# Supporting Social Care Innovation in Wales:
## User Research Programme

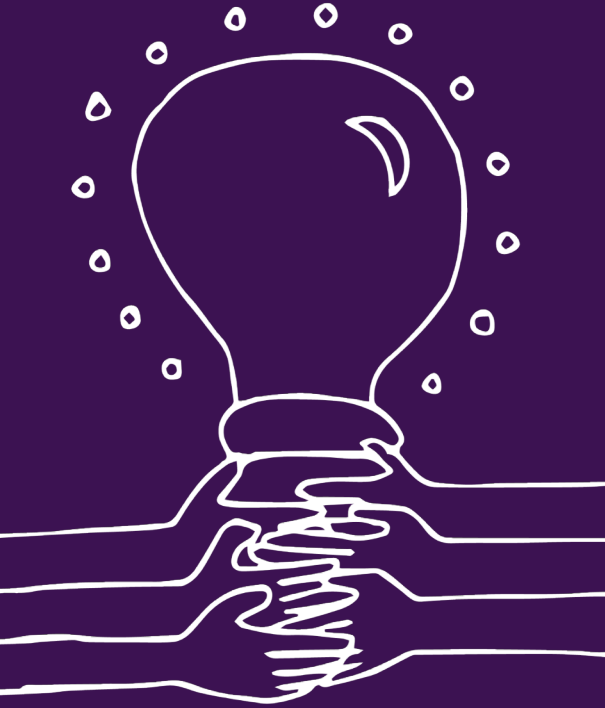January to April 2022

Final Report

nesta
People Powered
Results

Y Lab

Social Care Wales
South Gate House
Wood Street
Cardiff CF10 1EW
Tel: 0300 3033 444
Minicom: 029 2078 0680
Email: info@socialcare.wales

Socialcare.wales
Twitter: @SocialCareWales

Gofal Cymdeithasol **Cymru**
Social Care **Wales**

nesta
People Powered
Results

Y Lab

This report details a user research programme jointly designed by [People Powered Results](#) at Nesta and [Y Lab](#), the public service innovation lab for Wales, of Cardiff University. The user research was from January to March 2022.

Background: the design and delivery of this research responded to a December 2021 Social Care Wales tender *Understanding user needs for support for innovation in social care in Wales.* The programme aimed to: be complexity friendly, apply evidence-based frameworks, and to work iteratively with key stakeholders to identify ways Social Care Wales can better support innovation in social care.

Key project aims were:

- Generate insights into the opportunities and barriers facing innovation in Wales by working with a wide range of people including: policy-makers, frontline staff, advocates, people with lived experience, and those with experience of innovation
- Help Social Care Wales identify key stakeholders and develop an action plan to support innovation where needed;
- Develop evidence-based personas as a communication tool with the wider public sector.

This user research study received ethical approval from Cardiff University's School of Social Sciences Research Ethics Committee on 18 February 2022 SREC reference: 80.

# Executive summary

Social Care Wales' greatest assets for innovation are its remit and the workforce it supports. It is well placed to explore, strategically direct, and embed support for innovation to build towards a future where "[innovation] is all our business" in social care.

In 2022, following the disruption of Covid-19, Social Care Wales commissioned: *Understanding user needs for support for innovation in social care in Wales* to explore what is needed to better support innovation and deliver on Wales' policy ambitions for health and social care.

The research summarised in this report highlights how Social Care Wales could step-into a leadership role, convening stakeholders to build toward a more viable future for health and social care.

