic content analysis (Denscombe, 2014; Punch, 2014). This will not only categorise the data and allow themes and categories to emerge from the data. Schematic content analysis will allow for further abstraction of data at each step of the analysis. As suggested by Erlingsson and Brysciewicz (2017) these themes can come from the obvious and literal interpretations of the data, and then further into the more latent or deeper meanings behind the data. (See Figure 1. And table 1).



(Erlingsson and Brysciewicz, 2017)

In order to create an audit trail which shows how the researcher analysed the data in order to reach findings and enable reproducibility (Punch, 2014). The process of data analysis will follow five key stages as outlined by Denscombe (2014).

Stage 1: Data Preparation

This will involve transcribing the data verbatim from the recording device and cataloguing the different sources of data which includes audio recorded data, written notes from the focus groups and a reflexivity journal which is completed immediately after the focus groups.

Stage 2: Initial Exploration of Data

This will involve highlighting a small number of recurrent themes, issues or concepts. The researcher will add notes to the data and capture ideas. The researcher will particularly look for participant descriptions, explanations, interpretations and real life examples for each one of the research questions.

Stage 3: Analysis of Data

This stage will expand on the previous stage by coding the data, these codes could then be grouped themes or categories of data codes. The researcher will particularly look to compare and contrast these themes or categories and seek to find concepts, or the thinking, reasoning and connections within the themes. This is also where the researcher will allow themes to emerge from the data, as the researcher has become deeply engaged within the data throughout stages 1 to 3 in order to develop an overall theoretical framework to answer the research aim and objectives (Braun & Clarke 2006).

Stage 4: Data Presentation

This stage will involve written interpretation of the findings, the researcher will illustrate any key themes by using direct quotes and the use of visual models, figures and tables in order to discuss relevance, comparisons or understanding the themes and categories.

Stage 5: Validation of the Data

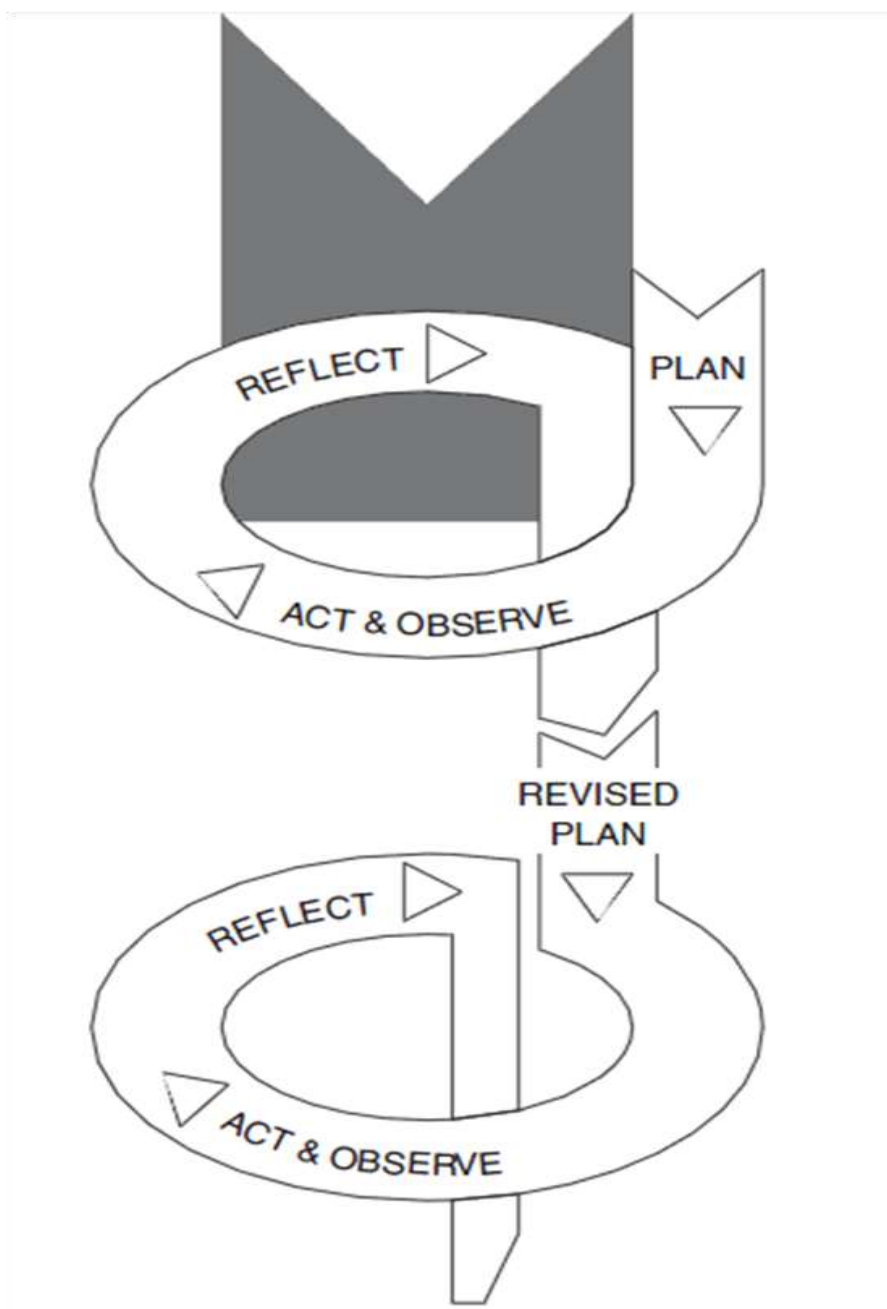
This stage is where the member checking questionnaire will be developed and sent back to the participants for member validation. The data will also be compared to alternative explanations and similar literature as previously outlined within the literature review. The data will then be summarised into key findings and recommendations, research limitations and suggestions for future research.

Action Research Cycles

Following data analysis it is vital that similar studies are carried out, as mentioned earlier Action research is primarily concerned with the transformation of organisations and communities (Saunders and Wilkins, 2010). Best et al (2012) suggest that for larger scale transformations to occur there needs to be five key themes: An understanding of history, a strong leadership voice, established feedback loops, engage practitioners, and co-production with the public which further validates the use of Action research. As noted by Edwards (2018) Action Research is a form of practitioner research which involves the introduction and evaluation of practices,

typically through a number of cycles. Therefore this study will provide recommendations for future re-evaluations and the setting up of regular systems to test whether the systems and processes within the organisation match the vision and findings from previous evaluations (Saunders and Wilkins, 2010).

The Kemmis & McTaggart's (1988) action research spiral provides a visual representation of this process, see below:



(Research Methodology, 2020)

The key advantage of using the Action Research Spiral is the opportunity of analysing the phenomenon in a greater depth each time, which could result in a greater understanding and increased application of the findings (Research Methodology, 2020). Although this requires a combined effort and clear communication between a number of individuals alongside the researcher. This then results in critical reflection on each cycle of data collection which could lead to clearer strategy development and deeper insights on future cycles of action research (Tulinius and Hazelton, 2011). Therefore this study will encourage participants to continue the action research cycle and facilitate an environment of learning within the collaborative communication mentor group within the Local Authority which is studied within this research. The findings will have key recommendations on ways to continue the action research cycles.

Conclusion

This is a small scale Practitioner Action Research study which aims to explore the Implementation of the Social Services and Wellbeing (Wales) Act (2014) within Social Services in one Local Authority within Wales. Action Research within ones own professional practice contributes to the researchers own practise and if done collectively, grows into a spiral of understanding across the organisation, and adds to the larger body of knowledge within that field (Anderson and Kerr, 2009). As is the cyclical nature of Action Research once the researcher has completed the study the recommendations will summarise and reflect upon the findings and in the light of this, plan for the next cycle (Kemmis, McTaggart and Nixon, 2014). This research is a pragmatic study which seeks to better understand the research question, aims and

objectives within an actual real-world situation. In order to do this, the study will involve both qualitative focus groups and participant validation or member checking questionnaires administered following thematic analysis to ascertain whether participants agree with the themes produced following data collection and analysis (Cresswell, 2014). This study intends to encourage participants to continue the action research cycle and facilitate an environment of learning, the themes which have been produced from data collection are outlined within the next chapter, as are recommendations for future Action Research cycles.

PRESENTATION OF DATA

Introduction

The aim of this study is to expand on the body of knowledge regarding the implementation of the Social Services and Wellbeing (Wales) Act (2014). With particular exploration of examples of good practice, in order to develop a strong understanding of what works and what matters to the staff who are delivering interventions in line with Social Services and Wellbeing (Wales) Act (2014). And classify any challenges or concerns that have come to light since implementation.

