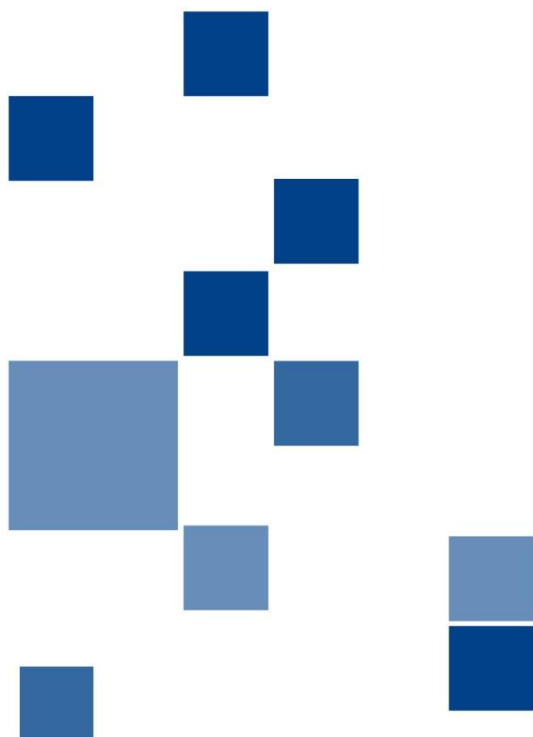# Critical friend evaluation of the Scottish Social Services Council self-directed support workforce development project

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March 2016

Contents

About this report

This report brings together learning from a critical friend evaluation of the work of the Scottish Social Services Council (SSSC) self-directed support (SDS) workforce development team (the team). The overall aim of the evaluation was to work with the team to understand how they contributed to improved outcomes and through detailed exploration of three projects, to understand what difference this made in practice.

The evaluation was carried out by Dr Ailsa Cook (Outcome Focus) and Dr Sarah Morton (Centre for Research on Families and Relationships, University of Edinburgh) between October 2015 and March 2016.

This report summarises the findings from the evaluation in six chapters.

Chapter 1: Outlines the background to the evaluation, including an overview of how we carried out the research.

Chapter 2: Contextualises the later findings, presenting data that emerged in discussions and workshops about the barriers and supports to implementing SDS from the perspective of the workforce.

Chapter 3: Presents an overview of contribution analysis and describes the theory of change the work of the team is based on. It also presents detailed risks and assumptions underpinning this theory.

Chapter 4: Outlines the approach taken by the team to embedding the capture of data on impact in their day-to-day work.

Chapter 5: Presents the overarching findings from the evaluation.

Chapter 6: Presents the contribution stories from each of the projects.

Chapter 7: Presents conclusions, recommendations and reflects on wider implications of the learning.

Contributions to the report

Over the past six months the evaluators have worked closely with both members of the team and their strategic allies. We would like to acknowledge the contribution of the following individuals whose ideas and analysis have played an important role in shaping the evaluation.

The team: Ali Upton, Alison Guthrie, Caroline Sturgeon, Grace MacDonald, Ian Fricker, Julie Haslett and Susan Nevill.

Social Work Scotland: Shona Macgregor.

We would like to thank all of the participants for their valuable insights and the time they have given to this project.

Executive summary

This critical friend evaluation has worked with the SSSC SDS workforce development team (the team) to set up evaluation processes, pull together existing data on successes and generate new data to demonstrate how the team are contributing to supporting the implementation of SDS across Scotland.

Barriers and enablers of systems change to SDS

A systems mapping process informed the evaluation and identified barriers and enablers of change. This found that the workforce experience significant challenges in individual, social and material contexts that negatively influence their ability to make their contribution to implementing SDS. Working with these challenges can have a significant impact on individual emotional wellbeing and the sense of agency required to lead change.

The implications of this are that:

- change cannot come from the practice of individuals alone; significant shifts are required socially and materially to enable the workforce to implement this approach
- the wider context of public service reform in which SDS is being implemented is particularly challenging; successful implementation of SDS is contingent on the implementation of wider public service reform
- the workforce are required to negotiate significant tensions between new and existing ways of working and need emotional and practical support to sustain and equip them for change in these contexts
- support programmes need to equip staff to make the changes required to their individual practice and to work collaboratively at local and national levels to change the social and material contexts for implementation
- workforce development programmes need to make sure that learning from participants is used to influence policy and systems at local and national levels across policy areas.

The team's contribution to implementation of SDS in Scotland

Exploration of three projects (Action Learning Sets, collaborative work with the Care Inspectorate and the development of a risk resource) clearly demonstrates the team's contribution to the implementation of SDS.

The team delivered activities appropriately and engaged the right people who reacted as anticipated.

Participants gained relevant knowledge and skills through the process.

Some participants have made changes to behaviour and practice and others have clear plans to do so.

There is emerging evidence that the activities are contributing to:

- the workforce having a strong voice in the system
- the system reflecting the values and principles of SDS
- people being supported across organisational boundaries.

Effective approaches

Effective approaches to workforce development in this context:

- acknowledge complexity
- support the workforce to understand the system and the levers for change
- build capacity and skills
- provide emotional support
- foster networks and relationships
- capture learning and use this to influence policy and systems.

The collaborative learning approaches taken across the three projects are popular with participants and enable people to work together from across the system to make tangible change.

Implications

The findings of this evaluation have implications for the team, workforce development, the implementation of SDS and of public service reform more broadly. They show that progress in any area is contingent on factors elsewhere in the system. This applies to an individual seeking to develop their own practice with people using support and to organisations seeking to re-orientate their systems to implement SDS.

Whole scale implementation of SDS cannot happen without similar progress in relation to wider public service reform objectives. The collaborative approaches to workforce development explored in this evaluation can be used to this end.

Chapter 1: Background to the evaluation

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Key points

- Self-directed support (SDS) is a reform that gives people control over the support they receive.
- The approach is part of the public service reform agenda.
- The Scottish Social Services Council SDS workforce development team (the team) was set up to support the workforce to implement SDS.
- Their work includes: building local capacity and skills, developing resources and influencing policy and systems.
  The SSSC commissioned this critical friend, theory-based evaluation to help the team understand their contribution to outcomes.
- The findings of this evaluation will inform future work.

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1.1 About SDS

SDS is an approach that seeks to improve outcomes for people by enabling them to have more choice and control over the kind of support they receive and how it is delivered. In 2013 the Scottish Government introduced legislation[1] that placed a statutory duty on local authorities to offer people options about how their support is organised. This has required local authorities to work in new ways with people using support and providers of services. The policy is a key part of the Scottish approach to public service reform[2] and a critical component of wider efforts to integrate health and social care.

Implementing SDS involves whole system change, including change to the relationship between people in need of support and the state. SDS positions people using services as active partners in their care and support which may or may not involve the use of formal services. The approach is at the forefront of a shift within public services from top down to more collaborative and co-produced ways of working.

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[1] Social Care (Self Directed Support) Scotland Act 2013
[2] http://www.gov.scot/Topics/Government/PublicServiceReform

1.2 About the work of the team

The workforce has a critical role in the successful implementation of SDS. The SSSC SDS workforce development team (the team) have been in place for three years, leading a programme of activity that supports the workforce to make the changes required. For the first two years, the programme of activity was organised around eight thematic work streams. The work steams brought together people from across the health and social care system to consider implementation issues, such as risk and outcomes. In 2015 the team built on this approach and took forward identified actions through nine projects in three thematic areas. This work is summarised in the table below.

Table 1: Themes and projects

Theme	Projects
Influencing policy and systems	SDS in health in the context of integration. Personal outcomes approach. SDS and Regulation.
Developing resources to build individual and organisational capacity	Digital development and learning. Interactive risk enablement resource. Outcomes focussed commissioning case studies. Citizen Leadership research. Personal assistant research.
Building local skill and capacity for workers to collaborate in improvement and change	Peer support. Building local capacity.

1.3 Aims and approach to the evaluation

As part of their ongoing commitment to learning the team commissioned Dr Ailsa Cook (AC) and Dr Sarah Morton (SM) to carry out a critical friend evaluation of the programme using theory-based evaluation.

The aims of this evaluation were:

- to develop an understanding of the contribution of the team to the implementation of SDS in Scotland
- to develop systems and approaches to support ongoing evaluation of team activities
- to engage with stakeholders across three projects to understand the ways in which the team activities contribute to improved outcomes.

Early engagement with the team revealed that their work was profoundly influenced by the complexity of the challenges experienced by the workforce in implementing SDS. So it was agreed in the first month of the project to add an additional aim:

- to understand the barriers and supports to implementing SDS from the perspective of the workforce.

The evaluation used an approach to theory-based evaluation called Contribution Analysis. A full description of this approach is in Chapter 3. We developed the understanding of the barriers and supports to implementing SDS using the ISM Behaviour Change Framework. More information on this framework is in chapter 2.

Throughout the evaluation, the evaluators worked closely with the team, analysing and discussing emerging findings and working together to develop and refine the evaluation plan. This way of working enabled the team to integrate early findings and insights into their work, as well as building the capacity and skills of team members to evidence impact.

Learning for the team

- The team have found the process of evaluation to be inherently valuable, improving their understanding of what they do and the context in which they work.
- They have valued having an external sounding board to talk through shared issues.
- In their critical friend role, the evaluators have shared observations about the work of the team and their approach.
- This has helped the team surface and discuss issues.

Chapter 2: Understanding the barriers and supports to implementing self-directed support from the perspective of the workforce[3]

> **Key points**
>
> - The behaviour of any individual is shaped by factors operating in individual, social and material contexts
> - The workforce experience significant challenges in all three contexts that negatively influence their ability to make their contribution to implementing SDS.
> - Material challenges include:
>   - lack of appropriate services and supports for people
>   - austerity
>   - conflicting legislation policy and guidance.
> - Socially, SDS is not the norm and is seen as a low priority across the health and social care system.
> - Working with these challenges can have a significant impact on individual emotional wellbeing and the sense of agency required to lead change.

2.0 Why develop this understanding?

SDS is a significant reform that requires organisations to make changes to culture, systems and practice. Supporting the workforce to make these changes is a vital function of the SSSC SDS workforce development team (the team). Early discussions with the team highlighted two different kinds of barriers to their work in this area:

- the workforce face significant and complex challenges in making the changes required to implement SDS
- there is a lack of shared language with which to discuss the challenges, this is essential for collaborative work to achieve change.