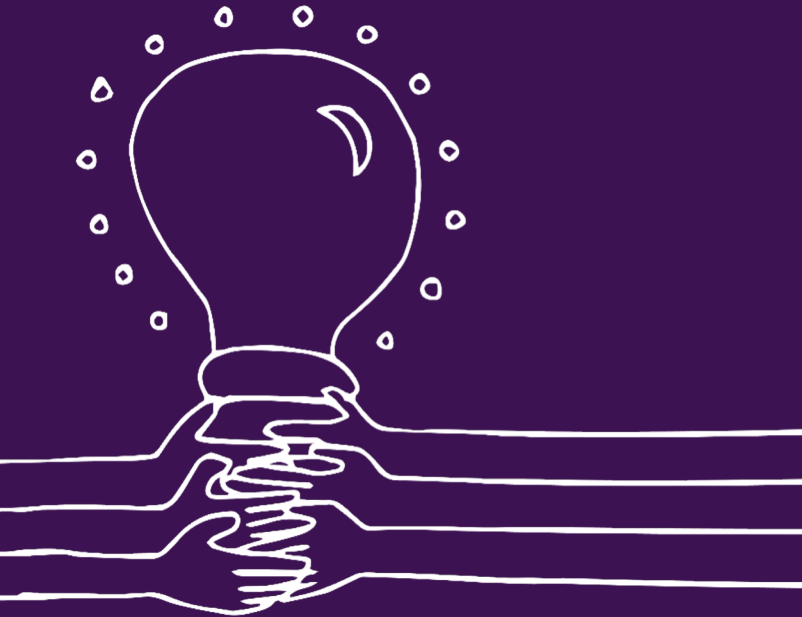People told us they want change and think it's necessary. But the system creates inequality: not everyone has the same opportunity to innovate in Wales. People want work done on the system to alleviate pressures and unleash their motivation to deliver better outcomes.
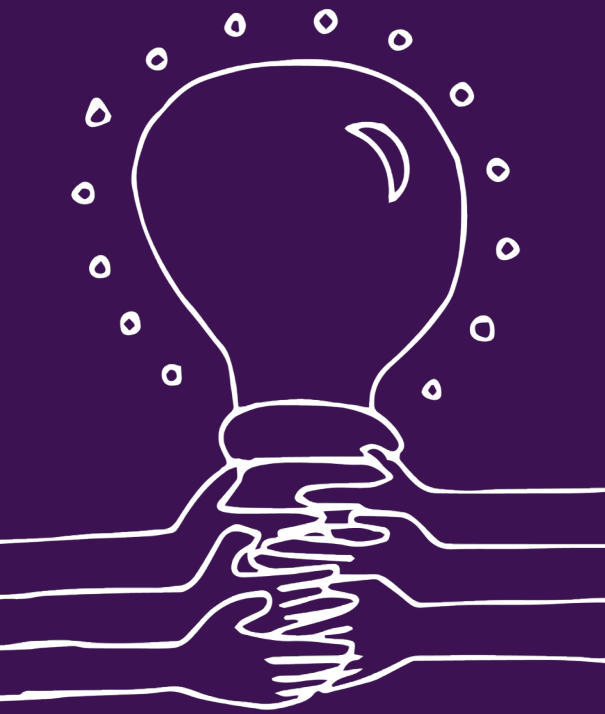
# Table of Contents

# Context

This section shares:
the purpose of this user research, why it was need, and how it was supported.

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# Purpose

To shape meaningful, targeted support for enabling innovation in Wales, we carried out user research to better understand innovation needs, stakeholders, and areas for action.

Innovation is critical to Social Care Wales achieving its remit of developing the social care workforce, improving care and support, and increasing public confidence in care. The organisation is well placed to examine sector challenges and opportunities and lead change.

Despite the Covid-19 pandemic forcing and increasing the appetite for innovation, it also highlighted and exacerbated existing problems in social care. But support for innovation in health and social care is mainly focused on and designed for health care. These designs don't always include nor understand social care needs. Social Care Wales has repeatedly been invited into national conversations seeking a voice to represent innovation in social care.

This user research explored: who Social Care Wales needs to work with to support innovation, what the main areas of activity and concern are, and how could Social Care Wales could build support offerings for innovation.

The project took a broad approach to innovation from the outset. We wanted to hear from a diversity of voices and recognised that 'innovation' was not widely recognised nor understood in social care. Partners agreed to focus on people creating solutions to challenges and/or adapting to meet people's needs in better ways. We described innovation as:

- Things done differently which led to a step-change (this could be doing new things, or improving existing things);
- Something new to your context, whether invented, adopted, and/or a new combinations of things;
- Something put into practice;
- Something which adds value for people using/delivering social care;
- Not just about products, it can also be new processes and ways of delivering social care.

This user research wasn't done in isolation. It complements A Healthier Wales and the wider transformation agenda. It brings together: innovation knowledge, research methods, and data rooted in the experience of social care leaders and practitioners.

# Meeting the challenge in Wales

The diversity of players, interests, remits, and operating models in social care makes it challenging to confidently identify stakeholders, needs, and key areas of support for enabling innovation. Local authorities hold the statutory responsibility for planning and commissioning social care in Wales, with Care Inspectorate Wales responsible for service registration and inspection. Social Care Wales regulates the social care workforce and aims to provide public confidence, lead and support improvement and develop the workforce. Care is provided through a distributed network of public, private, third, and voluntary sector providers.