The objectives of this research are as follows:

- Collect examples of good practise from teams and practitioners across Social Services in one Local Authority in Wales.
- Develop a strong understanding of what works and what matters to the staff who are delivering interventions in line with Social Services and Wellbeing (Wales) Act (2014).
- Classify any challenges or concerns that have come to light since implementation into themes and synthesise these with any suggestions to overcome these from both the primary and secondary data.
- The data collection from this study illustrated the following key themes: There were many positive examples of the values and principles of the Act in practice. The conditions, which enable practitioners to work in line with the principles and values within the Act, the challenges to working this way. Finally, the changes and recommendations participants reported that were

needed to further implement the Social Services and Wellbeing (Wales) Act 2014.

Limitations and Strengths of Empirical Data

Data Collection was going to plan, despite the length of time necessary to invite and schedule a focus group between groups of Social Care Professionals amongst the pressures of their roles. However, unfortunately the data collection process was suspended due to the Covid 19 pandemic, only two focus groups were completed instead of the planned four focus groups. Frontline social services professionals whom were planning to participate within the study had to re-focus their time and energy on key frontline social care functions, protecting themselves and the public. The researcher did consider carrying out telephone interviews although decided against this as the Covid 19 pandemic developed. As the time and attention required to participate in a research study during the Covid 19 pandemic could have put unnecessary further strain on frontline social care professionals, posing a significant risk to the participants and potentially the researcher-practitioner.

Therefore, the data presented in this chapter is from two of the four planned focus groups, from a total of 6 participants. The data is very rich and forms a solid foundation of attitudes, perceptions, feelings and ideas surrounding the implementation of the Social Services and Wellbeing (Wales) Act (2014) in order to gauge its impact on policy, practice and theory.

Focus Group Schedule

The focus group schedule (see appendix 4) outlines the questions, which were explored with the participants. Prior to the focus group the participants consent was gained (see appendix 3) and participants were provided with a further information sheet (see appendix 2) both clearly stated that participants could withdraw from the research process at any time. The focus group sessions were recorded and transcribed to facilitate analysis of content. The recording and the transcription was stored separately and securely, it will be destroyed once the research process is completed. Each focus group took place in confidential meeting rooms with the researcher and participants in attendance, following the focus groups participants were given the chance to contact the researcher if they decided to withdraw from the study. At no point did any participant contact the researcher, also due to the covid 19 pandemic, member checking questionnaires were not administered amongst the participants due to the unnecessary stress that would be put onto the participants and the researcher-practitioner. The researcher used schematic analysis, as noted by Erlingsson and Brysciewicz, (2017) this allowed for an in-depth abstraction of data at each step of the analysis process in order to code the data into key themes, which were then grouped into 5 overarching themes.

Theme 1: Values and Principles of the Act in Practise

Participants who reported that the Act complimented their role also reported increased confidence, it strengthened their role and offered permanency to their way of working.

Participants reported that it is beneficial to work this way, this was a more empowering and satisfying way of working which was having a positive effect on their wellbeing. Participants felt that the focus on strengths had a positive impact on their practice and towards lasting change to those they support. Participants felt optimistic and reassured that the Welsh government have recognised the need for sustainable, strength based and community focused approaches. Participants also reported strong leadership and management which supported them to work this way and protected them from the pressures of adopting a more traditional service led approach.

Practitioners who felt they were working towards the principles within the Act also noted that they were able to take positive risks in their organisation, they were even encouraged to do so. One participant commented:

“We recently had a talk with the chief executive within the council, and he was like we need you to take some risks, and I think we are the ones taking some risks, which is getting people to think outside the box. Which is supported within the hierarchy, so you feel protected in order to do that as well and to run ideas off people and pull on the community as well.”

Participants who felt their work aligned with the principles within the Act had a strong community presence. Another participant commented:

“My colleagues feel a part of the community, and there are people in the community who feel the same, people feel they can contribute their strengths and we can rely on them.”

Participants who felt part of the community were also heavily involved in co-productive working, stating that the community had also been a part of their recruitment process.

Theme 2: The Conditions which support the Principles of the Act

Participants reported a supportive team who are able to learn and support one another enabled them to work within the framework set out within the Act. Time was a condition widely reported to enable practitioner to work towards the principle within the Act. It was needed to build a relationship, which was key to helping the person pinpoint their personal outcomes. Participants who felt they could give people the time they needed to build a relationship and have strength based, outcome focused conversations were working in ways which was conducive to working within the framework within the Act. One participant who despite working with people mainly over the phone commented,

“But a good thing we do spend more time with our conversations, I like to think people are listening more rather than reading off a script. Which is what we were taught to do when we started, we were given a list a questions in order to fit people into services which is what we are now trying to get away from. Just listening, more often people can talk themselves out of a crisis.”

Also practitioners that are given full autonomy to work flexibly and creatively responding to the needs and lifestyles of their clients were able to build stronger relationships with the people they supported and work in a more preventative way.

“We have the autonomy to decide when to meet that person, which is best for them, their time scale of the day. You know we haven’t got a set of rigid structures”

Although as noted by practitioners this way of working required a level of trust by their organisation and senior management, with a shift in focus from providing evidence. Participants reported that by reducing the need to focus on targets and

numbers, gave them the freedom and creatively to work in the way they needed to, in line with the needs of their client base and the area they worked. This also translated positively on the client outcomes, as noted by one participant:

“We are not expecting them to meet us, we can work with them how they need us”.

Participants reported that not being target driven gave them the freedom and creativity to work in the way they deemed best, that was responsive to the needs of the person and their situation.

Participants who felt they were trusted by their manager to work autonomously and in best practise helped them work towards the values and principles within the Act. One participant commented,

“If they want to press forward with new ways of doing things then they have to trust us more.”

Working in community settings was repeatedly reported as having a positive effect on individuals and working towards the principles in the Act. One participant commented:

“If every single assessment is done in people’s homes, which could be a prison, or it could be someone’s safety blanket, it might be enabling them to stay more isolated. How can you have a strength based conversation in a place that was limiting for them? So if you can go out in the community and have conversations with people this would create an improvement for people, they can see what’s going on, feel included and start to feel empowered.”

Theme 3: The Challenges to Working this Way

Participants felt the title of the Act had an effect on its impact, participants felt presumptions were made that the legislation only applied to statutory services. Participants felt there were some situations and some people with high needs where working within the framework of the Act was difficult or seemed inappropriate. One participant commented:

“When managing crisis situations and there are people with high needs and in their assessments, they are having to go in there and focus on strengths, and it doesn’t seem appropriate for them.”

Practitioners who felt they were able to work within the principles of the Act did highlight some of the challenges of working in this way. They felt it was difficult and demanding, yet the tensions were often overlooked, one participant commented:

“It takes a commitment as a worker, determination, resilience to work with people that way. As you have to keep going even though peoples circumstances can change... it takes a strength of character to work in that way, also to appreciate how [your involvement] is going to benefit someone eventually.”

Participants also noted that there were some services which may be unable to give people full choice and control which is why it’s important in these circumstances to work with complimentary services and practitioners, such as advocates. Enabling people and families to have positive conversations and co-production to balance the power issues they don’t have in some circumstances.

Participants reported that some people need more boundaries and structure and working in a pure strength based and person centred way could lead to dependency issues and confusion. The participant highlighted that;

“part of it is getting to know that person and acknowledging that this way of working might not be helpful for them, and maybe then pulling on other colleagues in other services to understand and support the individual.”

Another participant also commented on this;

“This way of working isn’t for everyone, and that’s ok, we need to be complimentary to other things that are in place. Someone with high needs or someone who needs more direction may require traditional service approaches.”

Participants also noted that some individuals found it difficult to do things for themselves and didn’t know what it is they wanted. This came from years of being passive recipients of support services and projects rather than being active recipients and having services which were co-produced with them. One participant commented on this further,

“I feel that we have a generation of younger people who feel that they have limited resources and skills, they feel that if the government can’t do it how are we supposed to do anything?”

All participants agreed that the Act does have the potential to engage in transformational change although doing so within a time of austerity can be very difficult. One participant gave an example of this:

“In one of my previous roles supporting young homeless people into their own homes and supporting them to live independently, there wasn’t the resources available to help those people do that.”

Participants also commented on the lack of resources insisting that the public needs to be aware of the pressure services are under financially and that waiting times are prevalent. One participant commented,

“The Act doesn’t tell people that yes you are able to get an assessment but you might have to wait three or four months for it.”

It seems that extended waiting times is putting pressure on the whole service and results in more expensive interventions later on with poorer outcomes. One participant commented:

“And then because they are waiting for so long that’s when they ring back up in a crisis, and that’s when our social worker goes out from the multi-disciplinary team. And they are jumping the queue then because they ended up in a crisis, and they are needing more support than they would have done if we could of taken a more planned approach. They wouldn’t need half as much care, they wouldn’t have a fall and that would put less pressure on the hospitals, they wouldn’t need to go into respite and there wouldn’t be pressure on the care homes.”

Theme 4: Stories and Examples of Good Practise

Some of the participants shared some incredible examples of good practise and working in line with the principles and framework as set out within the Act.