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[3] **The workforce** involved in supporting individuals to direct their own support includes:
social service workers, including social workers and workers in services for both adults and children
workers in strategic support services including finance and commissioning staff
workers in health care settings, particularly those with a responsibility for assessment and support planning, including occupational therapists and allied health professionals
personal assistants employed by people who access direct payments
individuals who employ a personal assistant (PA) using a direct payment, also have responsibilities in their role as a **PA employer.**

Therefore we decided to work with the team and broader stakeholders to map the system in which SDS is being implemented as experienced by the workforce. Developing such a system map is considered good practice in theory-based evaluation.

2.1 Using the ISM Behaviour Change Tool

We used the ISM Behaviour Change Tool to structure the process of mapping barriers and supports to implementation. The ISM tool is based on a synthesis of more than 60 different behaviour change approaches ([4]Darnton, 2008) and was developed by the Scottish Government and Andrew Darnton in 2013. The model identifies three important contexts to consider when understanding a particular behaviour or set of behaviours. These are: the individual, the social and the material ([5]Darnton and Horne, 2013). Within each context are a range of factors shown through research to influence behaviour. These are summarised in the following diagram.

Figure 1: ISM Behaviour Change Model (Darnton and Horne, 2013)

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[4] Darnton, A (2008). An overview of behaviour change models and their uses. London. Government Social Research.
[5] Darnton, A and Horne, J (2013) A User Guide to the ISM Tool. Edinburgh, Scottish Government. http://www.gov.scot/Resource/0042/00423436.pdf
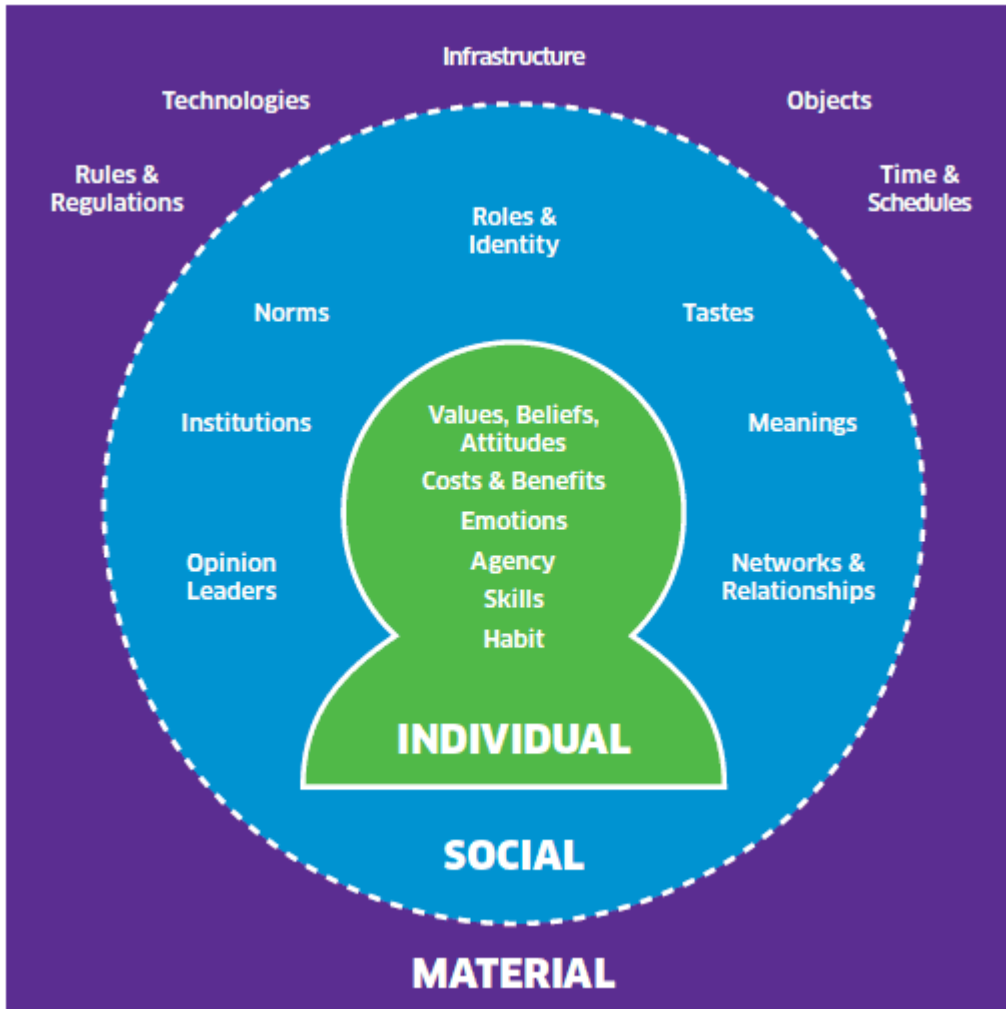
This model highlights the interplay of factors operating in different contexts and the way they shape individual behaviour. It provides a tool to start to unpack the complex relationships between different aspects of the system and how they may impact on decisions taken by individuals which may aid or hinder implementation.

2.2 Data collection

We mapped the challenges and supports to implementing SDS over several stages. Firstly the evaluators took the ISM model to the project board meeting and facilitated a two hour workshop with members. In this workshop participants:

- clarified what was meant by the workforce
- identified the main barriers and supports to implementing SDS across the individual, social and material contexts
- worked in small groups to identify specific actions to overcome barriers.

This process, allowing for considered discussion, gave a baseline data set to understand the barriers and supports to implementation across the three contexts. We augmented this dataset with data from discussions with the team and from an exercise carried out at a workshop for 70 SDS stakeholders seeking to develop a common understanding of the features that need to be in place to implement the approach.

2.3 Findings: barriers and supports to implementing SDS

The barriers and supports experienced by the workforce to implementing SDS arising in each of these contexts are summarised in the tables below.

Table 2: Issues arising in the individual context

ISM factor	Key findings
Values, beliefs, attitudes	• There was strong agreement about the values, beliefs and attitudes required for the workforce, including: creativity, equity, willingness to bring self to professional encounters, share power with the supported person, a belief that SDS was the right approach, positive attitude to risk. • Stakeholders in several forums emphasised the importance of prioritising values and principles over bureaucracy and resources.
Costs and benefits	• Discussions suggest that the cost benefits for the workforce in implementing SDS are uncertain. Examples were given of staff working creatively to make a positive change to a persons' life. There were also examples of workers and teams who had invested in creating new opportunities for individuals, only to have them overturned on the basis of risk or resource decisions.
Emotions	• The importance of attending to the emotional aspects of implementation was highlighted. • Implementing SDS was associated with feelings of joy, being valued and satisfaction of a job well done. • Confidence was identified as important to good practice in this area. • Participants reported that many people in the workforce felt fearful, undervalued, burnt out and overwhelmed by constant change. This undermined confidence and left workers frightened to take responsibility for change. • There was a sense that workers did not feel trusted and in turn did not trust the wider system.
Agency	• Stakeholders all agreed that a sense of autonomy and

	permission to: bring oneself to the work, work in partnership with the person being supported and practice creatively was vital to good practice. • Individual agency is influenced by knowledge and support and leadership from senior management. • There is a strong sense that workers are lacking permission to work in this way.

Knowledge and skills	• The workforce needs a wide range of knowledge and skills to implement SDS. These include:
	    ◦ skills around outcome focussed and enabling practice
	    ◦ technical knowledge of the processes and procedures around SDS including confidentiality and data protection
	    ◦ knowledge of local resources
	    ◦ knowledge of the context in which they are working and links to other policy areas.
	 • Participants emphasised the need for the workforce to have knowledge of change and skills in change management, including through dialogue and collaborative working.
	 • The importance of skills in evaluation and the ability to capture data to build the case for SDS was also emphasised.
	 • Team and project board members reported that whilst those they engaged with directly had a good knowledge of SDS, they were aware of big gaps in knowledge of SDS, in particular amongst support workers, people accessing services and support and health colleagues.
	 • They had also encountered significant misconceptions about SDS, for example that it is about cutting budgets.

Habit	• Team members reflected that in many contexts the default position is to be task focussed and resistant to change. • Workshop participants posed the question 'How does SDS become routine, day to day and assumed?'

Table 3: Issues arising in the social context

ISM Factor	Key findings
Networks and relationships	• Participants emphasised the importance of networks across health and social care and with local communities and provider organisations. • Networks enable collaborative practice, open up new opportunities for supporting people, enable the sharing

	of learning and good practice and offer support to the workforce.
	• Participants reflected that the required networks were not always there or did not reflect the needs of the workforce.
	• The role of the SSSC as an important and valued intermediary was emphasised.
Meanings	• Analysis of the data showed that SDS means different things to different people even amongst those at the forefront of implementation.
	• SDS is often seen as an add-on to practice and as a result people encounter contradictory messages elsewhere in the system.
	• People highlighted the need for SDS to be simplified and more portable, so it can be readily applied across contexts.
Tastes	• Shared values and principles around choice, flexibility and control unite people working to implement SDS.
	• Within this there are clear divisions based, for example, on the emphasis placed on SDS as an emancipatory reform to help people accessing support versus a public service reform to create more efficient services.
Roles and identity	• Implementing SDS requires a number of shifts in role and identity from:
	o carer / fixer to broker / advisor
	o service user to partner in care and support
	o professional to partner in care and support
	o professional to change agent.
	• Participants highlighted the particular challenges the workforce face in breaking down professional boundaries to bring themselves to the encounter.
	• This also applied in relation to working across professional boundaries.
Norms	• Participants reflected that SDS is not currently the norm.
	• Before SDS can become the norm, expectations need to change about how agencies work with individuals and communities and relevant policy and legislation needs to reflect these changes.
	• Joint working at policy level is important to make this happen.
Institutions	• The data suggests the most significant barriers and opportunities to implementing SDS occur at an institutional level.
	• Within this context it is institutions that have the power to change guidance, policies and procedures to

	enable the workforce to support individuals to direct their own support. • The pace of change in local authorities is slow and this is creating significant barriers to practice including in relation to: risk, eligibility and adult support and protection. • This in turn acts as a barrier to change in the third and private sectors. • National bodies were identified as contributing to this issue. Participants gave examples of how local authorities' attention of is being drawn away from SDS, for example by performance management requirements that privilege other policy priorities. • Current scrutiny approaches were highlighted as being not as sensitive as they could be to the efforts organisations were making to change. • Higher Education Institutions were identified as insufficiently equipping the future workforce to play their role in implementing SDS.
Opinion leaders	• Participants shared many examples of the pivotal role of opinion leaders in supporting the workforce to implement SDS. This included through championing good work and giving permission for innovative approaches to change. • Participants identified significant opinion leaders not yet sufficiently promoting approaches that enable SDS. This included elected members, chief executives, legal and financial specialists as well as national bodies such as Audit Scotland and the Care Inspectorate.

