

Supporting positive cultures in social care settings in Wales – briefing

## Introduction

This briefing presents key messages from a longer evidence review of models that support the development and maintenance of positive cultures in adult and child social care settings in Wales. This briefing presents four of the models and the impact of those models, before focussing on what works in terms of implementation. The review was undertaken by SCIE, for Social Care Wales and Care Inspectorate Wales (CIW).

The research questions addressed by the review are:

* What models exist in social care?
* What is the coverage of these models across social care settings, provision types (i.e. care homes, supported living, home care, day care etc.), and across children, young adult and adult services?
* What evidence is there about the impact of these models on outcomes for people who use care and support and what is the quality of this evidence?
* How can government bodies like Social Care Wales and CIW support providers to adopt positive cultures and what has not previously worked well?

No single model of supporting positive cultures in social care is recommended above the others. Rather, this briefing highlights some of the models available to support local decision making. We recommend that local areas take a ‘whole-systems’ approach to supporting positive cultures as individuals rarely only engage with one provider, but a wider set of systems. To support a whole-systems approach we recommend the development of a set of common principles for positive cultures, and consider how existing frameworks including inspection criteria, ratings and reports can contribute.

Further evaluations are needed focusing on both the process and outcomes of change and we recommend that the sharing of such findings be facilitated. Support for staff and managers in developing and sustaining positive cultures could be achieved by building on existing leadership development programmes as well as considering further learning, development and coaching activity such as the introduction of local ‘change teams’.

### What is a positive culture?

Positive cultures are ones which support people who access care and support as well as their families and friends, an aspiration highlighted by the aims of [Social Care Future](https://socialcarefuture.org.uk/):

We all want to live in a place we call home with the people and things we love, in communities where we look out for one another, doing the things that matter most.

Furthermore, a positive culture is one where employees are respected and valued, and feel like they are making a valuable contribution, summed up by this quotation from [RMIT online (2020)](https://studyonline.rmit.edu.au/blog/positive-workplace-culture):

At their core, positive workplace cultures are environments where people like coming to work.

## Models with the most impact evidence

This section outlines three models that had substantial impact evidence available. In addition, Progress for Providers, though it has limited impact evidence, has been included because it has been implemented in Flintshire and there is significant potential for learning from their experience.

It should be noted that within learning disability settings, no specific model to support the development of positive cultures could be found.

### My Home Life (MHL)

Model:

* Aims to improve quality of life for those living and working in care homes and other care settings.
* Quality improvement approach, based around four evidence-informed frameworks: Developing best practice together; Focusing on relationships; Being appreciative; Having caring conversations. Development programmes for commissioners and care home providers (underpinned by the Senses Framework), community engagement (including intergenerational linking) and resources such as bulletins, posters and videos for providers.
* Developed in 2006 by Help the Aged (now Age UK) in partnership with the National Care Forum and City, University of London.

#### Coverage:

* UK and Australia care home settings (other settings such as homecare and extra care mentioned in conversation but not in literature).
* MHL started in Wales in 2008 with funding from the Welsh Government. MHL in Wales is funded to do a more limited number of things than MHL offers in England and securing funding for management and other training has been a struggle, but there are Welsh-relevant courses and information.

#### Impact evidence: Substantial

* Number of evaluation reports from MHL, most recently of the leadership support programme,1 which reported that managers felt more supported and valued and improved their inter-personal skills in working with staff. This in turn improved staff relationships. Managers felt it was easier to model relationship-centred care and to innovate and improve because of MHL.
* A comparison of MHL and non-MHL homes2 within the same area found the MHL homes had reduced: ambulance call outs, ambulance conveyances, A&E visits and non-elective admissions.

### The Senses Framework

Model:

* A framework for working with older adults living in care homes that aims to create the right environment for everyone to grow – both employees and people living in care homes.
* Six senses are seen as prerequisites for good relationships within the context of care and service delivery: security, continuity, belonging, purpose, achievement and significance. These senses underpin person-centred care.
* Developed by Nolan et al in 20063 at the University of Sheffield.

#### Coverage:

* Care homes for older adults (referred to as long-term care settings), early use in hospital wards for older adults. No available evidence of adoption in other settings.