One participant shared a positive story during the focus group:

“There was a lady that I had met where at a community job centre and she was having a lot of issues with her mental health and with her finances, and the job centre advised her to come and have a chat with me. So I think keeping the job centre aware of my presence was really key to that and always connecting with them. She come up, she had a chat at the community café, she was incredibly anxious, and worried about talking. We ended up talking about what she wanted to do, and it was only a brief conversation but she said she wanted to be out, getting a bit busy and doing something to fill her time. So I asked her if she would like to help out in the community café, and she said she would love to help out, so she came down the following week and started making teas and coffees for people, and each week after. And she’s been coming now for 7 or 8 months and it has done her confidence the world of good. She has taken responsibility for collecting money for the café, her daughter has come along who is also a student at the university and studying psychology. And when she’s come she has had conversations with the people who come, this has been helpful for her and the people who come in. They have become friendly with an older gentleman who might under different circumstances be accessing a day service but they have been collecting him and bringing him down so he can also make connections in the community. One of the other volunteers who is very flaky and undecided to come along has been encouraged to come more, because the original lady has got such a good way with people. She’s encouraging people to come down, and this is helping people have purpose and feel welcome and he knows he’s needed. So there has been a lot of little knock on impacts, and the input from me was so minimal in the first instance, it was no more than a half hour or 45 minute conversation,

with her and to show her that if you want to do something, yes you can and lets go to do it. And in the last 7 to 8 months it has had so many positive impacts for lots of people and that's made me feel really good to see that happen every week whenever she is there. That's increased my wellbeing."

These stories also demonstrated how to work with some of the potential barriers such as funding and resource issues. One participant shared a story during a focus group:

"This is in action at the moment so it's not completed but, the health cluster, the GP cluster put money towards a health project that runs in a sheltered accommodation in my area, and that funding is coming to an end. But what happens at the moment is I go along and to cover the social side of it, and there is a pharmacist and a paramedic who go along as well, and they will do basic health things, so they may do blood pressure checks, take blood, weight checks, medication reviews, that sort of thing. But the residents have really thrived with it, there is really high attendance but the funding is coming to an end in March. So the residents are trying to look at ways they can get it funded to continue, so one of the discussions that I have had, is around one of the most common things the blood pressure and weight checks, so there was a discussion about maybe training some of the residents up to be able to do these checks themselves. So you know they are not going to be able to do medication reviews or blood tests but the little bits that they can do, empowering to do these things for themselves. It's not actually happened yet, but those conversations are happening, which is getting them a little bit excited and thinking well we could actually do that ourselves. Which I think is great, it everything that we stand for, and if they can get funding just to cover

the other bits this has reduced GP attendance for some of the frequent flyers, but if you can try and empower them to do some things for themselves it's even better."

Theme 5: Recommendations and Changes

Time came up again here, participants felt that working in this way takes a considerable length of time, whether it's time to get to know communities, the role and changing the mind-set of a variety of people. Participants felt under pressure to make these changes happen quickly before legislation or funding for this way of working changed. One participant commented,

"I have been around for 40 years and I have noticed that every 5-6 years there seems to be changes, you either change with it or you fight it. I am a big believer that you can change with any sort of structure, now the direction were heading in is right, it's difficult and it's going to take a long time, but ultimately its right, we need to get away from where we was."

Participants also reported inconsistencies across service provision, including terminology which was not widely being used. Participants also commented on the ever changing funding structures which affected the continuity of their role and any other service or team that implements this approach would be essential. So community members know there is someone who will always be available who works in this way, and something which would back that up is universality, a universal approach in Wales will benefit everybody.

Participants were concerned that more training or campaigns were needed in order to increase the impact of the Act and ensure more of the general public were

aware of the Act. Participants also commented on the wider societal and system changes that needed to occur alongside the implementation of the Act.

“There needs to be a massive shift in society’s outlook in order to behave in a more productive, valuable and appreciative way for each other and ourselves”.

These participants felt that through their role of connecting people to those around them instead of looking for services and helping people to share their skills and talents within a more reciprocal relationship with one another could lead to these changes.

Although they also noted that it can be difficult at times, changing decades of conditioning and challenging systemic barriers, and the inability of some people to adapt and change. Participants acknowledged that in order to change people’s attitudes and beliefs it will take time and is unlikely to happen overnight, instead

“it needs to come from the communities, from people to develop and to build, and that’s going to change and going to need changing.”

Which is why the Act and the supporting frameworks will need to be fluid and responsive and include the involvement and feedback of the public and practitioners.

When asked what changes were needed many participants agreed that the Act required a name change to ensure practitioners across health and social care and educational services feel it is more relevant to them and their roles. Participants also wanted to recognise that people can’t always work in this way, and it should not be a statutory requirement for everybody, for every professional to work in this way. This is because participants felt many practitioners were under pressure, and therefore if they were given the autonomy to choose whenever the situation presents itself to work in this way. Practitioners could respond better and not feel worried that this is a crisis

situation and it is difficult to work in this strength based way. And recognise that the complimentary nature of services is really important, there isn't one catch all service, or way of working and remember to include the community.

Participants all agreed that better resources and funding provision would help people to achieve their personal outcomes and support working within the Act, otherwise practitioners will fail to follow up this way of working in any meaningful way to the people they are supporting.

Participants also wanted to see more early intervention and community resources which checked in on people, for example a 'meals on wheels' service was very useful at providing daily welfare checks on people. One participant added,

"I think the lack of those services has added to the waiting list and so many more people are now asking for an assessment. So I think that has added to the pressures on the service."

Participants felt that these services were often overlooked, yet it is these basic, face to face conversations which can help someone to cope. One participant added:

"They need a pop in service, family who live away and want someone to call in, they would have peace of mind that someone was calling in to see them. Someone popping in and having a cup of tea with them, they wouldn't be in half as much need as they think they are, someone coming in and they might think I am going to get up and get dressed as they are looking more forward to their day."

Many participants felt that these services are simple and not complicated to access or overly bureaucratic and process driven. Although due to this simplicity and funding cuts they were often overlooked by commissioning bodies and decision makers.

DISCUSSION OF DATA

This study has accomplished what it set out to do; it has given a voice to the practitioners delivering services in line with the Act. As noted by Cooke, Iredale, Williams and Wooding, (2019) research undertaken with professionals was relatively limited, and there is a need for practitioners to have critical commentary on the Act (Clements, 2017). Although due to the suspension of data collection due to the Covid 19 pandemic not all participants could partake in the study. The participants who did comment on their experiences have provided the positive and not so positive experiences and issues surrounding the implementation of the Act. As noted by Clements (2017) these observations and reflections can support good practice and these experiences shared with steering groups and support the Welsh Government and local authority's evaluation of the implementation of the Act.

The key themes clearly show that the values and principles of the Act in practice involved working in the community, having flexibility and increased autonomy and strong leadership and team support. The conditions practitioners needed in order to work in this way included having time to build a relationship, they needed to be trusted to work in ways that met the needs of the people they supported and reduced pressure to work towards targets and numbers. The challenges to working this way practitioners involved the tensions and difficulties it put on practitioners and that this way of working did not feel appropriate for all situations and people. The stories shared within this study involved themes of; working in the community, working towards strengths, connecting with others, finding a purpose, empowering people and increased practitioner wellbeing. Moving forward, the key

themes included increased funding for early intervention and community resources, and recognition that there are some instances where working in this way may be difficult and here practitioners need to work alongside complimentary services or approaches.

These key themes also highlight some of the professional guidance which could be used from this study which includes:

- Working in line with the principles and values within the Act has many positive benefits to the practitioners alongside the people in receipt of care and support.
 - Practitioners are optimistic that these changes will result in more sustainable, strength based and community focused approaches.
 - This would require strong leadership and management, which supported and trusted staff to work autonomously and creatively with protection from the pressures of adopting more traditional service led approaches, which focused on targets and numbers.
 - Allowing practitioners to work in the community and develop a strong community presence with co-production at the heart of how they work with the public enables practitioners to work in line with the principles and values in the Act.
 - Allowing plenty of time for these changes to happen on a personal and systemic level is needed, enabling practitioners to build relationships with people was key to helping the person pinpoint their personal outcomes.
- Adequate time is also needed to enable the public to engage with the changes

to mind-sets, attitudes and beliefs required to effectively implement the values and principles within the Act.

- Positive stories of working in this way included themes of working in the community, working towards strengths, connecting with others, finding a purpose, empowering people and increased wellbeing.
- The main challenges to working this way included a recognition that adopting this approach can be demanding on the practitioner, it takes commitment, determination and resilience.
- Recognition that this way of working might not suit every individual or situation, in some individuals this approach can lead to dependency issues and there could also be some situations where working within the framework was difficult or seemed inappropriate. Such as crisis situations or within statutory functions which might be unable to give people full choice and control, such as safeguarding or child protection procedures. Here it is vital that practitioners work with complimentary services such as advocacy services, which can enable people to have positive conversations and co-production.
- All participants reported that better resources and funding provision would help them, otherwise practitioners will fail to follow up this way of working with any meaningful change.
- This would include more funding for early intervention and community resources and services, which help people connect and check in on people before reaching crisis points. These services need to include the community and can be very simple and effective, yet are often overlooked by commissioning bodies and decision makers.