In Wales, policy and legislation provides the social care sector with a clear, visionary mandate for creating sustainable, high-quality social care that prioritises wellbeing and promotes prevention for A Healthier Wales. Further:

- The Social Services and Well-being (Wales) Act 2014 provides the legal framework for improving the well-being of people who need care and support, carers who need support, and for transforming social services.
- The Well-being of Future Generations Act 2015 gives legislators and service providers a legal obligation to improve people's social, cultural, environmental and economic life. This includes the requirement for public bodies in Wales to think about the long-term impact of their decisions, work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities.
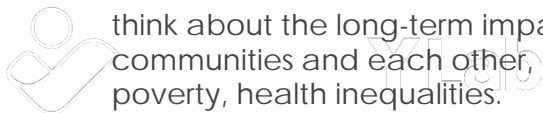
# Our partnership approach to user research

Babs Lewis, PPR's lead in Wales whose extensive expertise in social care innovation and knowledge of the sector underpins the development of this programme.

Robert Jamieson, PPR's Senior Consultant supported and facilitated user engagement with his wide range of experience in leading delivery and creating the conditions for innovation within complex systems.

Alexis Palá, Y Lab Research Associate led user research methodology, analysis, and output design with her unique approach to participatory research and innovation.

People Powered Results at Nesta: works with those closest to issues - national organisations, commissioners, service providers and people with lived experience - to spread and scale what works and drive innovation, strategic and practical.

Y Lab of Cardiff University: is the public services innovation lab for Wales that tackles societal challenges with innovation methods and social science research.

The user research was closely supported by Stephanie Griffith, Innovation Manager at Social Care Wales.
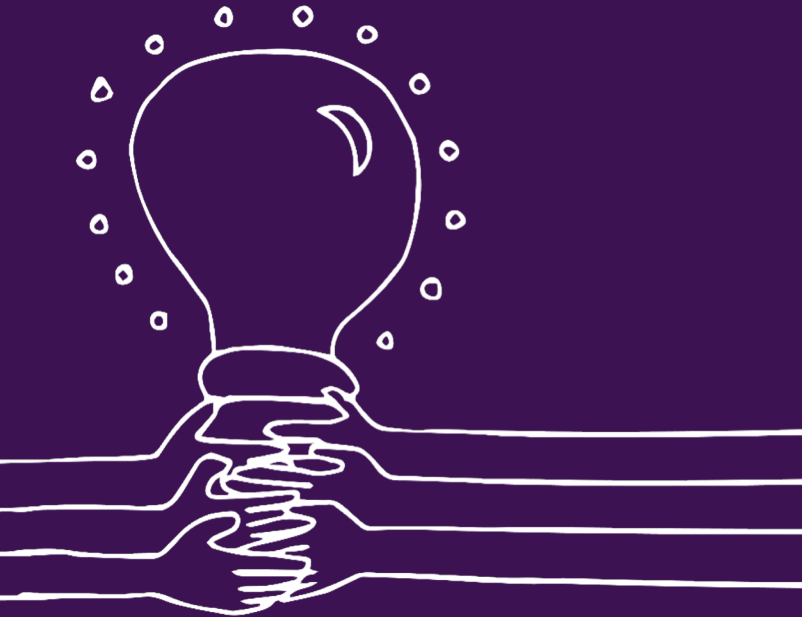
# What we did

This section shares: programme stages, how we mobilised rapid support, our methodology, and who we engaged with and why.

1  2  3  4

# Programme overview

From January to end of March 2022, we conducted user research to dynamically examine the needs of social care stakeholders and provide Social Care Wales with tried-and-tested ideas for how they could better support innovation and communicate sector needs. After we finished collecting data, we stepped back to look at all the data, refine outputs, and share preliminary findings. The graphic below outlines how the programme progressed.

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| Co-developed our user research methodology with senior leaders and innovation stakeholders | Identified and refined our stakeholder groups and engagement strategy | Tested our methodology with a newly formed Steering group and conducted scoping interviews to finalise our methodology | Systematically collected data with key target groups to generate initial insights and prototypes | Tested those insights and prototypes with stakeholders directly impacted by innovation | Final testing workshops with a mixed group of research participants before closing data collection |