#### Impact evidence: Substantial

* Academic literature available relating to use in care home and day care settings for older adults in UK and international settings.
* A US study4 reported a reduction in agitated and aggressive behaviour among care home residents with dementia. In England5, staff reported an increase in meaningful conversations with people living with dementia. The framework has led to improved working relationships among staff6 and facilitated the development of practice objectives7 – e.g. increasing the mobility of residents.

### Compassionate Leadership

Model:

* Compassionate leadership involves a focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those we lead to feel valued, respected and cared for, so they can reach their potential and do their best work. Compassionate Leadership aims to engage and motivate staff and maintain high levels of wellbeing, which in turn supports high-quality care8.

#### Coverage:

* Care homes for older adults (referred to as long-term care settings), early use in hospital wards for older adults. No available evidence of adoption in other settings.

#### Impact evidence: Substantial

* The impact evidence is mainly from healthcare settings. A review of studies9 indicates better outcomes for patients and lower rates of burnout for healthcare professionals.
* In international literature8 there is a relationship between compassion and positive cultures, with increased patient satisfaction, better health outcomes and fewer medical errors.
* There were also examples of health and social care staff reporting lower stress levels and lower absenteeism.
* An Australian study10 in care homes found compassion was considered a key requirement of leaders.

### Progress for Providers (PfP)

Model:

* Self-assessment tools for managers and their teams to support delivery for person-centred support. Covers developing a person-centred culture within teams. Each tool has been developed with commissioners and providers, in partnership with people, families, academics and professionals.
* Developed by Helen Sanderson Associates, an international development, consultancy and training team.

#### Coverage:

* Range of adult and children’s social care settings.
* PfP was first adapted and rolled out by [Flintshire County Council](https://www.flintshire.gov.uk/en/Resident/Social-Services/Social-Care-for-Adults/Progress-for-Providers.aspx) in residential services in 2015. Since then it has been expanded to more services including Supported Living settings.

#### Impact evidence: Limited

* There is limited published impact evidence.
* In Flintshire, there has been some internal impact work that captures examples of positive practice. There is some evidence relating to PfP being quoted in inspection reports, but no overall indication as to whether providers involved in PfP are likely to improve or maintain an inspection report.

## Learning and insights from experts

In this section we present the analysis of the interviews with experts on:

* What a positive outcome looks like when introducing a model that supports positive cultures.
* What is most helpful when considering impact evidence.
* What does and does not work in practical terms when supporting change in social care.

### Important aspects of a positive culture

Experts emphasised the importance of a rights-based approach in both children’s and adult services. A rights-based approach could be used as a framework in itself, but it also underpins or closely aligns with other models, including the Senses Framework, My Home Life and Progress for Providers.

It is important that positive cultures are embedded in the whole social care system – not only in individual settings or organisations, but rather in the entire experience for the person, child or family within ‘the system’.

### Things to think about when considering impact evidence

When reviewing evidence as to ‘what works’ it is important to understand the limitations and barriers to collecting and using evaluation and impact data in relation to positive cultures. While our experts acknowledged that data and evidence about models are important, they described several tensions, such as:

* Practitioners and providers tend to focus more on the immediate opportunities to change the lives of people using care and support, and less on collecting data to provide evidence of these changes.
* Capturing complexity is very hard. It is easier to evaluate a specific intervention on a narrow range of indices, rather than something multifaceted like ‘culture’. If an organisation is person-centred, the outcomes that matter to one person will differ from those of another.
* There was general consensus, supported by the literature, that how staff feel impacts how people feel about a service, and so it is a helpful proxy indicator.
* There are issues around comparing different settings, groups being supported and sizes of organisations. When evidence suggests that an intervention works in one setting, indicators of improvement may not be the same in other settings.
* Asking an organisation to be less risk averse, at the same time as expecting them to collect evidence/data about the progress they are making, may feel counter-intuitive as organisations may avoid taking risks when ‘being measured’.
* As organisations self-select into models/programmes, there is often not much known about those who do and do not take part and the reasons for this.