Analysis of Findings

To summarise, the values and principles of the Act in practice involved working in the community, having flexibility and increased autonomy and strong leadership and team support. The conditions practitioners needed in order to work in this way included having time to build a relationship, they needed to be trusted to work in ways that met the needs of the people they supported and reduced pressure to work towards targets and numbers. The challenges to working this way for practitioners involved the tensions and difficulties it put on practitioners and that this way of working did not feel appropriate for all situations and people. The stories shared within this study involved themes of; working in the community, working towards strengths, connecting with others, finding a purpose, empowering people and increased practitioner wellbeing. Moving forward, the key themes included increased funding for early intervention and community resources, and recognition that there are some instances where working in this way may be difficult and here practitioners need to work alongside complimentary services or approaches.

This information gained from the practitioners within this study is very insightful on all levels, this data could be used to inform many different changes to practise and to system changes and inform future research endeavours in this area of enquiry. There are some very strong links with current literature and there are some very useful implications and suggestions for changes of practice.

All participants agreed that the Act does have the potential to engage in transformational change although doing so within a time of austerity can be very difficult. This was also one of the main criticisms within the current literature surrounding the implementation of the Act (Rees, 2015). This lack of funding had

further detrimental effects including increased waiting times, which as reported by participants put pressure on the whole service across health and social care, resulting in more expensive interventions later on with poorer social and clinical outcomes, an observation also made within current literature. Greenwell and Antibí (2017) expand on this further, suggesting that service provision which is threshold and criteria driven without reference to demand, rations services enabling services to have some control over spending although ironically results in people requiring more expensive interventions later on.

All participants suggested that more funding was needed in early intervention and community services, which would have a knock on effect on the demand placed across health and social care. Although due to commissioning models that encourage competition between organisations i.e. contract bidding, therefore the possibility of integration and collaboration of health and social care services diminishes (Orrell, Dallimore, Krayner and Huxley, 2019). The participants within the study recommended that services could be co-produced with the community which would better respond to the needs of that particular community. As suggested by Clements (2017) this would include local and sustainable services, which could minimise the turbulence of organisational change and reduce bureaucratic burden.

Current literature also suggests that there needs to be a strong voice from the minister to local health boards on how to behave and roll out the principles of the Act in action (Clements, 2017). The participants also noted that strong leadership and a universal approach across Wales enabled them and others to work within the framework of the Act. Greenwell and Antibí (2017) expanded on this further, suggesting that this will involve entirely different conversations at all levels including a shift in power and relationships. Participants who felt trusted and supported by their

management and senior management were able to make the necessary changes, which enabled them to work towards the principles, and values set out within the Act.

CONCLUSION AND RECOMMENDATIONS

The aim of this study was to expand on the body of knowledge regarding the implementation of the Social Services and Wellbeing (Wales) Act (2014). With particular exploration of examples of good practice, in order to develop a strong understanding of what works and what matters to the staff who are delivering interventions in line with Social Services and Wellbeing (Wales) Act (2014). And also classify any challenges or concerns that have come to light since implementation.

The main findings from the five key themes of this study show that working in line with the principles and values within the Act has many positive benefits to the practitioners alongside the people in receipt of care and support, these changes will result in more sustainable, strength based and community focused approaches. This would require strong leadership and management, and permitting practitioners to work in the community where possible. Allowing plenty of time for these changes to happen on a personal and systemic level is needed, enabling practitioners to build relationships with people was key to helping the person pinpoint their personal outcomes. Positive stories of working in this way included themes of working in the community, working towards strengths, connecting with others, finding a purpose, empowering people and increased wellbeing.

The main challenges to working this way included a recognition that adopting this approach can be demanding on the practitioner, it takes commitment, determination and resilience. Also recognition that this way of working might not suit every individual or situation, here it is vital that practitioners work with complimentary services such as advocacy services, which can enable people to have positive conversations and co-production.

As noted within current literature, funding issues and waiting times are putting undue stress overall service across health and social care. Resulting in more expensive interventions later on with poorer social and clinical outcomes, suggesting that service provision which is threshold and criteria driven without reference to demand, rations services enabling services to have some control over spending although ironically results in people requiring more expensive interventions later on (Greenwell and Antib, 2017).

Further Recommendations

This study is well placed to evaluate the implementation of the Collaborative Communication Approach within this Local Authority in order to understand the impact of the Act on Professional practice. Although this study is a small-scale study and due to the covid 19 pandemic, data collection was suspended sooner than initially anticipated. It is therefore vital that another cycle of research commences which will include more participants across both health and social care within the local authority. This will validate some of the findings in this study and expand on the findings further. As noted within the discussion and analysis of the findings there are some key areas to explore within further action research cycles, in particular to understand some

of the challenges to working in line with the principles and values set out within the Act including:

- An exploration of what specific support do practitioners need to further implement the Act into their own practice.
- Future research cycles could also explore more in depth how the collaborative communication approach can work alongside other approaches within health and social care.
- And finally how commissioning structures could change and adapt in order for more early intervention and preventative approaches to gain funding which could lead to reduced demand on health and social care services and enable communities to co-produce these services.

Best et al (2012) suggest that for larger scale transformations to occur there needs to be five key themes: An understanding of history, a strong leadership voice, established feedback loops, engage practitioners, and co-production with the public, which further validates the use of Action research. Therefore future research cycles should reflect the principles and values within the Act and involve those in receipt of health and social care services as equal partners in the process. With a support from senior management across both health and social care, which will encourage practitioners to engage with further Practitioner Researcher Action-based Research.

REFERENCES

- Anderson, G. & Herr, K. (2009) *Practitioner action research and educational leadership*. In S. E. Noffke & B. Somekh *The SAGE handbook of educational action research* (pp. 155-165). London: SAGE Publications Ltd
- Arbour, A. (2006) *Reflexivity: A Challenge for the Researcher Practitioner?* *Journal of Research in Nursing*. Vol 11 (2) p147-157 [online] Available at: <https://journals.sagepub.com/doi/10.1177/1744987106056956> (Accessed: 29/02/2020)
- Best, A., Greenhalgh, T., Lewis, S., Saul, J., Carroll, S. and Bitz, J. (2012) *Large-System Transformation in Health Care: A Realist Review*. *Milbank Q*. Vol 90(3) p421-456 [online] Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3479379/> (Accessed: 29/02/2020)
- Bolton, G. (2014) *Reflective Practise Writing and Professional Development 4th Edition*. SAGE: London
- Braun, V. and Clarke, V. (2006) *Using thematic analysis in psychology*. *Qualitative Research in Psychology*. Vol 3 p77-101 [online] Available at: www.QualResearchPsych.com (Accessed: 30/11/2019)
- Broad, R. (2012) *Local Area Coordination; From Service Users to Citizens*. *The Centre for Welfare Reform* [online] Available at: <https://www.centreforwelfarereform.org/uploads/attachment/340/local-area-coordination.pdf> (Accessed: 05/10/2019)
- Carers Wales (2018) *Track the Act Briefing 3: Monitoring the 2nd year of implementation of the Social Services and Well-being (Wales) Act 2014* [online] Available at: <https://www.carersuk.org/files/section/5763/carers-wales-track-the-act-2018-final-081018.pdf> (Accessed: 26/10/2019)
- Clements, L (2017) *Social Services and Wellbeing (Wales) Act 2014: a critical overview* [online] Available at: <http://www.lukecllements.co.uk/wp-content/uploads/2017/06/2017-03-BASSW-Keynote.pdf> (Accessed: 01/09/2019)
- Clements, L. (2019) *The Social Services & Well-being (Wales) Act 2014: An overview. Briefing* [online] Available at: <http://www.lukecllements.co.uk/wp-content/uploads/2019/05/Wales-SS-Well-being-Act-31.pdf> (Accessed: 01/11/2019)
- Cooke, K., Iredale, R., Williams, R., and Wooding, N. (2019) *Measuring the Mountain: What Really Matters in Social Care to Individuals in Wales Final Report* [online] Available at: <http://mtm.wales/ckfinder/userfiles/files/MtM%20Final%20Report%20March%202019%202019.pdf> (Accessed: 01/09/2019)
- Denscombe, M. (2014) *The Good Research Guide For small scale social research projects*. 5th Ed. England: Open University Press

