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Combining asset-based innovations to deliver whole system change within adult services (CASBI)

BACKGROUND

The research focused on three local authorities that, at the start of the research in November 2019, were committed to ambitious plans for 'whole system' innovation.

However, strategic implementation was substantially disrupted by the operational challenges posed by Covid-19 over the following two years – although strength and asset-based thinking continued to inform local authority responses, and elements of strategic implementation continued.

Unfortunately, due to remote working and operational pressures, local authorities were unable to support the intended staged recruitment of cohorts of beneficiaries and family members to evaluate the impact on people's quality of life as innovations were implemented.

FINDINGS

Articulating the overall vision for transformation

All the local authorities located their vision in relation to the prevention and wellbeing aspirations of the Care Act – moving away from a process driven care management approach that simply assessed whether people needed, and were eligible to receive, social care services. Instead, they saw their primary role as being to enable people to have better lives through maximising opportunities and mobilising resources – wherever possible, outside of social care services. There was a substantial difference in emphasis between local authorities as to whether, and how immediately, the purpose of this vision was also to deliver financial savings through effective prevention.

Each local authority had chosen to spearhead their programme of transformation with one or more nationally recognised models of practice (e.g. Local Area Co-ordination, Family Group Conferencing, 3 Conversations). We found that those staff groups charged with implementing such models generally showed a good grasp both of principles and how these were to be put into

practice. However, there was often less understanding of how specific models were embedded within an overarching vision for system change.

Perhaps reflecting the complexity of changing complex systems, the local authorities struggled to find a simple and readily understandable way of articulating the essence of their overall vision for transformation, one that was sufficiently 'crisp' and concrete so that staff across the organisation, external partners and the wider public, would be clear as to what exactly was going to change. While there tended to be a clear articulation of underpinning values and principles, there tended to be less clear descriptions of how exactly the various proposed innovations would fit together and how synergies might be achieved.

Articulations of the overall vision typically comprised most or all of the following elements – but with significant differences in emphasis and priority:

1. Shift of focus from needs (and services) to positive outcomes (in terms of better lives)
2. Investment in place, community assets and connectivity
3. Focus on relationships and conversations (instead of processes and procedures)
4. Co-production and transferring power to citizens, families and communities
5. Emphasis on early help and preventative activity
6. hift in organisational culture and reclaiming of social work values
7. It was acknowledged that delivering this sort of vision would require changing organisational practices around decision making, recording, data collection and deployment of budgets.

Conceptually, there were differences between place-based strategies, with a primary focus on developing community assets, and citizen-based initiatives where the starting point was engaging with citizens in ways that mobilised their strengths and those of their wider social and family networks. Within the sample, one local authority's strategy was primarily place-based, one was primarily citizen-based, and one gave equal emphasis to both, although, in interviews, staff acknowledged some tensions in terms of how these two agendas could be progressed together in practice.

Mechanisms for change

Leadership and ownership of change

With Director-level backing, it tended to be Principal Social Workers or senior managers who provided much of the drive and strategic inspiration, and who also oversaw implementation. In one instance, there was also a parallel 'bottom-up' culture in which practitioners and service managers initiated and were able to implement more local innovations that were in the spirit of the overall strategy. While this had benefits in terms of more distributed leadership and ownership of change within the organisation, it could also lead to issues of coordination and communication.

Introducing new recording and workflow systems

Each of the local authorities radically changed the format of case recording, replacing lengthy information-gathering forms with ones that:

- gave space to record a much more open conversation about what mattered to people, and
- sought to encourage a sequential process of exploration and engagement before any assessment of eligibility for care services.

Our findings were that, while old-style forms could be a major barrier to strength-based practice, simply introducing a new format did not, of itself, bring about and embed a new way of working. Some practitioners were able to subvert the intentions of new formats and record what was still essentially just an assessment of need and eligibility for care services.

Training and supervision

Typically (and perhaps reflecting financial constraints), the dominant model was one of 'learning by doing', supported by opportunities for peer supervision or 'innovation meetings', which were generally valued highly. However, this did not necessarily provide practitioners and front-line managers with a sufficient skill-set in order to implement radically different ways of working – although two local authorities provided coaching programmes which were positively valued.

Changes in recording practice gave more opportunity for front line managers to discuss practice in supervision – including how practitioners might make better use of community assets. However, it was recognised that team managers, whose role had previously focused on managing workflow and risk, did not always have the skill-set appropriate for more in-depth supervision of the more systemic and relationally focused practice that could be required to explore alternative solutions in more challenging situations.

Commissioning

While it was recognised that reorienting commissioning towards prevention and capacity building would be essential for whole system change, progress in some areas (e.g. homecare and reablement) could be lagging behind progress elsewhere. Only in one local authority, was commissioning seen as a lead driver for change. Using a Neighbourhood Networking approach, voluntary organisations were commissioned to undertake preventative place-based capacity building, including directing funding to local micro-organisations to undertake specific pieces of developmental activity.

Coproduction

Although tending to have a limited role in formulating the overall vision, there was substantial use of Citizens' Panels and community organisations to get feedback on the impact of innovations and, in one local authority, to devise an outcome-based audit tool to evaluate changes in practice.

Evidence of changed and joined up practice

Despite the potentially disruptive impact of Covid-19, there was evidence of progress across all three sites, but also evidence of slipping back in particular areas of activity. There was a tendency for a particular innovation to have major traction with others being subsidiary or having little wider impact. Everyday work pressures could mean that practitioners had limited knowledge of, or interaction with, innovations elsewhere in the organisation. From the sample of case records and interviews with citizens, there were relatively few examples of effective 'joining up' of different strengths-based approaches (e.g. short-term use of direct

payments alongside 3 conversations).

There was considerable variation in the degree of 'strength-basedness' in assessments within each local authority – typically with a much stronger focus on aspirations and community connections with adults with learning or physical disabilities but a much more deficit-based assessment for services approach still being common with older people.

Across the sites, there was less evidence of deploying strength based or preventative approaches in more complex or challenging situations. Instead of 'sticking like glue' to see if solutions could be found, there was a tendency to move on quickly to an assessment of need for care services. This partly reflected workload pressures on community teams which led to implicit or explicit pressures to close cases prematurely, but also reflected a more fundamental tension stemming from the contradictions embedded in the Care Act itself.

In our analysis of assessments, there was a frequent finding that, even from the start, practitioners were primarily focused on recording deficits so that they had the 'ammunition' ready in order to be able to make the case for eligibility for services under the Care Act criteria. This could easily sabotage any substantive strengths-based engagement.

Additional resources:

Practice report: birmingham.ac.uk/Documents/college-social-sciences/social-policy/publications/building-on-strong-foundations.pdf

Animated video of 8 top tips to embed strength-based practice for a wider audience of practitioners and strategic managers: https://www.birmingham.ac.uk/news/2024/top-tips-to-embed-strengths-based-practice-in-adult-social-care-an-animation-of-key-insights.

STUDY INFORMATION

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