### Reflecting on what works in practice

We asked experts what does and does not work in practical terms when supporting change in social care. We identified key themes, including:

* The need for an aligned culture and plan from the top of government, to policy makers, local authorities, national bodies, providers and frontline staff. Alignment could include:
	+ A longer-term (i.e. 10+ years) plan with key goals aligning to strategy: people; design/environment; auditing.
	+ Demonstrating the culture internally and externally. This includes living the values and not contradicting them – for example, saying they value staff but not paying them for travel.
	+ Underlining a rights-based approach as the expectation, not optional.
* The central role of leadership that promotes and demonstrates positive cultures at all levels.
* ‘The system’ needs to reflect the values, including care needs assessments, social services teams and commissioners. People navigating the system should experience those values.
* Certain structures need to be in place for change, including resources. These may differ depending on the size of the organisation, with smaller ones finding it easier to build relationships, but larger ones having more infrastructure in place.
* Having the right people is essential and includes:
	+ Aligning recruitment processes with values.
	+ Support and training for all staff and specifically for leaders and managers.
* Positive cultures involve the families of people who need care and support, who themselves need access to information they can understand and use for decision making.
* Being able to take positive risks and having that risk taking supported is essential for frontline staff and managers.
* Before any change process, the sector needs to be interested and see what the benefits may be. Individual providers will have different things that draw them to a model or process.
* Facilitating a ‘change team’ or ‘quality circle’ was common to several models. This could be at an organisational level or at the local area level, and consists of internal and external staff, and people using services and families that act as a leadership group for change.
* Peer support networks can facilitate learning as well as providing emotional support and a space to share what has and has not worked.

### Reflecting on barriers to transferring models to other contexts

Barriers to transferring models found to work in one setting or context to another included:

* Mission creep over time – an intervention that is ‘high intensity, high quality’ is chipped away at until it’s no longer such high intensity or quality.
* A model intended to support those at highest risk is applied to a lower risk group and therefore the same improvements are not seen.
* Long waiting lists and high caseloads – an intervention or setting that could have helped is accessed too late or once a situation has deteriorated.
* Inconsistent application and data collection for a model.
* Management or staffing groups are incompatible with the original model.
* Work done by a specialist or trained worker in one setting is undertaken by someone less appropriate in another.
* Organisations are at different starting points or ‘rungs on the ladder’. A model may be more appropriate for those who are doing poorly but want to improve than for those who are already doing well but want to do better.

## What government bodies can do to support positive cultures

This section presents some of the suggestions as to the role of government bodies in supporting positive cultures in social care settings. It starts with some overarching considerations before focusing on the role of Care Inspectorate Wales (CIW), funding/commissioning and training.

### Overarching considerations

* To create an environment for change, a shared set of values that would support a positive culture needs to be an integral part of the policy and political agenda. This includes co-production at all levels of policy making.
* Bodies that oversee social care providers need to be aligned to reinforce the importance of a positive culture and also demonstrate that culture themselves.
* Ratings were highlighted as helpful for those looking at care options, but can be a ‘tick box’ exercise and are not in themselves enough to ensure a positive culture.

### The role of CIW

CIW was felt to have ‘more clout’ than many other government bodies. Suggestions for how CIW could support positive cultures included:

* Putting mechanisms in place that make it easy to get care right. More consistent use of key lines of enquiry regulation, and avoiding inspections feeling ‘tick box’.
* Exploring the idea of including ‘experts by experience’ or ‘quality checkers’. Quality checkers in England are people with learning disabilities who visit settings and pick up on things that the Care Quality Commission wouldn’t.
* Adapting any support for positive cultures to all organisations, including micro-enterprises and smaller, local models like community catalysts.
* Mapping any models and frameworks supported/endorsed by CIW onto inspection criteria. The regulatory system is more focused on minimum standards but criteria used in regulation/inspection can help encourage a positive culture – although is not in itself sufficient.

### Funding/commissioning

It was felt that commissioners often did not have the levers available to make change happen. Ways to improve commissioning to support positive cultures were:

* Giving commissioners permission and political backing to have more power to shape the market so they can preference organisations with a positive culture.
* Collecting evidence as to how and what funders and commissioners commission, and the outcome, with the outcomes aligned to positive cultures.
* Ensure commissioners have experience of people with social care needs.
* Use the move to take profit out of children’s residential care in Wales as a significant learning opportunity.