- Dudovskiy, J. (2018) *The Ultimate Guide to Writing a Dissertation* [e-book]
Available at: <https://research-methodology.net/about-us/ebook/>
- Edwards, E. (2018) *Action Research: Collecting and Analysing the data* [online]
Available at: <https://www.researchgate.net/publication/328802057> (Accessed: 29/02/2020)
- Erlingsson, C. and Bryciewicz, P. (2017) *A hands-on guide to doing content analysis. African Journal of Emergency Medicine*. Vol 7(3) p 93-99 [online] Available at: <https://www.sciencedirect.com/science/article/pii/S2211419X17300423> (Accessed: 30/11/2019)
- Galbin, A. (2014) *An Introduction to Social Constructionism. Social Research Reports* Vol (26) [online] Available at: https://www.researchgate.net/publication/283547838_AN_INTRODUCTION_TO_SOCIAL_CONSTRUCTIONISM (Accessed: 05/10/2019)
- Greenwell, S. and Antebi, D. (2017) *A new health and social care context in Wales. Journal of Integrated Care* Vol. 25 (4) [online] Available at: https://search-proquest-com.ezproxy.uwtsd.ac.uk/docview/1948412566?accountid=130472&rfr_id=info%3Axri%2Fsid%3Aprimo (Accessed: 01/11/2019)
- Hatherley, S. (2017) *Parliamentary Review of Health and Social Care in Wales Interim Report. National Assembly for Wales*. [online] Available at: <https://seneddresearch.blog/wp-content/uploads/2017/09/parliamentary-review-of-health.pdf> (Accessed: 05/10/2019)
- Hulmes, A. (2018) *Analysis of the Social Services and Wellbeing Wales Membership Survey. BASW* [online] Available at: <https://www.basw.co.uk/media/news/2018/apr/analysis-social-services-and-well-being-wales-membership-survey> (Accessed: 05/10/2019)
- Independent Commission on Social Services in Wales (2010) *From Vision to Action: The Report of the Independent Commission on Social Services in Wales* [online] Available at: <https://gov.wales/sites/default/files/publications/2019-06/from-vision-to-action-the-report-of-the-independent-commission-on-social-services-in-wales.pdf> (Accessed: 23/10/2019)
- Israel, M. (2015) *Research Ethics and Integrity for Social Scientists Beyond Regulatory Compliance 2nd Edition*. Sage Publications: London
- Kemmis, P., McTaggart, R., and Nixon, R. (2014) *The Action Research Planner Doing Critical Participatory Action Research*. Springer: London
- Law Wales (2019) *Social Care Overview* [online] Available at: <https://law.gov.wales/publicservices/social-care/?lang=en#/publicservices/social-care/?tab=overview&lang=en> (Accessed: 23/10/2019)
- Orrell, A., Dallimore, D., Krayner, A. and Huxley, P. (2019) *Fragmentation or integration: A mixed case study of integrated care services for older people with high*

support needs. *International Journal of Integrated Care*. 19(4) [online] Available at: <https://doaj.org/article/84ede9d1abb24937b4fc931ddd72858e> (Accessed: 01/11/2019)

Punch, K. (2014) *Introduction to Social Research Quantitative and Qualitative Approaches 3rd Edition*. Sage Publications: London.

Rees, K (2015) *Carers Trust Wales responds to Social Services and Well-Being Act Regulations* [online] Available at: <https://carers.org/news-item/carers-trust-wales-responds-social-services-and-well-being-act-regulations-0> (Accessed: 05/10/2019)

Rees, P. (2015) '*Wellbeing*' is at the heart of the Social Services and Wellbeing Act (2014) but what does it mean in practise? [online] Available at: <https://www.qcs.co.uk/well-being-is-at-the-heart-of-the-social-services-and-well-being-wales-act-2014-but-what-does-it-mean-in-practice/> (Accessed: 05/10/2019)

Research Methodology (2020) *Action Research* [online] Available at: <https://research-methodology.net/research-methods/action-research/> (Accessed: 29/02/2020)

Roller, M. (2018) *Social Constructionism and Quality in Qualitative Research Design* [online] Available at: <https://researchdesignreview.com/2015/02/11/social-constructionism-quality-in-qualitative-research-design/> (Accessed: 30/11/2019)

Saunders, P. and Wilkins, P. (2010) *First Steps in Practitioner Research A guide to understanding doing research in counselling and health and social care*. PCCS Books: Ross on Wye

Social Care Institute of Excellence (2012) *Research Mindedness: Practitioner Research* [online] Available at: <https://www.scie.org.uk/publications/researchmindedness/researchsocialworksocialcare/practitionerresearch/> (Accessed: 07/01/2020)

Social Care Wales (2019) *Social Services and Wellbeing (Wales) Act (2014)* [online] Available at: <https://socialcare.wales/hub/sswbact> (Accessed: 23/10/2019)

Tulinius, C. and Hazelton, B. (2011) *When the spiral of action research collapses: Using the arts to interpret and continue the process in collective research dialogues*. *Action Research*. Vol 9 (1) p42-64 [online] Available at: <https://journals.sagepub.com/doi/abs/10.1177/1476750311398307> (Accessed: 29/02/2020)

Verity, F., Andrews, N., Blackmore, H., Calder, G., Richards, J., Llewellyn, M. (2019) *Evaluation of the Social Services and Wellbeing (Wales) Act 2014: Framework for Change Report*. Cardiff. Welsh Government, GSR report number 38/2019 Available at: <https://gov.wales/evaluation-social-services-and-well-being-walesact-2014-framework-change> (Accessed: 05/10/2019)

Welsh Assembly Government (2006) *Beyond Boundaries: Citizen Centred Local Services for Wales* [online] Available at: <http://www.wales.nhs.uk/sitesplus/documents/829/WAG%20->

%20Beyond%20Boundaries%20%28Beecham%20Review%29%202006.PDF
(Accessed: 23/10/2019)

Welsh Assembly Government (2007) *A STRATEGY FOR SOCIAL SERVICES IN WALES OVER THE NEXT DECADE Fulfilled Lives, Supportive Communities* [online] Available at: https://www.basw.co.uk/system/files/resources/basw_111902-10_0.pdf (Accessed: 23/10/2019)

Welsh Assembly Government (2011) *Sustainable Social Services for Wales: A Framework for Action. Number: WAG10-11086* [online] Available at: <http://www.wales.nhs.uk/sitesplus/documents/829/WAG%20-%20Sustainable%20Social%20Services%20for%20Wales%202011.pdf> (Accessed: 23/10/2019)

Wensing, M. and Grol, R. (2019) *Knowledge translation in health: how implementation science could contribute more. BMC Medicine Journal*, 17 (88) [online] Available at: <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-019-1322-9> (Accessed: 01/11/2019)

Young, A., Gonzales, I., Owen, L., and Heltzer, V, J. (2015) *The Journey from Counselor-In-Training to Practitioner Researcher. Professional School Counselling*. Vol 18 (1) [online] Available at: <http://librarycat>

APPENDICES

Appendix 1

DATE: 09/01/2020

The Impact of the Social Services and Wellbeing (Wales) Act 2014 on Social Work Practise within one Local Authority in Wales

You are invited to take part in a research study which aims to explore your attitudes, perceptions, feelings and ideas surrounding the implementation of the Social Services and Wellbeing (Wales) Act 2014, in order to gauge its impact on policy, practice and theory. With particular exploration of examples of good practise, in order to develop a strong understanding of what works and what matters to the staff who are delivering interventions in line with the Social Services and Wellbeing (Wales) Act (2014). And also classify any challenges or concerns that have come to light since implementation.

This research has gained approval within your organisation and is supervised by Dr Nicola Whelton, Senior Lecturer at University of Wales Trinity St David. The study has been approved by the UWTSD Ethics Committee. The study is part of a research dissertation within the MA Equality and Diversity program. Your participation is greatly appreciated and it is hoped that this research will support effective implementation and understand the impact of the legislation on practise to which there is a lack of writing in professional commentary since the implementation of the Social Services and Wellbeing (Wales) Act (2014).

Taking part in this study is voluntary and you have the right to withdraw at any time. The attached information should clarify any questions you may have. If you still have concerns, please feel free to contact me using the contact details given in the information sheet.

Thank you for taking the time to read this information.



Tara Hughes

Appendix 2

INFORMATION SHEET: FOCUS GROUP & MEMBER VALIDATION QUESTIONNAIRES

The Impact of the Social Services and Wellbeing (Wales) Act 2014 on Social Work Practice within one Local Authority in Wales

You are invited to take part in a focus group which aims to explore your attitudes, perceptions, feelings and ideas surrounding the implementation of the Social Services and Wellbeing (Wales) Act 2014, in order to gauge its impact on policy, practice and theory.

What is the purpose of the study?

- The aim of this study is to expand on the body of knowledge regarding the implementation of the Social Services and Wellbeing (Wales) Act (2014). With particular exploration of examples of good practice, in order to develop a strong understanding of what works and what matters to the staff who are delivering interventions in line with Social Services and Wellbeing (Wales) Act (2014). And also classify any challenges or concerns that have come to light since implementation.

Do I have to take part in the study?

- Not if you do not want to. Participating in the study is voluntary and you can withdraw at any point, and confidentiality will be maintained.

What will happen if I take part in the study?