Table 4: Issues arising in the material context

ISM Factor	Key findings
Rules and regulations	• There are tensions between the messages in the long standing policy and guidance and the new legislation on SDS. • In particular tensions were identified in relation to procurement, eligibility and scrutiny. • The human rights framework was seen as an opportunity to reinforce good practice in relation to SDS.
Technologies	• Participants identified a range of opportunities afforded by good use of technology to share knowledge and support people to be in control. • Workforce support systems are clunky and can act as a barrier to good outcome focussed practice. • Many workers don't have access to technology in

	work to access online resources about SDS.
Infrastructure	• The lack of infrastructure to deliver the kinds of innovative supports required was highlighted. This included a lack of personal assistants and micro providers of support. • The current dominance of the residential care sector was seen as a barrier to more flexible ways of working. • The lack of appropriate evaluation infrastructure was also highlighted to support organisations to measure and understand success. National bodies are currently working with different evaluation approaches, which confuses the picture.
Resources	• The impact of budget cuts and austerity on the kinds of support people received was highlighted across stakeholders. • There was a concern that preventative and more creative work was being deprioritised or devalued in the context of diminishing resources.

Time and schedules	• Time was identified as important in two ways.
	  o Having outcome focussed, exploratory conversations with people accessing support takes time. Participants felt that workers often did not have sufficient time for this.
	  o It takes time to realise the benefits of complex change initiatives both at an individual and organisational level. Participants across forums expressed frustration that funding cycles did not always allow this time.

2.4 Conclusions and reflections

2.4.1 Implications for implementing SDS

This map of the barriers and supports experienced by the workforce to implementing SDS shows that change cannot come from the practice of individuals alone. Significant shifts are required socially and materially to enable the workforce to implement this approach. These shifts need to be taken forward despite the operational pressures created by ongoing resource limitations.

The analysis also shows that the wider context of SDS implementation is particularly challenging. SDS is at the vanguard of a broader programme of public service reform that requires whole system change. Just as it is not possible for any one individual to implement SDS alone, this analysis

suggests that successful implementation of SDS is contingent on the implementation of wider public service reform.

2.4.2 Implications for supporting the workforce

The workforce is operating in challenging conditions, required to negotiate significant tensions between new and existing ways of working. Workforce development programmes need to explicitly recognise these challenges and sustain and equip them for change in these contexts through:

- providing emotional support and bolstering resilience
- supporting individuals to understand and work with local challenges.

Programmes need to equip staff to make the changes required to their individual practice and to work collaboratively at local and national levels to change the social and material contexts for implementation.

Finally it is vital that workforce development programmes capture learning from participants and use this to influence policy and systems at local and national levels and across policy areas.

How the learning has been used

- The team have found the ISM a useful tool that helps them to understand complexity and to support others to work through challenges.
- Two different projects are using the approach to develop an understanding of challenges to implementation occurring at different levels of the system.
- Building on the work of this evaluation the Scottish Government SDS Policy Team has used the ISM approach to inform the development of their next cycle of strategic plans.

Chapter 3: Understanding the contribution of the SSSC SDS workforce development team to improving outcomes: developing the theory of change

> **Key points**
>
> - Contribution Analysis is an approach to theory-based evaluation that can help teams understand the contribution they make to outcomes.
> - The approach involves developing a theory of how programme activities contribute to outcomes.
> - This theory is summarised in a results chain and documents risks and assumptions.
> - The work of the team is underpinned by three distinct theories that are captured in three results chains.
> - The results chains are used as the basis for evaluation as well as to inform ongoing planning and development.

3.0 Why contribution?

As the ISM analysis presented in chapter 2 shows, there are many factors influencing whether or not an individual is supported to direct their own support, beyond the practice of the individual worker. Therefore there are necessary limits on the impact that a programme of workforce development can have on policy implementation. Using the language of contribution allows the programmes activities to be considered alongside other factors that might help or hinder the work going forward.

3.1 Contribution analysis

Contribution Analysis (CA) is a process of evaluation which helps those who seek to demonstrate the impact of their programmes within a complex, multi-partnership environment. The emphasis of CA is on outcomes rather than just accounting for what programmes deliver and produce (although inputs, activities and outputs are part of the process). The conceptual development and application of CA has been influenced by individuals such as John Mayne[6] and Steve Montague[7] who have

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[6] Mayne, J. Contribution analysis: An approach to exploring cause and effect,   Institutional Learning and Change Initiative Brief 16, http://www.cgiar-ilac.org/files/publications/briefs/ILAC_Brief16_Contribution_Analysis.pdf

described the process as 'results-based management' involving the gathering of a range of forms of evidence (or 'evaluative evidence') in order to tell the story about how programmes have contributed to outcomes in the short-term, medium-term and long-term.

The basic process is to develop a picture of the logic underpinning the programme and set this out as a results chain. This helps to support individuals, programmes and organisations to define problems and identify the means by which such problems can be addressed based on evidence and plausible theory – a theory of change.

A further key underpinning principle of the approach is that CA is about evaluation for accountability and learning rather than accountability alone. In other words, this is a learning-based evaluation tool which seeks to provide key lessons for programme development and continuous improvement, as well as being an evaluation framework.

3.2 Developing the results chains and risks and assumptions

In this project, the evaluation team worked with the whole team to develop results chains and risks and assumptions.

The process started with an open workshop, asking participants with different perspectives on the SSSC programme to consider the question 'what does success look like'. This allowed the development of the theory for how the programme activities contribute to short, medium and long term outcomes.

A results chain for each thematic work programme was developed. We developed two of these results chains with two members of the team. We took a different approach for the developing resources work stream as this was at an earlier stage of implementation. The results chain presented here is for the future implementation of this resource and other resource development work. This results chain will need to be tested once the resource development work is rolled out.

3.3 Results chains

Below is a summary of the results chains along with the risks and assumptions.

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[7] Montague S. Practical (Progress) Measurement and (Impact) Evaluation for Initiatives in Complex Environments. Performance Management Network: Performance Management Network; 2011.

Table 5: Capacity and skills development results chain

Building local skills and capacity for the workforce to collaborate in organisational improvement and change to implement SDS		
Activity The team facilitate approaches to peer learning and sharing including Action Learning Sets and Appreciative Inquiry. Provide information and consultancy to projects and organisations to support change.		
Assumptions and risks	• Complex change requires long term support. • SSSC is seen as a legitimate and valued improvement organisation. • Team members have the knowledge and skills to deliver activities.	• Partnerships do not target participants effectively. • Key individuals do not participate in activities. • Workforce not supported to take the time to engage with activities. • Intended audience do not look to SSSC to provide this support.
Engagement Targeted groups of individuals within specific partnerships and organisations are engaged and involved in the programme.		
Assumptions and risks	• Participants have realistic expectations of activities at the point of engagement. • Activities fit with other learning, development and broader organisational messages. • Cross sector and professional engagement is sufficient to enable collaborative learning and to bring credibility and momentum to the process. • Work of team 'role models' the practice seeking to support.	• Participants are overwhelmed by complexity and the challenge of change. • Participants encounter contradictory messages elsewhere in the system. • Activities do not respond to issues identified as important by the workforce. • Team members lack the knowledge and skills to facilitate collaborative learning.
Reactions / awareness They value collaborative learning. The programme is a good fit with their other priorities. They feel it will help me progress their work. 'It is for me.'		

Assumptions and risks	• Approach enables participants to examine issues in context of broader system. • Approach helps participants work through local issues and make change in the context of competing priorities.	• SDS trumped by other policy priorities. • Participants not supported to apply learning beyond the sessions.

Knowledge, skills and attitudes
Increased confidence and skills to lead and support change locally.
Increased knowledge of the system locally and the levers for change.
Increased confidence and capacity to use and facilitate collaborative approaches.

Assumptions and risks	• Partnership will take on ideas for change coming out of Action Learning Sets. • People in the system value the work. • Ongoing learning and development within partnerships supports the activities. • SSSC are able to take learning and influence policy environment.	• People don't have time to apply knowledge. • Organisations do not allow the time required for activities to yield tangible results. • There are external constraining factors that prevent change.

Behaviour / practice
Practitioners use collaborative approaches to improve the system of SDS.
Workers use a wide range of local and community assets to support service users.

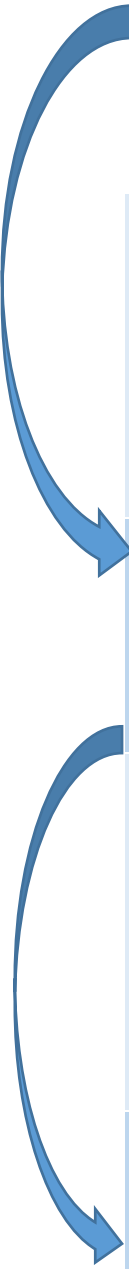| Assumptions and risks	• There is sufficient engagement cross sectors and professions within partnerships to drive change in cultures, systems and practice. • The policy environment supports change. • Change is possible.	• Wider contextual conditions provide barriers to implementation including austerity, living wage and the benefits system. • The values of SDS are not shared or reflected across the system. • There is a continued expectation that peoples' needs should be met through services.

Outcomes
Values and principles underpinning SDS are reflected in the local system.
Local workforce supports people to direct their own support.
Workforce has a strong voice in the system locally.
People get the support they need across organisational boundaries.

Table 6: Policy and systems results chain

Influencing policies and systems

Activity

The team:

- represent the concerns of the workforce to policy
- create strategic alliances
- facilitate learning and development sessions
- develop resources that promote understanding.