### Training, support and knowledge transfer

Interviewees felt that while essential, the training and support landscape is fragmented. Ways in which training and knowledge transfer can support positive cultures are:

* Including the whole of social care within training offers, including care which is funded privately and via personal budgets such as personal assistants, live-in carers and day care.
* Not focusing solely on formal training but also learning by doing and on facilitating informal support, networking and knowledge transfer over time.
* Taking a ‘tougher approach’ to expectations around training, as some organisations or parts of the sector need more direction.
* Make the most of the key role of Social Care Wales in relation to workforce development and sharing best practice.

## Conclusions and recommendations

No single model of supporting positive cultures in social care is recommended above the others, but the evidence and information in this report can contribute to understanding what is available and can support local decision making. A key finding is the need to take a **‘whole-systems’ approach** to supporting positive cultures as individuals rarely only engage with one provider, but a wider set of systems. We make 11 recommendations.

This research has demonstrated that more evaluations are needed to understand if and how models of positive cultures work in practice. We recommend that:

1. **Impact evaluations** should be carried out when new policies and models of positive cultures are implemented and made publicly available to address the current evidence gaps. This needs to include both the *process* of change, and the *outcomes* of that change.
2. **An in-depth case study into the Flintshire use of Progress for Providers** should be carried out to understand more about if, how, and why it works. The case study should:
	1. Detail the process by which it was launched, sustained and grown.
	2. Consider the role CIW played in Flintshire.
	3. Consider which providers did and did not take part, and why this was.
	4. Include organisations that have completed and also dropped out of the scheme.
	5. Focus on learning that would be valuable to other local authorities.
	6. Include at least a basic cost/resource analysis.
3. Consider setting up a **national social care survey of frontline staff** that (similarly to the NHS Staff Survey) addresses people’s experiences of working in social care and the type of organisational cultures that exist.

In relation to the identified need to take a **‘whole-systems’ approach** to supporting positive cultures, we recommend that:

1. **Key partners (led by Social Care Wales and CIW) should develop a set of common principles for positive cultures.** These principles should underpin relevant decision making and requirements across all levels of national and local government, social care bodies and organisations. The principles should:
	* Be co-designed with providers, practitioners and people who use care and support and their families.
	* Recognise and integrate the existing work in Wales on rights-based approaches as this underpins most models and applies across both adult and children’s services, and at all levels of national and local government.

In relation to adapting the inspection process to support positive cultures, we recommend that:

1. If particular models were to be specifically supported or endorsed by CIW, **support the mapping of these models onto inspection criteria**.
2. Continue to explore ways **to better understand and assess provider cultures and test different approaches**, for example, the use of ‘quality checkers’, where people with learning disabilities visit settings as part of the inspection process.
3. Consider how the upcoming inspection **ratings and reports** can contribute to the development of positive cultures through educating people, including those considering their care and support needs and options, about what the ratings and reports say about the culture of an organisation.

There are a number of recommendations in relation to learning, development and support in the sector:

1. Consider how positive cultures can be supported with **learning, development and coaching activity**, including supporting local ‘change teams’ and facilitating peer support networks.
2. **Integrate and embed the principles of positive cultures in existing pan-Wales leadership development programmes** and consider commissioning additional training if necessary.
3. **Facilitate the sharing of best practice and learning** from successes as well as things that did not work so well, in a way that enables practitioners and professionals to search for and find examples of practice relevant to them.

The final recommendation relates to the funding and commissioning of services in a way that can support positive cultures:

1. **Work with people who commission care and support to raise their awareness** of how positive and negative cultures can affect quality and outcomes.

## Appendix: Methods

The method was guided by the steering group, which included SCIE, Social Care Wales and CIW. The evidence review was in three parts:

1. A literature search to identify models that support positive cultures and any impact evidence available for each model. A ‘long list’ of models was discussed with the steering group and used to create a ‘shortlist’ of seven models to take forward – an iterative process that occurred over the project.
2. A literature search to consider how government bodies like Social Care Wales and CIW can support providers to adopt positive cultures.
3. Fifteen conversations with a total of 20 experts in social care and/or positive cultures. Of these, three were shorter, exploratory conversations to support the creation of the long list of models and 12 were longer, semi-structured conversations. A further two organisations sent information via email. We specifically sought feedback on children’s services and services for adults with a learning disability as these were both less well covered in the literature we found.

## References

The references listed below are those used in this briefing and do not reflect the full literature review found in the report.

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