- If you decide to take part you will need to:
 1. Sign the consent form (no information will be used without this completed).
 2. Return this form to me by email as soon as possible.
 3. Upon receipt of your consent form, you will be invited to attend a 90 minute focus group. The focus group will consist of colleagues within your team, the researcher and possibly the research supervisor who will discuss the questions outlined on the Focus Group Schedule which you will receive the week prior to the Focus group.

4. Following initial data analysis you will be sent member checking questionnaires' in order to improve the credibility of the research, by gaining your feedback on themes from data, interpretations and conclusions.

What if I need to contact you?

- Please feel free to contact me at any point via the email address and telephone number provided below.

What are the benefits of taking part?

- It is important to note that this study is not to criticise your own practice, this study aims to explore and critique the implementation of the Social Services and Wellbeing (Wales) Act (2014). I am hopeful this experience will also provide you with a chance to reflect on the Collaborative Communication approach and the changes needed to facilitate practice.

What are the possible disadvantages and risks of taking part?

- This study has received prior ethical approval by a panel of experts and academics, approval has also been gained from senior staff within your organisation. Any anticipated concerns have been thoroughly discussed and steps have been put into place to protect participants. If at any point during the focus group or throughout the research process you decide you do not want to continue, you may withdraw at any point and the information you have provided will not be used.

Will my taking part be confidential?

- Although the researcher will take every precaution to maintain confidentiality, the nature of focus groups prevents a guarantee of confidentiality. The researcher will, however, remind participants to respect the privacy of fellow participants and not repeat what is said in the focus group to others. A section of the consent form also requires participants to agree to keep information appertaining to the focus group confidential.

Will my taking part be anonymous?

- Your contributions will be anonymised. It is likely that some actual quotations used by you may be used in the presentation of the research, although these extracts and any other personal information will be made anonymous by modification of any identifiable information. It will not be possible to link any data to any participant.

What if there is a problem, or I want to ask further questions?

- If you have a problem with any aspect of the research or you have any further questions these can be addressed either to the researcher at email [1604659@student.uwtsd.ac.uk or tara.hughes@swansea.gov.uk], telephone [07715207545] or to Dr Nicola Whelton [email: n.welton@uwtsd.ac.uk], telephone [01267 676631].

What will happen to the information I provide and the results of the study?

- The focus group sessions will be recorded and transcribed to facilitate analysis of content. The recording and the transcription will be stored separately and securely and destroyed once the research process is completed. You will then be asked to fill out a member validation questionnaire sent via email. This will also be included within the research findings. An executive summary of findings will be available to all participants and the organisation.

Thank you for taking time to read this information sheet, if you have any questions please contact me at any point.



Tara Hughes
Date: 09/01/2020

Appendix 3

Consent Form:

Date: 09/01/2020

Please read this form carefully, initialling each circle to indicate agreement as appropriate.

- I have read and I understand the information sheet provided about this research, I have a copy for future reference [09/01/2020] and I have no reservations regarding content.
- I have had the opportunity to consider the information and ask questions. I have had these answered satisfactorily and I understand that there will be a further opportunity to address any questions at the end of data collection, just prior to the point where I am able to withdraw.
- I have a telephone number and an email address for the researcher, and contact details of the main project supervisor should I have any concerns.
- I understand that although the researcher will take every precaution to maintain confidentiality, the nature of focus groups prevents a guarantee of confidentiality. The researcher will remind participants to respect the privacy of participants and not repeat what is said in the focus group. I agree not to divulge any information regarding the focus group to others.
- I understand that the focus group session is to be recorded and transcribed and data will be stored securely. I also understand that actual quotations from my contributions may be used to support the research, although any data collected will be anonymised. Findings may be the subject of journal articles/conference presentations and/or any other related educational or research work.
- I understand that I can withdraw from this study at any time up to the cut-off point, without giving any reason, if I do so data relating to me will not be used in the study.

Signature: _____ Date: _____ Tel Number:

Print Name: _____ Email: _____

Appendix 4

FOCUS GROUP SCHEDULE

The focus group will be recorded and notes will be taken although you will remain anonymous. Data will be stored safely and I ask you to maintain confidentiality of information shared within the focus group. This study aims to explore your attitudes, perceptions, feelings and ideas surrounding the implementation of the Social Services and Wellbeing (Wales) Act 2014, in order to gauge its impact on policy, practise and theory.

The research questions are as follows:

- (1) Tell me about how the implementation of the Social Services and Wellbeing (Wales) Act (2014) impacted upon your practice?
- (2) Could you outline the conditions which allow you to work effectively within the framework of the Social Services and Wellbeing (Wales) Act (2014)?
- (3) Could you give any examples or stories from your practice or your teams practice which showcases what is working, or positive outcomes for the people you are working with?
- (4) Tell me about whether the Social Services and Wellbeing (Wales) Act (2014) has had a positive impact on the wellbeing of you or your team?
- (5) Are there any the barriers which make working within the framework of the Social Services and Wellbeing (Wales) Act (2014) difficult?
- (6) Are there any changes you would make to implement the Social Services and Wellbeing (Wales) Act (2014) into your practice?

This study is not a critique of your own practice, this study aims to explore

your own views, opinions and experience of the Social Services and Wellbeing (Wales) Act (2014) and its implementation.

If there is any time remaining I will ask if anyone has any further comments on what has been discussed.

I would like to take an opportunity now for your participation.

A handwritten signature in black ink, appearing to read 'Tara Hughes', with a stylized, cursive script.

Tara Hughes

Appendix 5

APPLICATION FOR ETHICAL APPROVAL

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

Delete the Guidance Notes at the end of the form BEFORE submitting your application

SECTION A: About You (Principal Researcher)

Full Name:		Tara Jane Hughes			
Tick all boxes which apply:		Member of staff:	☐	Honorary research fellow:	☐
Undergraduate Student	☐	Taught Postgraduate Student	☒	Postgraduate Research Student	☐
Faculty/School/Centre:		Yr Athrofa Institute of Education			
Campus:		Carmarthern			
E-mail address:		1604659@student.uwtsd.ac.uk			

Contact Telephone Number:	07715207545
<i>For students:</i>	
Student Number:	1604659
Programme of Study:	MA Equity and Diversity
Director of Studies/Supervisor:	Dr Nichola Welton

SECTION B: Approval for Research Activity

Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)	YES	☒	NO	☐
			Date	
If Yes, please indicate source of approval (and date where known): <i>Approval in principle must be obtained from the relevant source prior to seeking ethical approval</i>	Research Degrees Committee	☐		
	Faculty Research Committee	☐		
	Other (write in) Supervisor- Dr Nichola Welton	☒	17/10/2019	

SECTION C: Internal and External Ethical Guidance Materials

Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines.	
<u>UWTSD Research Ethics & Integrity Code of Practice</u>	☒
UWTSD Research Data Management Policy	☒
<i>British Sociological Society Ethical Guidelines and British Educational Research Association Ethical Guidelines</i>	☒

SECTION D: External Collaborative Research Activity

Does the research activity involve collaborators outside of the University?	YES	☐	NO	☒	
If Yes, please provide the name of the external organisation and name and contact details for the main contact person and confirmation this person has consented to their personal data being shared as part of this collaboration.					
Institution					
Contact person name					
Contact person e-mail address					
Has this individual consented to sharing their details on this form?	YES	☐	NO	☐	
Are you in receipt of a KESS scholarship?	YES	☐	NO	☒	
Is your research externally funded	YES	☐	NO	☒	
Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	YES	☐	NO	☒
	Employed	YES	☐	NO	☒

Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)	If YES then the permission question below does not need to be answered.	YES	☐	NO	☒
Permission to undertake the research has been provided by the partner organisation	(If YES attach copy) If NO the application cannot continue	YES	☐	NO	☒

Where research activity is carried out in collaboration with an external organisation

Does this organisation have its own ethics approval system?	YES	☐	NO	☒
If Yes, please attach a copy of any final approval (or interim approval) from the organisation				

SECTION E: Details of Research Activity

Indicative title:	The impact of the Social Services and Wellbeing (Wales) Act 2014 on Social Work Practice in one Local Authority in Wales		
Proposed start date:	01/12/2019	Proposed end date:	01/05/2021
Introduction to the Research (maximum 300 words) Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the three points below: • <i>Purpose of Research Activity</i> • <i>Proposed Research Question</i> • <i>Aims of Research Activity</i> • <i>Objectives of Research Activity</i> Demonstrate, briefly, how <u>Existing Research</u> has informed the proposed activity and explain • <i>What the research activity will add to the body of knowledge</i> • <i>How it addresses an area of importance.</i>			
Purpose of Research Activity The purpose of this study is to explore with practitioners across Social Services in one Local Authority in Wales, the impact of the Social Services and Wellbeing (Wales) Act (2014) commonly referred to as 'the Act' on their practise. It will focus on what is working well, and what challenges or obstacles there are to delivering care and support within the framework set out within the Social Services and Wellbeing (Wales) Act (2014). The Social Services and Wellbeing (Wales) Act (2014) provides a legal framework for improving the wellbeing of people and their carers who need care and support, and overall the Act aims to improve and transform social services			

within Wales. The Social Services and Wellbeing (Wales) Act (2014) expects organisations to move from a service led and needs based approach to focus on working together with the individual, their family and networks to understand their circumstances, their strengths and identify outcomes which matter to them and develop a shared plan of action as to how these outcomes can be achieved.