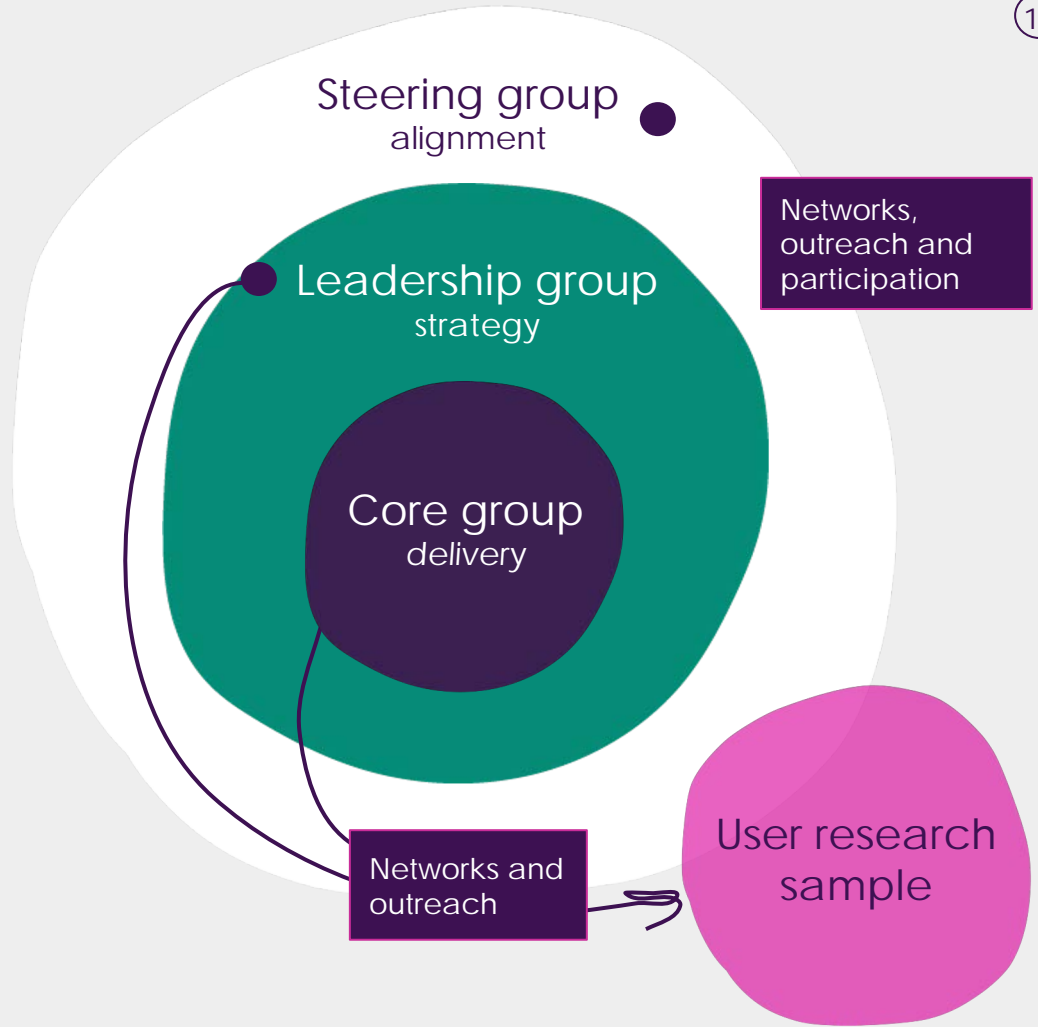| From late January 2022 through February 2022 | March 2022 |
|---|---|

# Programme support

We took a layered approach to be co-creative and rapidly respond to issues and findings.

The Core group conducted the day-to-day of the user research programme. Stephanie Griffith of Social Care Wales, was an integral group member. She continuously shadowed and informed the research to enhance knowledge transfer and capability building.

The Leadership group provided strategic support and guidance through senior leads from each partner organisation. This group met with the Core group to widen the picture, join dots, and work toward a support model suitable for Wales.

The Steering group consisted of 10 innovation stakeholders across Wales already engaged with Social Care Wales. We convened this group three times in order to test to refine our user research approach and reflect early on findings. Steering group members were vital; helping us plug into their networks, contextualise key insights, and even participating in the research itself.

Steering group
alignment

Networks, outreach and participation

Leadership group
strategy

Core group
delivery

Networks and outreach

User research sample

# Refining our approach

We tested our ideas and approach from day one.

We needed our language and approach to land quickly with the diverse needs and experiences of the sector. This required us to test how we: communicated about innovation, what we asked, and how we asked it. Innovation was not well defined nor understood at the time of this user research. We tested people's ideas of innovation to find groupings that people could easily identify with. These groupings are featured on our Innovation Profile personas (p.52). These profiles helped us to quickly analyse different innovation perspectives.