Assumptions and risks	• Activities are timely and address critical issues for policy. • SSSC is a legitimate and valued national partner.	• Key individuals do not participate in activities. • Intended audience do not look to SSSC to play this role.

Engagement

The team effectively engages:

- policy makers and influencers eg SSSC, Care inspectorate, Scottish Government departments (SDS team, health and social care integration team, carers team, chief social work advisor), SDS National team
- strategic allies eg Social Work Scotland, Scottish Care, Health Improvement Scotland, Self-directed Support Scotland, CCPS.

Assumptions and risks	• The work of team 'role models' the practice it is seeking to promote. • Cross sector / stakeholder engagement is sufficient to bring credibility and momentum to the process.	• Stakeholders encounter contradictory messages elsewhere in the system. • Team members lack the knowledge, skills and credibility to influence stakeholders.

Reactions / awareness

Policy makers, influencers and allies value this collaborative work, think it is a good fit with their other priorities and that it will help them progress their work.

Assumptions and risks	• The concerns of the workforce are adequately represented. • Approaches reflect the complexity of the system and help stakeholders understand the concerns of the workforce within that.	• Stakeholders are too overwhelmed by complexity and the challenge of change to take on new knowledge. • Stakeholders encounter contradictory messages elsewhere in the system.

Knowledge, skills and attitudes

Increased knowledge and understanding amongst stakeholders of:

- role of the workforce in implementing SDS
- challenges and enablers to implementing SDS as experienced by the workforce
- contribution of SDS to public service reform
- own / organisation's contribution to successful implementation of SDS.

Assumptions and risks	• Having an enhanced understanding of the system and the concerns of the workforce helps stakeholders work to address barriers within policy environment. • Colleagues, other organisations and the system value this work.	• Stakeholders don't have time to apply knowledge. • There are external constraining factors that prevent change. • SDS is trumped by other policy priorities.

Behaviour / practice

Across the system everyone works to address the barriers experienced by the workforce in implementing SDS and to influence and change systems to reflect new modes of practice required for the workforce to implement SDS.

Assumptions and risks	• Change is possible. • Requisite changes in related policy areas (eg health and social care integration) occur at a suitable scale and pace.	• Wider contextual conditions provide barriers to implementation, including austerity, living wage and the benefits system. • Wider stakeholders do not have a sufficiently broad understanding of SDS, including the role of unpaid carers and people using support.

Outcomes

The values underpinning SDS are reflected across the health and social care system.

The workforce supports people to direct their own support.

The workforce has a strong voice in the system.

People get the support they need across organisational boundaries.

Table 7: Developing resources results chain

Developing resources to support SDS		
Activity The team co-produce resources with experts from across the system. The team works with these experts to: • develop a communication strategy and materials to accompany the resource • promote and disseminate the resource through new and existing networks • capture learning about resource use and emerging issues for practice.		
Assumptions and risks	• That the resources are needed and address 'live' systems issues • That resources are well executed and use clear communication and latest learning theory • Evaluation is embedded into the approach	• That experts don't have time or willingness to help develop the resource • The expert group lacks expertise in key areas
Engagement The team effectively engages: • frontline workers and people in operational, strategic and business support roles across health, social care, third and private sectors • people in training • elected members • policy stakeholders and influencers.		
Assumptions and risks	• There is a positive attitude towards using resources. • The resources are attractive and easy to use.	• The systems are in place to deliver the resources to stakeholders. • They have time and inclination to engage with the resource.
Reactions / awareness All of the stakeholders feel the issue addressed by the resource is important. The new resource will be useful for me and will help me progress my work.		

Assumptions and risks	• The resource addresses an issue that stakeholders want to tackle.	• They have the capacity to engage with the resource. • They encounter contradictory messages elsewhere in the system.

Knowledge, skills and attitudes
People working with the resource have:
- knowledge of why this issue is important
- knowledge of the barriers and supports to implementing this approach in practice
- increased confidence in practice
- increased confidence in working across the system for change
- knowledge of further resources and support.

Assumptions and risks	• The resources adequately address the knowledge and confidence issues identified. • The learning style suits participants.	• Managers encourage ongoing learning and reflection.

Behaviour / practice
Stakeholders:
- embed the learning from the resource in their own practice
- share the resource and learning with others
- work collaboratively to implement learning.

Assumptions and risks	• Employees feel supported. • People using support value the practice.	• Managers support the changes that using the resources identifies.

Outcomes
People using services feel valued and are enabled and empowered to achieve their own outcomes.
The values underpinning SDS are reflected across the health and social care system.

3.4 Reflections

The results chains show a clear theory underpinning the approach to workforce development by the team. At the heart of this theory is an understanding that change to individual practice requires a supportive social and material context in which to work. For this to happen people across the system need the knowledge and skills to contribute to wider system change.

Developing the results chains and risks and assumptions highlighted questions to be addressed in the interviews, focus groups and other data collection. Some of these are in chapter 4. The team can continue to use the results chains to plan, develop, reflect and evaluate work going forward.

Learning for the team

Producing the results chain has helped the team to:

- reflect on and create shared understandings of the complexity of working in this area
- capture shared values and principles
- identify that SDS is a crowded field, with many stakeholders being unclear about the specific focus and contribution of the team
- create a clearer picture of what the team does and how their work contributes to SDS outcomes
- use the language of outcomes more consistently across their work.

Chapter 4: Capturing evidence of impact

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Key points

- Capturing evidence of the difference activities make to outcomes is an important part of public service delivery.
- Information can be used for improvement and service development as well as to monitor performance and demonstrate accountability.
- Participant evaluation and Reflective Impact Logs are tried and tested, straightforward approaches to capturing impact.
- Embedding approaches such as these into routine activities and processes helps organisations learn and improve.

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4.0 Why capture evidence of impact?

Understanding what a programme does, how it works and the difference it makes to outcomes is a fundamental part of good practice in public service delivery. Working in this way is vital to the ongoing development and improvement of services, systems and supports as well as demonstrating accountability to funders and stakeholders. In the current context of austerity, organisations, projects and teams experience increasing pressure from funders to evidence the impact of their work, who in turn need to demonstrate effective use of resources.

While working with external evaluation specialists can be valuable, it is not sufficient if an organisation is to continually learn and improve. Approaches to capturing evidence on impact need to be embedded in everyday work and capacity and skills built within teams to make sense of and respond to emerging findings.

4.1 Work with the SSSC SDS workforce development team

One of the aims of this evaluation was to work with the team to develop approaches they could continue to use to evidence their impact beyond the life of this evaluation. In discussion with the team it was clear that the approaches needed to be:

- embedded into everyday work (and in particular did not require access to any specialist systems or software)
- proportionate and time efficient

- used to capture impact from a wide range of activities, including those at an exploratory stage
- building on the existing and diverse strengths of the team
- adaptable to respond to specific evaluation requirements over time.

Work with the team identified two types of opportunities to improve evaluation practice.

1. Extending current good practice in capturing evidence from participants about their experience of team activities.
2. Creating a uniform approach to capturing and discussing critical reflections about the impact of diverse activities undertaken, through what we have called Reflective Impact Logs.

As with the whole evaluation, Contribution Analysis (described in chapter 3) informed these approaches and sought to understand the impact of activities on final outcomes, by capturing evidence on:

- the delivery of activities
- level and type of engagement achieved
- the reactions of the participants
- changes in knowledge, skills and attitudes
- changes in practice and behaviour
- changes to final outcomes.

4.2 Capturing impact through participant evaluation

The team had an established set of approaches to capturing reflections and experiences from participants in activities they organised. This included through evaluation forms and evaluative discussions held during activities and facilitated via Yammer (the online discussion forum established by the team). Review of these approaches found that while they captured great data about the experience of participants and how it could be improved, the information gathered about what difference the activities made was patchy.

Below are a series of questions the team can build into existing evaluation forms and processes. The data from these questions can be analysed alongside other information to build a strong picture about the contribution of the activity to outcomes.

Table 8: Questions to capture impact from participants

Aspect	Possible questions
Delivery of activity	• How did you find the activity? (can include scale questions asking about key features, such as relevance of information, facilitation, quality of venue, presentations) • What were the most / least effective parts of this activity?
Level of engagement	• Were the right people in the room? Were any important perspectives missing? • How did you find the balance of participation?
Reactions	• What did you think about the information presented? • How relevant do you feel the issues are for you?
Change in knowledge, skills and attitudes	• What have you learned through this activity? (if relevant can specify specific aspects of knowledge or skill) • Has taking part in this activity changed your understanding of the issues? If so, how? • What new skills have you learned?
Change in behaviour and practice	• What will you do differently as a result of taking part in this event? • How will the learning today influence your practice?
Wider changes	• What difference has this activity made? • What difference do you anticipate this activity will make? (eg to your organisation, policy in this area, outcomes to people using services and supports)

4.2.1 Putting the approach into practice: hints and tips

Learning from the evaluation highlights a number of considerations when evaluating impact through participant evaluation.

1. **Specific questions for specific activities.** Think carefully about when the data is collected, who is completing the questions and what you need the data for. Questions need to be accessible for the target audience and make sense in the context of the activity that they are taking part in. It is not possible to pick questions 'off the shelf', they need to be reviewed and if necessary adapted for each process. If the objective of an event is to build knowledge, then the questions should

explicitly ask about this. For an event focussed on gaining consensus or influencing policy, it will be important to understand if the relevant perspectives are represented in the room.

2. **Not too few, not too many.** Developing good participant evaluation processes requires carefully balancing your need for information with the participants' willingness and capacity to give it to you. If you feel that participants' willingness or capacity to engage is limited, mixing open ended with tick box questions can be a good way to gather some very specific evidence of impact (eg has your confidence improved) whilst leaving space for participants to give explanations for this or to share unexpected impacts.

3. **Think about timing.** You can capture evidence of impact as follows.

   - **During an activity –** giving insights you can use instantly to improve what you are doing.
   - **At the end of an activity –** giving a picture of how participants have found the activity and how it has impacted on knowledge, attitudes and skills. Participants may also be able to reflect on anticipated impacts on behaviour or final outcomes.
   - **After an activity –** giving all the above, plus an opportunity to find out how learning has been put into practice and what, if any, difference this has made.