Social Care Wales introduced a transformative program through the national outcomes framework in order to implement the Act. Using this framework the Social Services department which will be studied in this research has also implemented a training and mentoring model to enable their workforce to deliver the approach set out within the Act.

The researcher currently works within the Social services department and is part of the organisations mentor network. The current research surrounding the implementation of the Social Services and Wellbeing (Wales) Act (2014) focuses on the views, opinions and experiences of the people in receipt of care and support and whilst this is very important, any approach is only as effective as the people who deliver it. It is therefore vital for Health and Social Work Education and Training in Wales to understand the impact of the legislation on practise to which there is a lack of writing in professional journals since the implementation of the Act (Clements, 2017).

(this box should expand as you type)

Research Question:

What impact has the Social Services and Wellbeing (Wales) Act (2014) had on Social Work practise in one Local Authority in Wales?

(this box should expand as you type)

Aims of Research Activity

The aim of this research is to explore the implementation of the Social Services and Wellbeing (Wales) Act (2014) within Social Services practise within one Local authority in Wales, in order to gauge its impact on policy, practise and theory.

(this box should expand as you type)

Objectives of Research Activity

The objectives of this research are as follows:

- Collect examples of good practise from teams and practitioners across Social Services in one Local Authority in Wales.
- Develop a strong understanding of what works and what matters to the staff who are delivering interventions in line with Social Services and Wellbeing (Wales) Act (2014).
- Classify any challenges or concerns that have come

to light since implementation into themes and synthesise these with any suggestions to overcome these from both the primary and secondary data.

(this box should expand as you type)

Proposed methods (maximum 600 words)

Provide a brief summary of all the methods that **may** be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed.

The research is a pragmatic study which seeks to better understand the research question, aims and objectives within an actual real-world situation. In order to do this, the study will involve both qualitative focus groups and participant validation or member checking questionnaires administered following thematic analysis to ascertain whether participants agree with the themes produced following data collection and analysis (Cresswell, 2014).

Focus groups have been chosen in order to explore attitudes, perceptions, feelings and ideas around the research topic (Denscombe, 2014). The focus groups are expected to last for up to 90 minutes each time and this will give participants an opportunity to give their views and opinions in relation to the research questions. Ideally the focus groups will contain at least 6 people and possibly up to 10 participants and the researcher. This will give a range of viewpoints whilst also enabling each participant to be included within the discussion (Denscombe, 2014). The researcher will gain approval before hand through the participants and their team managers, the research topic and questions will be sent to each participant at least one week prior to the focus group taking place via email, and the researcher will conduct 4 focus groups across different teams within Social Services.

The format of each focus group will include: An initial 5-10 minute introduction and reminder of the consent forms to the participants. Followed by a 60-80 minute discussion using the research questions and finally a 5-10 minute debriefing at the end. Notes will be taken alongside audio recording of the group responses (Gill et al, 2008).

Following initial data analysis, the researcher will include member checking questionnaires' in order to improve the credibility of the research, by gaining feedback on the data, interpretations and conclusions from the participants (Cresswell, 2014), this process will be done through questionnaires sent via email. And this feedback will be included within the overall findings to improve the trustworthiness and credibility of the study.

By using both focus groups and member checking questionnaires, the researcher will enable participants to provide varied responses both positive and negative, with a multitude of variables, adding richness to the overall results and enabling thematic analysis of the full data set acquired within the study (Braun and Clarke, 2006). This study will also be conducted by a researcher-practitioner, therefore the researcher will outline all reflective practise in order to

critically examine: practise, values and concepts during the research process (Bolton, 2014).

(this box should expand as you type)

Location of research activity Identify all locations where research activity will take place.		
Focus groups will take place in private meetings rooms within the Social Services Department.		
(this box should expand as you type)		
Research activity outside of the UK If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural and/or legal sensitivities or vulnerabilities of participants.		
(this box should expand as you type)		
Use of documentation not in the public domain: Are any documents NOT publicly available?	NO	☒
	YES	☐
If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with prevailing data protection law of the country in question and England and Wales.		
(this box should expand as you type)		

SECTION F: Scope of Research Activity

Will the research activity include:	YES	NO
Use of a questionnaire or similar research instrument?	☒	☐
Use of interviews?	☐	☒
Use of diaries?	☐	☒
Participant observation with their knowledge?	☐	☒
Participant observation without their knowledge?	☐	☒
Use of video or audio recording? (audio Recording of focus groups ONLY)	☒	☐
Access to personal or confidential information without the participants' specific consent?	☐	☒
Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒
Performance of any acts which may cause embarrassment or affect self-esteem?	☐	☒
Investigation of participants involved in illegal activities?	☐	☒
Use of procedures that involve deception?	☐	☒
Administration of any substance, agent or placebo?	☐	☒
Working with live vertebrate animals?	☐	☒
Other primary data collection methods, please explain in this box For example, 'focus groups'. Please indicate the type of data collection method(s) in this box and tick the accompany box.	☒	☐
Details of any other primary data collection method: Focus Groups (this box should expand as you type)		

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

Who are the intended participants:	YES	NO
Students or staff at the University?	☐	☒
Adults (over the age of 18 and competent to give consent)?	☒	☐
Vulnerable adults?	☐	☒
Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
Prisoners?	☐	☒
Young offenders?	☐	☒
Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒
People engaged in illegal activities?	☐	☒
Others (please identify specifically any group who may be unable to give consent) please indicate here and tick the appropriate box.	☐	☐
Other – please indicate here: (this box should expand as you type)		

Participant numbers and source	
Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?	
How many participants are expected?	Between 24-40 participants (this box should expand as you type)
Who will the participants be?	Social work practitioners (this box should expand as you type)
How will you identify the participants?	The researcher will invite participants through team managers (this box should expand as you type)

SECTION H: Anticipated Risks

Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them.		
If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.		
Full risk assessment completed and appended?	Yes	☐
	No	☒
Risks to participants For example: emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information		
Risk to Participant: 1. Emotional Distress such as; it may highlight any issues or challenges they are experiencing in their role and without further support could negatively affect them. 2. Transfer of personal data such as; contact details, roles and responsibilities, or their views and opinions. 3. Extra workload pressures as a part of the participants already busy working week is being taken up in the research activity. 4. Challenge practise or views for example; some individuals views may differ from others in the focus group and this may cause them to feel negative, criticised or challenged. <i>(this box should expand as you type)</i>	How will you mitigate the Risk to Participant 1. There will be a thorough debrief at the beginning and end of the focus group, giving participants full transparency, openness and security. The researcher will remind participants to speak to their supervisor, manager or occupational health if any undue stress has been caused. 2. Throughout the research process the researcher will ensure consent is gained, also participants will be reminded that they have the right to withdraw at any time, and all data will be anonymised and confidential. 3. Due to the pressures of their roles, participants may feel undue stress from further commitments outside of their role. The researcher will travel to the participants and will request to hold focus groups at the end of team meetings to reduce the amount of time participants are away from their work. 4. The researcher will hold focus groups with already established groups, within teams in order for participants to feel supported and relaxed. There will be a full introduction and debrief during the focus group to outline the aims and objectives of the research and ensure participants are fully aware that this research is not to criticise their practise it is to explore and critique the Social Services and Wellbeing (Wales) Act (2014). Participants will be able to withdraw at any point, all data will be confidential and stored securely, and findings will be anonymised. <i>(this box should expand as you type)</i>	

If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities	
N/A <i>(this box should expand as you type)</i>	
Risks to investigator For example: personal safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest	
Risk to Investigator: 1. Distress and workload pressure due to the commitments in both the workplace and for the research. 2. Dual roles and possible power imbalances for example; work place colleagues will now be aware that the researcher is also invested in a masters study program, they may feel uncomfortable or even threatened. 3. Conflict of interest for example; the findings of the study could highlight challenges experienced by participants which may cause conflict for the researcher in the workplace. <i>(this box should expand as you type)</i>	<i>How will you mitigate the Risk to Investigator:</i> 1. Regular supervision with research supervisor alongside workplace supervision to monitor workload pressures. Excellent time management will also reduce distress. 2. The researcher will ensure maximum transparency and manage expectations by providing information, consent and a full introduction and debrief during data collection. The researcher will also use a personal reflexivity journal and follow an instructional model throughout the research. 3. The researcher will provide full transparency to all participants, and manage expectations accordingly. The researcher will also promote the benefit and collaboration to all participants and stakeholders, and gain the necessary ethical approval. Member checking will be used to ensure the findings reflect the views and opinions of the participants. Feedback and an executive summary with key recommendations will be available for the participants and the organisation. <i>(this box should expand as you type)</i>
University/institutional risks For example: adverse publicity, financial loss, data protection	
Risk to University: 1. Breach of Data Protection 2. Adverse Publicity	<i>How will you mitigate the Risk to University:</i> 1. The researcher will maintain full confidentiality throughout the research process, store all documents and

(this box should expand as you type)	correspondence securely in line with GDPR guidelines. The researcher will use the university's digital curation centre's checklist for data management plan throughout the study. 2. The researcher will gain permission and full ethical approval. The researcher will have regular supervision and maintain professional boundaries and conduct at all times. (this box should expand as you type)
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Disclosure and Barring Service			
If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	YES	NO	N/A
Does your research require you to hold a current DBS Certificate?	☐	☒	☐

SECTION I: Feedback, Consent and Confidentiality

Feedback

What de-briefing and feedback will be provided to participants, how will this be done and when?