To test and refine our methodology we:

1. Worked with our Leadership group to clarify target groups, research questions, aims, and strategy.

1. Tested ideas of innovation and our research questions, aims, and activities with our Steering group.

1. Engaged six participants in scoping interviews to explore:

   - What innovation means to frontline staff and stakeholders? How can we more inclusively speak about 'innovation' in social care?
   - What should Social Care Wales seek to understand about innovation in social care and the role they could play in the scale and spread of innovation?

We hosted virtual discussions and used google jamboards to probe and test with groups. For example, we set up the jamboards below to test our first version of the personas. We wanted to measure people's innovation confidence levels and discarded this idea after testing it with our Steering group.



Our initial prototype of the innovation profile persona.



How we tested measuring innovation confidence levels.
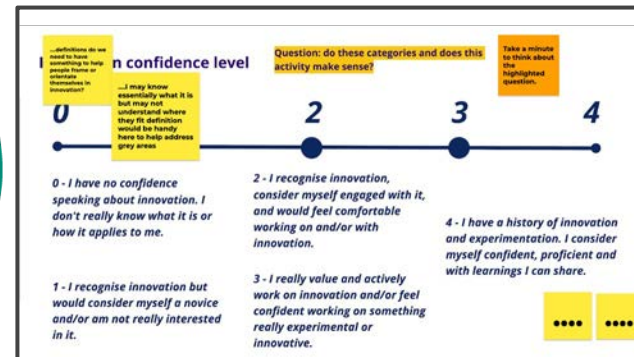
# Methodology

User research can be understood as the search and (re)search for inspiration. Our approach to user research was informed by innovation frameworks and practice. The biggest influences were the International Future Forum's Three Horizons Approach and the Ten Faces of Innovation. Our methodology blended traditional research methods (focus groups, interviews, and questionnaires) with generative research methods (visuals and prototypes tested with stakeholders) to quickly gain insights.

Our final research aims were to:

- Generate insights into what's being done, what's needed, and the present opportunities and barriers innovators face by working with those most impacted by innovation. This included policy-makers, frontline staff, and people closely affected by social care.
- Lay the foundations for: community building, embedding change in practice, and closing the implementation gap.
- Create a meaningful communications strategy that elevates the voice of people working in social care and raises the profile of innovation in the sector.

We systematically collected data with 70 people through:

9 expert interviews: in-depth conversations with innovation stakeholders to reflect on personal experiences of innovation and opportunities for support.

6 focus groups with 26 participants: to reach a larger sample within tight programme timelines and quickly identify areas of agreement and significance.

A research questionnaire with 46 respondents: a key method to screen, connect with new voices outside of our networks, validate insights, and collect data for our Innovation Profile personas. We initially thought our questionnaire would just screen if we should invite people to a focus group or interview.

2 final testing workshops with 9 participants: where interviewees, focus group participants, and Steering Group members explored and critiqued final recommendations and insights for Social Care Wales ahead of deeper analysis.

Interested in learning about what questions we asked of which groups and how we asked them? Click here.

# Our target groups

This work built on the collaborative research project Supporting Adult Social Care Innovation (SASCI) led by a team at the London School of Economics and Political Science. The SASCI project identified three groups as having important roles in innovation: (1) innovators and those engaging in the process of innovation, (2) those with the power to effect change or to support innovation (3) those benefiting from innovations.

To ensure our research participants could easily self-identify into groups, we refined the SACSI groupings into the target audiences outlined below though our Steering Group engagements and scoping interviews.

## Innovators

Anyone leading or engaging in the process of innovation, new ideas or adapting approaches from elsewhere.

People in this group can be from local authorities, housing associations, the voluntary sector, provider organisations, groups representing people who access care and support, thought leaders, and more.

## Enablers

Those with the power to effect change or to support innovation.

Do you or your role focus on encouraging, finding, nurturing, and spreading innovation? Are you focused on creating better conditions for innovation or researching into innovation in social care?

You could be in policy, a think tank, academia, a regulatory body, a funding body, or a commissioner etc.

## Stakeholders

Those who could (or couldn't) benefit from an innovation. Those who innovation impacts positively/negatively.

You could be a person who uses care and support, an unpaid carer or care worker, a social worker etc.

You don't have to know about innovation or be involved in an innovation project. Instead, you might just want to share your opinion about what needs to chance in social care.