   It is easier to capture perspectives from participants during or at the end of an activity than it is to go back to them over time as people may not respond. If capturing impact after an activity is important it can be helpful to let people know that this is happening in advance. Behavioural science shows that getting people to pledge to do something (verbally or in writing) will make them more likely to deliver later.

   It is possible to capture activity at all of these times, in which case it is good to use a range of methods (eg discussion during an activity, questionnaire at the end and telephone interview afterwards).

4.3 Reflective Impact Logs

In discussion with the team it was clear that there were many aspects of their work that were not amenable to being evaluated routinely by participants. Examples included:

- exploratory and formative work with the workforce, stakeholders and strategic allies
- participation in activities and forums organised by other stakeholders
- other forms of strategic influencing

- ongoing individual and team development.

For some team members this kind of work made up a significant part of their role and while they had developed lots of experience over time and had a strong sense as individuals about what made a difference, there was no systematic way of capturing this.

Building on the strong history of reflective practice in the team (individually and collectively) we developed a structured approach to reflection on impact called Reflective Impact Logs. A Reflective Impact Log is a proforma which captures background information about the activity under consideration and then outlines a series of questions for reflection. The questions build on the theory of change outlined in chapter 3 and ask the respondent to reflect on:

- delivery of the activity
- whether desired engagement was achieved
- participant reactions
- difference they know the activity made
- difference they anticipate the activity will make
- how they will know this has happened.

There is also space in the log to reflect on lessons for the future. A copy of the Reflective Impact Log template is in Appendix 1.

Reflective Impact Logs help organisations learn by:

1. capturing evidence about the impact of activities not easily included in routine evaluation or benchmarking processes, such as strategic influencing
2. building the capacity of staff to think about and make judgements about impact
3. encouraging staff and organisations to think critically and deeply about the activities they do and the likely contribution to outcomes over the short, medium and longer term.

4.3.1 Using the Reflective Impact Logs to support team reflection

The team quickly identified an opportunity to use the reflective logs to structure peer and team reflection about activities and to build a picture of impact from multiple perspectives. To support this process we developed an additional Peer Discussion proforma. A colleague who has read a completed Reflective Impact Log completes the proforma and asks the peer to reflect on:

- the most important messages from the work
- opportunities to take the work forward
- implications for the wider work programme
- issues to be addressed.

A copy of the Peer Discussion template is also included in Appendix 1.

4.3.2 Putting the approach into practice: some hints and tips

Learning from the evaluation highlights the following issues that the team need to consider when putting Reflective Impact Logs into practice.

1. **Tailor use to specific context.** Reflective Impact Logs can be used to stimulate and capture reflection in a wide range of ways, including with:
   - participants in activities
   - strategic partners and allies
   - colleagues.

   The approach can be used individually or to capture the reflections of groups of people. The team should amend the templates in Appendix 1 for the specific purpose, considering the audience and the information sought.

2. **Capture information in diverse ways.** You can complete the reflective log in writing, or use the questions to capture reflection in different ways. For example recording reflections into a digital recorder after an event or activity, or using the questions to structure a group discussion, captured on a flip chart.

3. **Practice makes perfect.** Reflecting on impact and recording these reflections can take time. In particular when the idea of impact is relatively new to the person, or if they are thinking deeply about this activity for the first time. Evidence from the evaluation suggests that the more you think about impact and reflect on the activities you are writing about, the easier this gets.

4. **Be concise.** Reflective Impact Logs do not need to be lengthy. The progression of the questions allows people to tell a powerful and coherent story in a few lines or less for each question. There will be times when it is appropriate to reflect in more detail, or add a greater level of description. It is important to avoid including lots of unnecessary information as this not only takes longer to write but also makes analysis more time consuming.

5. **Reflection to action.** This tool will have most impact when it is part of a process of reflection to action. This involves:

   - reviewing the reflections over time or across groups

- identifying overarching messages
- exploring your findings in light of other information and considering the implications for practice.

If possible the team should build this process into their work, for example as part of supervision, or regular team meetings. The Peer Discussion template can help with this process.

4.4 Reflections from the team

The team have quickly integrated both approaches to capturing impact into their day-to-day work. The work done by the team to develop the results chains presented in chapter 3 has provided helpful impetus for this work. Extending existing approaches to participant evaluation to capture impact has been particularly straightforward, building on existing good practice in this area. Team members have used the reflective logs to capture impact of different kinds of activity, from one off meetings to whole projects and are growing in confidence in their use of this approach. The team have been very proactive at putting reflection into action, devoting time in routine team meetings to explore the findings from the reflective logs.

Recommendations for practice

- Simple approaches to capturing evidence of impact can be built into the everyday work of organisations to support them to learn and improve.
- It is vital to plan in advance how you will store and analyse the information captured to make sure reflection leads to action.
- To maximise impact and efficiency, tailor your approach and the questions used to meet the needs of the specific project and participants.

Chapter 5: Evaluation of three SSSC SDS workforce development projects

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Key points

- The evaluation shows that the activities of the team contribute to improved outcomes.
- The team delivered activities in the right way and engaged the right people, who reacted as anticipated.
- Participants gained relevant knowledge and skills through the process.
- Some participants have made changes to behaviour and practice and others have clear plans to do so.
- There is emerging evidence that the activities are contributing to:
  - the workforce having a strong voice in the system
  - the system reflecting the values and principles of SDS
  - people being supported across organisational boundaries.

5.0 Background

The purpose of this part of the evaluation was to address the final aim outlined in chapter 1 to understand the ways activities led by the SSSC SDS workforce development team (the team) contribute to improved outcomes. We took an early decision to focus the evaluation on three specific projects, one from each of the work streams. We describe the specific projects below.

5.1 The projects

5.1.1 Project 1. Building local capacity and skills: Action Learning Sets

From October 2015 – March 2016 two members of the team facilitated a process of locality based, peer support using an Action Learning Set approach in three localities. Managers in each of the locality areas identified 12 people working across the system to take part in six Action Learning Set sessions. Team members provided support to this process to make sure staff had permission and were supported to engage. Through the Action Learning Set process each participant identified a set of actions they would take forward with ongoing support and mentoring from the Action Learning Set. Participants met every month to discuss progress (through detailed case clinics and general discussion) and share learning.

They invited senior managers to attend the first and final sessions to make sure they shared the learning more widely across the organisation. Through the course of the Action Learning Sets participants completed an evaluative diary. They also completed a reflective log for the purpose of this evaluation.

5.1.2 Project 2. Influencing policy and systems: collaboration with the Care Inspectorate

From October 2015 – January 2016 the team took forward a programme of work with the Care Inspectorate to inform the development of policy around regulation and to build understanding of SDS among care inspectors. This work involved a series of meetings between the team lead for this project, the Care Inspectorate and other strategic allies. This led to the development and delivery of two full day workshops for care inspectors. The workshops involved a mixture of presentations (from SSSC, Social Work Scotland, Coalition of Care and Support Providers Scotland (CCPS) and provider organisations) and small group exercises. The Care Inspectorate and SSSC lead adviser worked together after the event to analyse the findings from the workshops and evaluations and explore the implications for Care Inspectorate policy and practice in this area.

5.1.3 Project 3. Developing resources: interactive risk enablement resource

During 2015 SSSC convened a group of representatives from across the health and social care system to co-produce content for an interactive resource to enhance practice in relation to risk. The team developed this project in direct response to an action identified previously by the Risk Work Stream. The resource development group included: people using support, workers and managers from social services and the third sector and representatives from national organisations. The group met for a full day six times to explore the issues and develop practice scenarios. They will take forward a further phase of work in 2016, working with higher education establishments to create the interactive resource using this content.

5.2 Approach to data collection

Using Contribution Analysis, the first step in the process was to develop robust results chains and associated risks and assumptions that would guide the data collection. The process of developing these results chains is outlined in chapter 3 of this report.

Having developed the results chains and risks and assumptions we worked as a team to establish:

- what data was required to evidence each step in the chain
- what data the team already held (eg information on participation)
- what new data needed to be collected and from who to complete the contribution story.

One of the evaluators (AC) developed a plan with each of the project leads to capture the data required. As far as possible we tried to make sure the data collection process would not be onerous for participants because of the time participants were already giving to the workforce development activities. This was borne out in the evaluation, with one interviewee speaking to me from home on her day off.

The methods used to collect data for each project are summarised in the table below.

Table 9: Data collected for each project

Project	Data collected
Action Learning Sets	Attendance data. Reflective Impact Logs from 16 participants. Interview with four participants. Reflective Impact Log from two project leads. Reflective discussion with project leads.
Care Inspectorate project	Attendance data. 57 evaluation forms from two events. Interviews with three key stakeholders. Reflective Impact Log from project lead. Reflective discussion with project lead.
Risk resource	Attendance data. Reflective discussion with project lead. Focus group with eight participants. Interview with three stakeholders.

We carried out face-to-face and phone interviews. The interviews were semi-structured, using topic guides informed by the results chains and risks and assumptions.

We carried out the focus group for the risk project with working group members. We asked participants to consider the following four questions.

- How has the experience been?
- What have you learned?
- How have you put that learning into practice?
- What difference has being part of this group made to you or your work?

The evaluation form used in the Care Inspectorate events included questions on impact designed to capture participants' reactions to the

event as well as changes in knowledge, anticipated behaviour and final outcomes.

The evaluation also used an innovative method, Reflective Impact Logs, described in chapter 4.

5.2.1 Analysis

Information from interviews, focus groups and reflective logs was analysed qualitatively using thematic analysis. The evaluation team did this in collaboration with team members. Working collaboratively to analyse data had the dual benefits of building skills in the team and proved a source of additional data and reflection on the projects.

5.2.2 Ethics

All participants gave informed consent to take part in the study. We anonymised all data included in this evaluation. We gave participants whose contribution to the evaluation might be identifiable (by virtue of their specific position in relation to the work) the opportunity to read a draft of the findings before publication.

5.3 Contribution of the SSSC SDS team to improving outcomes across three projects

Analysis of the data captured through the evaluation provides strong support to the theories of change for the team outlined in chapter 3. The work of the team does contribute to improved outcomes in the expected ways. The table below summarises evidence in relation to the stages of the results chains to show the ways the three projects contributed to improved outcomes. It details the ways results were achieved for each stage, along with quotes from participants.