At the beginning of data collection participants will be provided with an information sheet and consent forms and invited to take part in the focus groups. It will outline the details of the research and the research methods, and provide participants with the opportunity to consent to taking part. It will outline that participants will have the right to withdraw at any time and it will outline measures in place that will assure confidentiality and reduce participant risk.

During the focus groups there will be another debriefing opportunity and remind participants of the information already provided and consent and confidentiality arrangements.

After the focus groups, participants will be sent member checking questionnaires to complete, this will provide feedback but also ensure participants feel included in the data analysis process and increase the reliability and validity of the research. Again participants will be reminded that they can withdraw from the research at any time, and confidentiality will be maintained. They will also be given the opportunity to have the final feedback from the research as this is an ethical and legal obligation. They will be sent the feedback in the form of an executive summary with key recommendations.

(this box should expand as you type)

Informed consent

Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.

In line with BESA/ BERA I will ensure full informed consent in the following way:
The Consent Form will contain statements including:

I have read and I understand the information provided about this research, I have a copy for future reference [dated] and I have no reservations regarding content.

I have had the opportunity to consider the information and ask questions. I have had these answered satisfactorily and I understand that there will be a further opportunity to address any questions at the end of data collection, just prior to the point where I am able to withdraw.

I have a telephone number and an email address for the researcher, and contact details of the main project supervisor should I have any concerns.

I understand that although the researcher will take every precaution to maintain confidentiality, the nature of focus groups prevents a guarantee of confidentiality. The researcher will remind participants to respect the privacy of participants and not repeat

what is said in the focus group. I agree not to divulge any information regarding the focus group to others.

I understand that the focus group session is to be recorded and transcribed and data will be stored securely. I also understand that actual quotations from my contributions may be used to support the research, although any data collected will be anonymised. Findings may be the subject of journal articles/conference presentations and/or any other related educational or research work.

I understand that I can withdraw from this study at any time up to the cut-off point, without giving any reason, if I do so data relating to me will not be used in the study.

This will be signed and dated prior to the research commencing.

(this box should expand as you type)

Confidentiality / Anonymity

Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.

All information which may identify the participants or the organisation will be omitted or anonymised from all parts of the research this could include; names, roles, specific services, places and people. All participants will be referred to as Social work practitioners and the organisation or services as Social services or related services. Places will be referred to as the community and the people these practitioners support will be referred to as service users and their carers or families.

All raw data will be anonymised and exclude any names, indications of job role, indication of place of work, indication of local authority and will be stored securely and will not be available for anyone to view other than the researcher and research supervisor.

(this box should expand as you type)

SECTION J: Data Protection and Storage

In completing this section refer to the University's Research Data Management Policy and the extensive resources on the University's Research Data Management web pages (<http://uwtsd.ac.uk/library/research-data-management/>).

Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 "GDPR" and the Data Protection Act 2018 "DPA")?	YES	NO
"Personal data" means any information relating to an identified or identifiable natural person ('data subject'). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.	X	☐
If YES, provide a description of the data and explain why this data needs to be collected:		

The researcher will need the contact details of the participants in order to send information sheets, consent forms and member checking questionnaires.

(this box should expand as you type)

Does it involve special category data (as defined by the GDPR)?	YES	NO
“Special category data” means sensitive personal data consisting of information as to the data subjects’ – (a) racial or ethnic origin, (b) political opinions, (c) religious beliefs or other beliefs of a similar nature, (d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992), (e) physical or mental health or condition, (f) sexual life, (g) genetics, (h) biometric data (as used for ID purposes),	☐	X

If YES, provide a description of the special category data and explain why this data needs to be collected:

(this box should expand as you type)

Will the research activity involve storing personal data and/or special category data on one of the following:	YES	NO
Manual files (i.e. in paper form)?	☒	☐
University computers?	☐	☒
Private company computers?	☐	☒
Home or other personal computers?	☐	☒
Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☒	☐
“Cloud” storage or websites?	☐	☒
Other – specify: Audio recording device	☒	☐

For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of password protection, encryption, anonymisation and pseudonymisation:

- ▶ The study involves the collection of personal information of the participants in order to communicate effectively with them and as part of the research methodology to carry out member checking questionnaires.
- ▶ All data collected will be anonymous, names and specific places will be omitted to maintain confidentiality.
- ▶ Raw data collected from the study will not be shared with anyone including the collaborating organisation.
- ▶ All data will be stored confidentially on an electronic storage device using a password for access, any manual files and data will be locked away in a secure cabinet.
- ▶ All the data collected using audio equipment will be transferred electronically to secure online device and deleted from audio equipment immediately.
- ▶ In addition the portable device which stores the electronic copies of information will be encrypted.

▶ Access to all data will be limited to the researcher and research supervisor. ▶ Raw data will be stored for the longest necessary time frame within the frameworks of all stakeholders involved before being destroyed at the end of the study and the researcher has gained the qualification. <i>(this box should expand as you type)</i>		
All Data Storage		
Will the research activity involve any of the following activities:	YES	NO
Electronic transfer of data in any form?	☒	☐
Sharing of data with others at the University?	☐	☒
Sharing of data with other organisations?	☐	☒
Export of data outside the European Union or importing of data from outside the UK?	☐	☒
Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☒	☐
Publication of data that might allow identification of individuals?	☐	☒
Use of data management system?	☐	☒
Data archiving?	☐	☒
If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and DPA (and/or any international equivalent): Data will be transferred between the audio recording device and the encrypted electronic storage device using the researchers laptop specifically used only for university. This is not a home/personal or company laptop. It is password protected and has all relevant safety protocols such as firewalls and data encryption. Personal email addresses, telephone numbers, addresses of participants or the organisation will also be stored on a password protected, encrypted and fully secure electronic storage device. Communication between the researcher and participants will be over email predominantly and the researcher will use the university email account which has significant IT support systems in place, firewalls and is password protected. Any manual files such as consent forms will be stored in a locked filing cabinet at the researcher's personal address and all personal and raw data will be stored for the longest necessary time frame within the frameworks of all stakeholders involved before being destroyed. <i>(this box should expand as you type)</i>		
List all who will have access to the data generated by the research activity:		
The research supervisor and researcher		
<i>(this box should expand as you type)</i>		
List who will have control of, and act as custodian(s) for, data generated by the research activity:		
The researcher		
<i>(this box should expand as you type)</i>		
Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if		

not why not.

Data will be stored and transferred between the audio recording device and the encrypted electronic storage device using the researchers laptop specifically used only for university. This is not a home/personal or company laptop. It is password protected and has all relevant safety protocols such as firewalls and data encryption, the researcher also has IT support from the universities IT department.

Any manual files such as consent forms will be stored in a locked filing cabinet at the researcher's personal address and all personal and raw data will be stored for the longest necessary time frame within the frameworks of all stakeholders involved before being destroyed.

(this box should expand as you type)

Please indicate if your data will be stored in the UWTSD Research Data Repository (see <https://researchdata.uwtsd.ac.uk/>). If so please explain. *(Most relevant to academic staff)*

N/A

(this box should expand as you type)

Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	YES	☒
	NO	☐
Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	YES	☒
	NO	☐

SECTION K: Declaration

The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants.

In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's [Research Ethics and Integrity Code of Practice](#)

Signature of applicant:	T.J.Hughes	Date: 20/10/2019
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For STUDENT Submissions:

Director of Studies/Supervisor:		Date:
Signature:		

For STAFF Submissions:

Head of School/Assistant Dean:		Date:
Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed ALL RELEVANT sections of the form in full.
☒	I confirm that the research activity has received approval in principle
☒	I have attached a copy of final/interim approval from external organisation (where appropriate)
☐	I have attached a full risk assessment (and have NOT completed Section H of this form) (where appropriate) ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT
☒	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.

☒	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Head of School.
☒	I have deleted the guidance notes before submitting the PG2 for consideration

RESEARCH STUDENTS AND STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk , with the title 'Ethical Approval' followed by your name. You will be informed of the outcome of your claim by email; therefore **it is important that you check your University and personal email accounts regularly.**

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS

PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

This form is available electronically from the Academic Office web pages: <http://www.uwtsd.ac.uk/academic-office/>