Table 10: Summary of the team contribution to outcomes

Stage	Results achieved	What people said
Activities	• Action Learning Sets facilitated in three localities. • Ongoing engagement with Care Inspectorate to design and deliver two workshops. • Risk resource working group meeting regularly. Practice case studies developed and signed off.	'It has been extremely helpful. The sessions have been well structured and focussed.' (LA Manager) 'Very enjoyable and informative, look forward to next steps.' (care inspector) 'We have been really outcome focussed, with a clarity of purpose.' (third sector manager)
Engagement	• Twenty-seven participants in Action Learning Sets from across health, social services, third and private sectors. Engagement from senior management. • Sixty inspectors from adult and older people's services attend workshops. Participation from strategic allies, third sector and the workforce. • Ten participants in risk group from social services and third sectors, including workers, managers and people using support.	'People were very engaging and gave me good ideas and encouragement.' (Practitioner) 'It was very balanced, gaining appreciation of the regulation issues from providers and SSSC.' (Care Inspector) 'There has been a real diversity of input and it has felt collaborative.' (national stakeholder)
Reactions	• Activities rated very positively by participants. • Reported as being valuable learning opportunities and relevant to work. • Many participants would like to see activities extended / rolled out to others. • Participants valued opportunity to work collaboratively.	'I have found ALS a useful tool which I have discussed with my senior using within the team.' (team leader) 'Very useful for explaining the issues and the need to embrace SDS moving forward.' (care inspector) 'With the right processes and people you can do things quickly and well.'(third sector manager)
Knowledge / skills	• Improved knowledge reported in relation to: SDS and role of the workforce in implementation, networks and resources available locally and nationally, challenges and enablers in implementing SDS, contribution of SDS to public service reform, own contribution to implementation. • Improved skills in change, change management and	'I have learned that no problem can't be solved if an open / team approach is utilised.' (practitioner) 'I have reflected more on the balance of choice and control and keeping people safe, in particular in the context of economic difficulties.' (care inspector) 'I understand corporate risk and feel

	collaborative working.	more confident to work with them in doing my job.' (local authority manager)
Behaviour / practice change	• Changes to behaviour and practice including: making different decisions about risk, work collaboratively to address barriers to implementation, influence and inform colleagues and networks, establish new processes and systems.	'At the Multidisciplinary Team Meeting I asked more probing questions rather than coming up with a solution and made a conscious effort to ask about barriers to resolving issues.'(practitioner) 'I will ask more questions in the context of inspection about outcomes and SDS/' (care inspector) 'I am starting to put this new 'agile' way of working into practice elsewhere.' (IT manager)
Outcomes	• Workers have a stronger voice in the system, influencing change locally and in relation to regulation. • There is more joint working across sectors and organisational boundaries at local and national levels. • The values of SDS are better reflected in some aspects of local systems.	'I anticipate there will be more choice for service users when resource directory is set up.' (practitioner) 'Inspectors recognise that SDS does apply to them.' (Care Inspectorate manager) 'Our local risk management policy has been reshaped on the basis of this work.' (local authority manager)

5.3 Strength of the evidence

Activity and engagement: very strong

Within the three projects studied, there is very strong evidence to show they are making the contribution to outcomes articulated in theory of change. For the activity and engagement categories this evidence included objective data from attendance registers as well as reports from participants. Not only did this data show the desired numbers of people had attended from the required stakeholder groups but also that participants sustained this engagement over time, as required. As the project lead for the risk project reflected 'our list of apologies for each meeting has been very small.'

The ongoing commitment demonstrated by activity participants is notable given the challenges faced by the workforce in securing time to engage in workforce development activities. Some Action Learning Set participants reported that while they got support to attend the groups, their workload remained unchanged. In some cases this meant that participants were giving their own time to take part. While a few participants raised time as an issue, all comments suggest that people felt this was time well spent.

'I don't grudge a moment I spent away from the office (in the Action Learning Sets). Some of the topics we discussed were intense; there were horrific stories that were personal to that person. If we had rushed through the activity we wouldn't have had the same feeling about the issue.' (Action Learning Set participant)

Reactions: very strong

There is also very strong evidence that people reacted positively to the activities. All of informants from the Action Learning Set project and Risk project reported that the experience had been positive and for some exceptionally so. Terms used to describe the experience included: life changing, fascinating, unique, enlightening, uplifting fun, worthwhile and very helpful. Participants frequently commented on the quality of the input from the team members and highlighted their knowledge, approachability, skills and organisation.

Informants from the Care Inspectorate project also reacted positively. The Care Inspectorate managers interviewed were both extremely positive about the engagement with the team. They identified the contribution of the project lead as particularly strong and her expertise, networks and credibility were all valued. All of the 57 participants at the Care Inspectorate events who completed an evaluation questionnaire said they felt the event was relevant to their work, informative, well presented and enjoyable. The detailed comments show some mixed reactions to some of the content included in the day, with a common response being that the event 'asked more questions than it gave answers'. This is not surprising given the early stage of the work.

Knowledge, attitudes and skill: very strong

The evidence to show that the activities had supported participants to develop new knowledge and skills was also very strong. Participants across projects explicitly described the ways how they increased their knowledge by taking part in the events. A key feature of this way of working is that participants come to processes with different perspectives, experiences and levels of knowledge and skill. The nature of the reflective learning facilitated through these activities meant people were able to engage in the processes in a range of ways and gained new knowledge and skills accordingly.

In the risk project, group members reported a range of types of knowledge acquired. For the person using support, thinking about risk in these ways was new. For a participant contributing technological expertise, key learning was around this agile approach to collaborative learning. Other participants with extensive practice experience reported that hearing diverse perspectives on risk had changed the way they thought about the issue.

Behaviour and practice change: strong and emerging

Across all three projects strong evidence for the contribution of the projects to behaviour and practice change is emerging. Participants across the Risk and Action Learning Set projects and the strategic care inspector managers described a number of tangible ways in which the activity had changed their practice or behaviour. These included:

- instigating more collaborative approaches to learning, problem solving and organisational development
- drawing in support from colleagues (including those they have met through the activities) to address issues
- raising practice issues with senior managers
- rewriting strategies and policies based on the learning from the activity
- sharing / using learning across other networks, processes and departments.

Care inspectors attending the workshops had not had time to put learning into practice at the point of filling out their evaluation forms. They were able to identify a range of very concrete behaviours or changes to practice they intended to take forward as a result of their learning. They describe these in more detail in the contribution story for this project.

Final outcomes: emerging

As expected, given the complexity of the issues involved and the relatively short timescales, the evidence around final outcomes is still emerging. Participants across the projects identified ways in which things had changed as a result of their participation in the work. This included improved coordination of services and supports and policies that better reflect the concerns of the workforce and the values of SDS. Participants identified a wide range of anticipated outcomes, including significant benefits to people using services derived from the improved coordination of supports and better use of resources. The details of these outcomes are in the project contribution stories in chapter 6.

5.5 Contribution of the team to overcoming barriers to implementing SDS

The evaluation shows that the work of the team supported staff to address many of the barriers to implementing SDS occurring in individual, social and material contexts and discussed in part 2. These are summarised in the table below.

ISM factor	Area of improvement
Individual	• Knowledge, including better understanding of what colleagues do across the organisation. • Skills, improved listening, personal effectiveness, problem solving, collaborative working. • Emotions, confidence boosted, feel supported and valued. • Agency, confidence and commitment to take work forward, explicit authorising environment.
Social	• Networks and relationships, improved locally and nationally. • Meanings, difficulties and differences surfaced and explored, improved shared understandings. • Norms, old norms challenged through dialogue. • Institutions, better links created across departments and organisations; policies improved and under review.
Material	• Infrastructure, improved access to social work locally, increased opportunities for people to access community resources. • Rules and regulations, processes and networks in place to support revision of regulation legislation.

5.6　Reflections on the process

Contribution Analysis provides a valuable tool to evaluate the impact of complex interventions, such as those delivered by the team. The structure that the approach has brought to the evaluation has enabled the process to gain excellent and in depth data from participants in a timely and focussed way. Developing the results chains and risks and assumptions took time and involved several iterations but yielded benefits in terms of efficiencies later in the evaluation.

Taking time to adequately capture the context in which the work is taken forward (summarised in chapter 2) has also been important and allowed the evaluation to:

- develop robust risks and assumptions
- interpret what people say in light of a robust understanding of the context in which they work
- draw out the implications for wider implementation of SDS and public service reform (see chapter 7).

This robust conceptual underpinning has been important to the effectiveness of the evaluation process.

5.6.1 Wider application of the findings

The evaluation engaged with three of the nine projects taken forward by the team. All members of the team contributed to articulating the theories of change underpinning their work. A key finding of the evaluation is that these theories are robust and the processes do lead to outcomes as intended.

It is reasonable to assume that the theory of change underpinning the wider work of the team is also robust, ie the activities have the potential to contribute to outcomes in the ways planned.

It is not possible from this evaluation to claim that all team activities improve outcomes. This would require a process of data capture and analysis around these specific projects. The work of this evaluation provides a clear framework the team can use for this work.

Reflections from the project board

- The findings resonate with the experiences of wider stakeholders implementing SDS.
- They highlighted the wider applicability of the findings to public service reform.
- The message that the workforce needs specific support to help them implement complex reforms was particularly important.
- The project board have committed to working with the team to disseminate the learning from the evaluation.

Key points

- The workforce experience considerable challenges in their day-to-day work.
- It is important that approaches to workforce development are human, meet people where they are and help them get through their working day.
- Participants value connecting and working with others to take forward shared issues.
- The evidence shows that this way of working is effective in creating change in individual, social and material contexts.

Chapter 6: Contribution stories

6.0 Why contribution stories?

Understanding how any given activity contributes to outcomes is critical for ongoing learning and improvement. This chapter tells the story of how the activities in each of the three projects contributed to outcomes. The chapter concludes with a short reflection on the contribution this evaluation has made for the SSSC SDS workforce development team (the team).

6.1 Contribution story 1: Action Learning Sets

6.1.1 Outcomes

Of the three projects included in this evaluation, the Action Learning Set project was the one designed to engage the most people in an explicitly action orientated way over an extended period of time. Therefore it is unsurprising that all but two participants reported significant changes in relation to different levels of outcome as below.

Knowledge, skills and attitudes

- Increased awareness of health and social care integration.
- Improved understanding of wider organisation and shared challenges faced by different professionals.
- Knowledge of network and who to phone for help.
- Improved problem solving skills and skills in collaborative working.
- Better listening skills.
- Improved confidence and sense of agency 'no problem is intractable'.
- Better awareness of own skills and knowledge and how they can be applied.

Behaviour and practice change

- Raising difficult issues with senior management and other colleagues.
- Listening more and working with colleagues to identify shared solutions, instead to leaping in with solutions.
- More coordinated approach to supporting individuals.
- More coordinated approaches to addressing shared issues (eg around referrals and community supports).
- Changed practice in supporting individuals.

Concrete plans in place which will lead to:

- improved access to social work services locally
- improved opportunities for people to access diverse community resources.

Anticipated benefits of work include:

- people are safer as there are the appropriate resources to deliver services
- there are more choices available to people using support.

6.1.2 What helped achieve outcomes?

Analysis of the data with the project lead identified four ways in which the project contributed to these outcomes.

1. **Providing emotional support.** Participants emphasised the emotional impact of the work they did using terms such as harrowing, overwhelming and guilt. Being part of a supportive group helped participants approach their action with confidence. As one participant said

   'I don't get positive feedback at work, so it has been good to help others in a small way and to confirm I know more than I think I did.'

   Realising that others across the system faced similar challenges and difficulties was also a source of emotional support to participants, who as a consequence felt less alone.

2. **Time to think.** Being part of an Action Learning Set gave participants protected time to think. They were part of a structure that enabled them to reflect carefully on their work and hearing from other members gave them insight into broader systemic issues. Participants reported this time for reflection to be enervating, relaxing and to open up new creative solutions to problems. Several people reflected that the process gave them greater confidence in what they already knew and could do.

3. **Building networks.** Working with people from across the system opened up new ways of thinking about problems. Participants reported drawing on action learning group members in taking forward their actions. One participant said: 'I'm starting collaborative work with five of my group members…it's been an exceptional experience.' Examples of collaboration include:

- working with a district nurse to get access to a GP surgery to run a social work clinic
- close working between home care and social work to improve the quality of referrals
- sharing contacts and resources between community connectors and statutory services.

The networks were seen as important for the future. One participant said 'If I need help in the future I know who to pick up the phone to and that I will get listened to.'

4. **Developing skills.** The team supported Action Learning Sets participants to develop skills in listening, reflection, questioning as well as collaborative enquiry. Participants said how important these skills were and described the ways they were putting them into practice in their own work. Six out of the 16 participants who completed reflective logs explicitly expressed an interest in taking forward this way of working with colleagues in the future.

The way Action Learning Sets support people to take on new information and make change is summarised in the following diagram. The project lead developed this in discussion with AC.
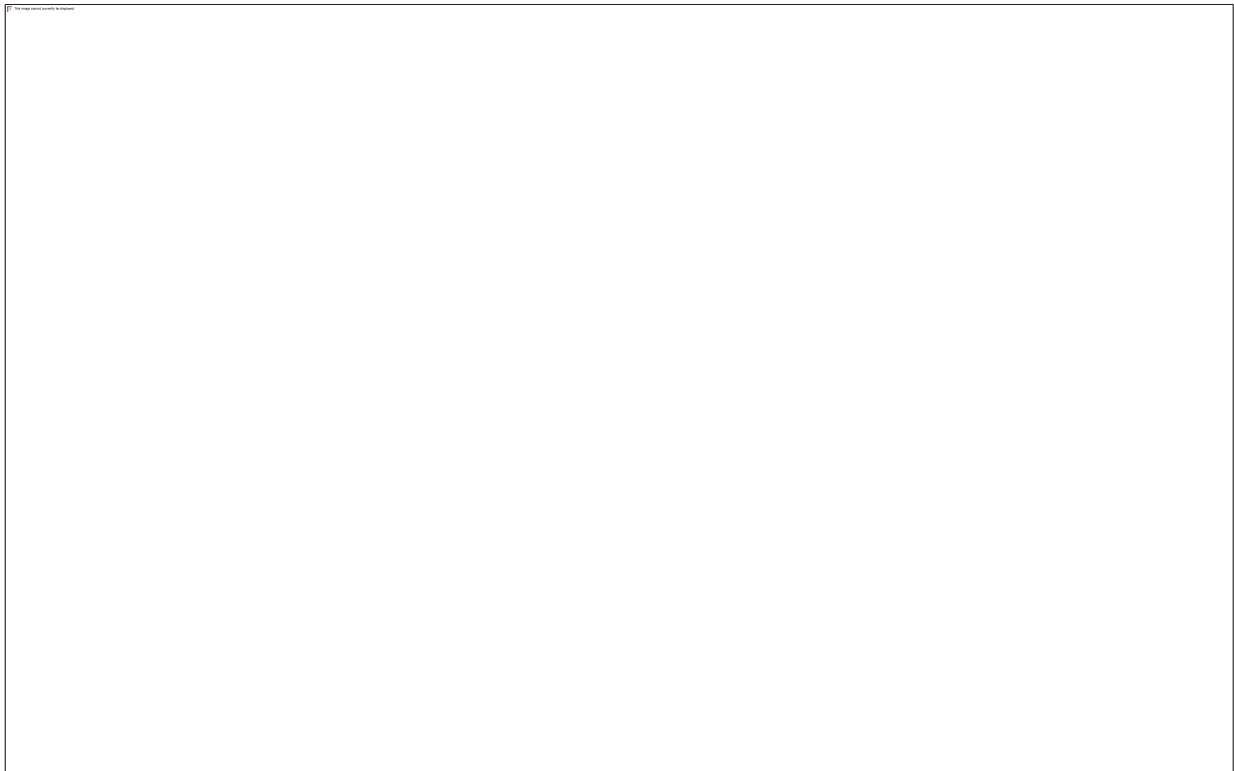

Figure 2: How action learning works

Facilitation

As the project lead highlighted, Action Learning Sets are a low cost and very simple approach to supporting people to reflect on a situation and work together to identify solutions. Good facilitation is important to realising the benefits of this approach. Participants acknowledged the important role that the facilitation team played to success through: helping them identify an achievable action, keeping the discussions on topic, providing a structure to the discussions, engaging with management to create an authorising environment for the work.

6.1.3 Barriers

Before embarking on this project the team anticipated that getting people on board could be a barrier to the Action Learning Sets. To address this, the team worked closely with a key contact in each area to help them gain permission for the work and to secure participation. Interviews with informants show that considerable work was required in preparation for the Action Learning Sets to make sure there was a good mix of participation. This process built on long standing relationships that local leads had across the organisation. This did not always result in a balanced group, with one group lacking health involvement and another having limited input from social work.

The main barriers reported by participants were the time taken to make change locally and the challenges of working with local hierarchies. One interviewee said she was looking forward to her manager attending the final meeting and hoped this would secure buy in for her planned actions.

6.1.4 Reflections and future work

The evidence shows the approach to supporting Action Learning Sets taken by the team was highly effective in supporting participants to achieve desired outcomes. Participants enjoy the approach and many would recommend it to their colleagues. There is potential to build on the appetite amongst participants to take this approach forward in their local organisations.

6.2 Contribution story 2: Care Inspectorate project

The Care Inspectorate project contributed to improved outcomes in two ways.

- The collaborative work with the organisation is being used to inform the development of new policy.
- The events for care inspectors supported individuals to practice in the context of SDS.

We have presented these different contribution stories in turn.

6.2.1 Outcomes for care inspectors

Event feedback shows the event made a positive difference to the knowledge and awareness of SDS for almost all attendees. Participants reported improved knowledge in relation to:

- SDS, legislation and implementation, challenges and tensions
- challenges faced by providers
- relationship of SDS to their role as care inspectors
- relationship between SDS, service and strategic inspection
- the Care Inspectorate position in relation to SDS and the journey required to develop new policies and guidance.

A key theme from the data was that the event raised more questions than it answered for people. The care inspectors did not leave the event knowing what to do but had a much greater appreciation of the journey they were on. Several participants indicated a wish to work strategically in the organisation to take policy and practice forward in this area.

Care inspectors identified three changes to practice or behaviour that they anticipated taking forward on the basis of their learning from the event.

1. **Access more information.** Many people said that after the event they would read further about SDS. Several people said they were looking to the Care Inspectorate to help with this, providing policy and guidance.

2. **Change the inspection conversation** including through:

- talking and asking about SDS and how the approach is being implemented in local organisations
- direct providers to further information about SDS where they see it to be appropriate
- be more understanding of the challenges faced by providers.

3. **New conversations internally**. Care inspectors said this experience would change the conversations they had with colleagues in teams, in supervision and with senior managers.

6.2.2 What helped achieve outcomes?

Participants had diverse views about what it was about the day that made it a positive learning experience. Some people valued the group work and the chance to discuss scenarios, others information from presentations. The aspect of the day raised as useful most consistently was the input from providers. Participants had varying levels of knowledge and exposure to the issues before the event and had to find their own learning in this experience. The time for reflection and mix of approaches was important to enabling this.

6.2.3 Outcomes for the organisation

In interviews, stakeholders from the Care Inspectorate highlighted how working with the project lead (as well as other members of the team previously) had supported them and their colleagues to develop knowledge and understanding of the issues relating to implementation of SDS. Through this work they developed important relationships with provider organisations and CCPS.

Informants identified concrete ways in which they planned to use this knowledge, including:

- to inform the work of the SDS expert group exploring links between SDS and inspection processes
- to inform ongoing development of participatory and person centred inspection methodologies
- to develop further training days for other groups of inspectors
- to update existing resources and to inform the development of new guidance.

6.2.4 What helped achieve outcomes?

Informants highlighted the valuable contribution of the project lead to realising outcomes. They particularly valued her understanding, experience and networks and viewed the SSSC as a very credible partner. One informant reflected that if SSSC had not been part of the events it would have been easy for care inspectors to dismiss some difficult issues as 'being SSSC's problem'. They saw having everyone around the table together as vital in supporting constructive dialogue.

This specific project built on previous collaborative work between SSSC and the Care Inspectorate and carried out separately by the Care

Inspectorate with other partners. There was a strong sense in the interviews that the time taken to prepare meant they could now keep the momentum of change going following the events. For example, one informant reported that some of the participants at these events had later taken part in a workshop around dementia. She was heartened they had applied their knowledge of SDS in this context and positively influenced and informed others.

6.2.5 Barriers

The overwhelming barriers identified to putting the learning from this project into action are institutional and material. Creating a more supportive regulatory environment for SDS requires making changes to policy, guidance and legislation. This will require a strong body of evidence to drive forward the changes and will take time.

The currently unregulated status of personal assistants creates uncertainty in strategic and service inspection processes. Many people identified the development of a shared position in relation to this across the SSSC, Care Inspectorate and strategic inspection agencies as vital to moving the agenda forward.

6.2.6 Learning

You can influence policy and systems through iterative processes that engage multiple stakeholders at strategic and operational levels. The learning from this project shows this process takes time, requires the commitment of all partners and is a cumulative process, with one activity building on the next, sometimes in unexpected ways. Creating space for high quality dialogue and reflection is essential to success.

6.3 Contribution story 3: Risk resource

As described in the project summary, this project is still in progress and the team has not yet disseminated the resource yet. The focus of this evaluation is on the impact of taking part in the process of developing the resource for the individuals involved. The team can use the results chain presented in chapter 3 to plan dissemination of this resource. It does not cover in detail the process of developing the resource itself.

6.3.1 Outcomes for the group

The difference that participating in the risk resource development group made to the individuals involved is summarised in the following table.

Table 11: Outcomes for participants in risk resource group

Outcome	Change
Knowledge	• Improved understanding of risk and approaches to working with risk. • Improved knowledge of the different institutional mechanisms and processes that influence risk decisions. • Improved knowledge of risk resources. • Improved knowledge of networks and contacts who can help in own work.
Attitudes	• Increased confidence to work with risk. • Increased commitment to working with people using support to balance risks to enable them to live the best life possible. • Increased commitment to working across the organisation to achieve this.
Skills	• Improved skills in collaborative working and agile ways of working.
Behaviour	• Better management of risk in own life and when working with people in critical situations. • Share learning and stories about risk with colleagues in local organisations and professional networks.
Practice	• Work collaboratively across organisations to improve policies and guidance around risk. • Apply agile collaborative working processes in other projects.
Outcomes	• Individuals using support are safer. • Organisational policies support practitioners to balance risk with people they support.

Learning from this group has also contributed to the learning of the National Risk Group.

6.3.2 What helped achieve outcomes?

In the focus group participants were very positive about their experience of being part of the group. They said the experience had been fun, enjoyable, useful and had built their confidence. Their ongoing attendance reflected participants' commitment to the group. There was a strong feeling of mutual respect within the group. Participants felt this positive working environment was an important part of what made their work good. One person said: 'this gives me hope for what I can achieve in other similar groups'.

Being part of this group had a very positive impact for one participant, who also used services. He said that being part of this group had improved his self-esteem, helped his recovery and gave him hope for the future. Through the group he had learned more about risk and was putting this knowledge into practice in making decisions about his own life.

Participants also identified the following as critical to success.

1. **Structure and facilitation.** The work of the group, while flexible, had a clear structure with explicit aims and time frame. Participants were clear about their responsibilities and the scope of their contribution to the process. One participant contrasted his experience in this group, which he felt was a very worthwhile use of his time, to another improvement process he was part of where after two meetings he was still unclear about the project remit.

2. **Diversity of perspectives.** The group learned a lot about the diverse system in which they work through the process of collaboration. They felt that bringing these perspectives together made the resources they developed more robust.

3. **Learning into action.** The process allowed for learning from each session to inform the overall development of this work. The group membership evolved over time, to include additional expertise identified as important through the process. Similarly the ongoing programme of work responded to issues arising. Participants felt that this agile way of working made for a very effective process.

6.3.3 Reflections for future practice

This extended process of co-production has had clear and significant impacts on participants. The team anticipate that working in this way will

make sure the final resource meets the requirements of the intended audience and will inspire change. Working with the group to disseminate the resource will also help reach diverse audiences.

The team has expertise around risk and could develop a resource without this process of co-production. The explicit theory underpinning this thematic area is that the cost in time to work co-productively is worth the benefit realised in the quality of the final resource and support for dissemination from an invested community of champions. It is important that the team continue to evaluate this process to understand whether working co-productively to develop resources does yield the longer term impacts desired.

6.4 Contribution story 4: the experience of evaluation for the team

Due to the short term nature of project funding and spending review cycles, for the duration of the evaluation the team have been operating in a position of uncertainty of funding for future activities . This is a position shared by many working in this area. In this context it would be easy to perceive evaluation as a time consuming threat. In reality the team say they have found the experience of working systematically to develop their theory of change, develop approaches to capture impact and to evaluate their activities brings a renewed focus and commitment to their work.

The use of a theory-based approach to evaluation has been particularly helpful in this context. This approach to evaluation does not demand that a team or project demonstrate results over and above those the project contribution can achieve. The contributions of the team and other partners and allies are recognised and the approach explicitly values collaborative working. Finally the approach highlights the value of a good well considered process, capturing progress against intended outcomes, as well as achieving outcomes.

Using contribution stories to reflect on progress

- Contribution stories are a way of bringing together diverse data in a form that makes sense to participants and evaluators.
- You can use them to explore personal and collective contributions to outcomes as well as the meaning the work has for individuals.
- They are a valuable tool for reflection and to stimulate discussion.
- Senior managers of participants in the Action Learning Sets reflected that their contribution story resonated with their experiences.
- They will use it to disseminate learning within their organisations.

Chapter 7: Conclusions and recommendations

Through this evaluation a strong picture emerges about the state of implementation of SDS, the challenges for the future and the contribution that workforce development can play in supporting implementation. While this evaluation focussed on an SDS workforce development programme, many of the issues brought by participants relate to the broader public service reform agenda. The themes of people, partnership, prevention and performance run through this work. Therefore we would argue that many of the findings of this evaluation are of relevance to other public service reform programmes.

7.0 Implications for public service reform

- The workforce face challenges implementing public service reform agendas.
- Implementation cannot be the job of any one person but requires collaboration across and within sectors and organisations.
- Effective workforce development approaches in this context:
    - acknowledge complexity
    - support the workforce to understand the system and the levers for change
    - build capacity and skills
    - capture learning and use this to influence policy and systems.
- Implementing public service reform demands whole system change.
- Specific reform projects' such as SDS and health and social care integration will not deliver in isolation.

7.1 Implications for implementation of SDS

The evaluation shows that there is still significant process to be made in implementing SDS. The approach is not the norm, does not receive support from key opinion leaders and consequently many institutions have not created the conditions that enable the workforce to implement SDS.

Participant responses show that implementing SDS requires collaborative change at every level of the organisation. Individuals across the system have a powerful role to play, be it in creating new connections in local communities or in joining up local assessment processes to make sure

everyone has the information they need. These individual contributions to change require permission from middle and senior management. Until SDS becomes a priority for organisations, this permission will be patchy at best. National stakeholders, including SSSC have an important role to play in encouraging the collaborative change to make SDS a national priority.

7.2 Implications for workforce development programmes

Support through challenge

- SDS is being taken forward in a challenging context. The workforce experience many barriers operating in individual, social and material contexts.
- It is important that workforce development activities recognise the pressure the workforce is under and the emotional demands of the work for individuals.
- The nature of change required to implement SDS demands coordinated work from across systems and between organisations. The workforce needs knowledge, skills, networks as well as confidence to take forward such work.
- Supporting people to work together to make change not only works at a practical level but also provides the workforce with emotional support and new knowledge and skills.

Collaborative learning

- Collaborative approaches to learning that engage people from across the system are relevant to people's day-to-day work and are intrinsically valuable, enabling participants to learn from each other through the process.
- Participants come to these learning activities with diverse knowledge, experience and exposure to the issues. Flexible structures are required that enable everyone to contribute their expertise and to find their own learning.
- The workforce value opportunities to develop skills in collaborative learning and see their relevance to their workplace.

7.3 Implications for the SSSC SDS workforce development team

The evaluation has shown a robust theory of change underpins the work of the team and contributes to improved outcomes for participants. The team can be confident the fundamentals of their approach resonate with the workforce and deliver intended outcomes.

This evaluation only explored in detail the work of three specific projects. Moving forward it is important the team continue to use the evaluation approaches described in chapter 4 to understand the impacts of their wider work programme. Even using streamlined and embedded approaches, evaluation takes time. We recommend the team builds time into the work plan for each project to make sure they capture data, analyse it and integrate the learning into practice.

Appendix 1

Reflective Impact Log

The aim of this reflective template is to support the team to capture evidence and develop their thinking about the impact of their activity on an ongoing basis. The form can be used for any kind of activity but it is best to reflect on specific events and activities over a short time frame. This might include an event, an action learning session, a stakeholder planning meeting or a short term engagement in a policy / practice partnership or forum. This resource should not replace other forms of evidence gathering, eg event feedback forms and you can use it to summarise a range of information from different sources. Please try to answer every question (you may want to do this over several sessions). Try to keep your responses to the questions concise (no more than three pages in total) and include specific examples and evidence to strengthen your account.

Activity	Date
Location	Participants

About the activity

What was the purpose of this activity?
How did you feel the activity went?
Did you get the engagement you had planned for? Thinking about who participated, extent and nature of their participation?
How did the participants react to the activity? Did they react as you had intended? How do you know?

Are there any learning points for the future?

Understanding impact

What difference do you know this activity made? (Thinking about knowledge, attitudes, skills, behaviour, and practice). How do you know this?
What difference do you anticipate this activity will make and how? Think about impact on individual participants, their organisations, wider system.
How might you capture evidence about this impact in the future?

Other reflections

PEER DISCUSSION of REFLECTIVE LOGS

Activity	Date
Author	Reviewer

Please note: the peer discussion of reflective logs is an opportunity to work together to develop thinking and understanding of the issues in evaluating the impact of your work. It is also an opportunity to develop a collective understanding of the kinds of observations and reflections that are most powerful in helping move forward this aspect of the programme.

What is the main message you take from this reflective log?
What do you think are the main opportunities to move the work forward?
How do these reflections inform the wider programme of work? Thinking about planning and evaluation?
What if any issues need to be addressed?

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