# Sampling strategy and reach

Our sampling strategy reflects Social Care Wales' values and their commitment to inclusion, consultation, and collaboration. We aimed for our questionnaire to reach 40-50 people in four weeks. To ensure we captured a diversity of experiences, we aimed to reach a certain number of people from each of our target groups. This approach allowed us to spot gaps and focus our engagement strategy. We began by just doing interviews and focus group with innovators and enablers. We then tested the emerging patterns and insights from those with stakeholders. We thought this would be more inclusive and rapidly surface shared priority areas.

In six weeks, we used the extensive stakeholder networks of Social Care Wales, People Powered Results, and Y Lab to reach a wide range of 70 people across Wales. Participants had a spread of perspectives across adult and children's social care. Our sample included: people with prior lived experience of care, frontline staff, policy-makers, commissioners, senior leaders, unpaid and paid care workers, researchers, those who are working in innovative roles or on innovative projects, and national bodies working in social care and beyond. The programme timeline and ethics process prevented active recruitment of people with lived experience.

We established inclusion and exclusion criteria for the questionnaire and qualitative research engagement. No questionnaire responses had to be excluded from the analysis. No participants took part through the medium of Welsh.

### Engagement outreach

Email networks, 1:1 outreach, social media (twitter), user research launch blog to extend reach

Participant information sheet

### Qualitative Reach

How many people we reached by method and target group. This number is compared to our target threshold.

| | | | |
|---|---|---|---|
| Innovators | FG: 12 | Int: 4 | 16/12 |
| Enablers | FG: 8 | Int: 4 | 12/12 |
| Stakeholders | FG: 6 | Int: 1 | 7/10 |

*FG = focus group; Int = interview

### Questionnaire Reach

| | | |
|---|---|---|
| North Wales | n=10 | 21.7% |
| West Wales | n=2 | 4.3% |
| East Wales | n=2 | |

# What we learnt
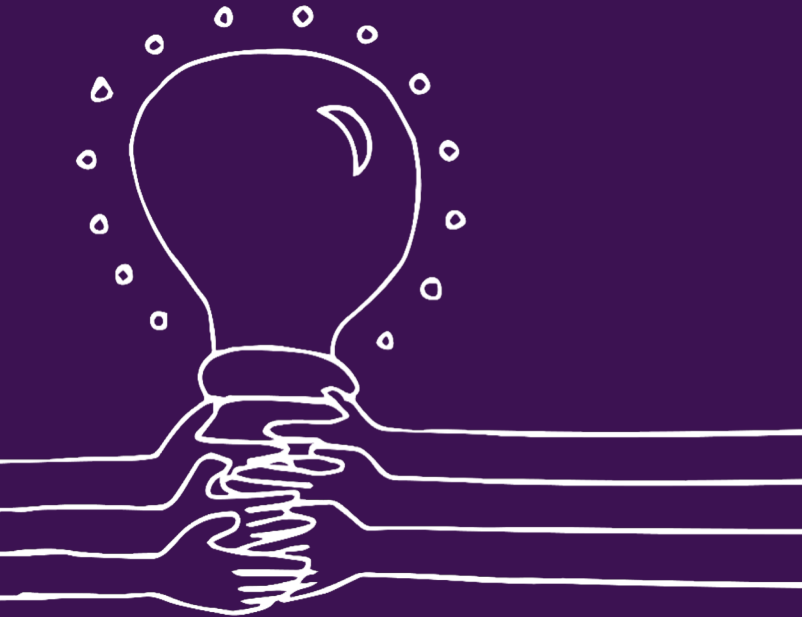
This section shares:
what we learnt from the user research through the Three Horizons model. It also shares perceptions of Social Care Wales.

1  2  3  4

# Three Horizons for Innovation in Social Care in Wales

The International Futures Forum's Three Horizons model is a futures and innovation framework that underpins our methodology. The model helped us to build a clearer understanding of the innovation landscape in health and social care, show how our findings were dynamic and inter-related, and discuss plausible next steps.

Horizon 1 - dominant state of affairs (the 'here')
Horizon 2 - changes to try and test (the 'bridge')
Horizon 3 - a more viable future (the 'there')

The Three Horizons is useful because it enables a simultaneous exploration of present opportunities and challenges (H1) alongside aspirations for the future (H3) and the kinds of innovation needed to address the limitations of the first horizon while reaching for the third (H2).

The following page shares the three horizons our user research produced. We then present our key findings by each horizon.

Three Horizons model
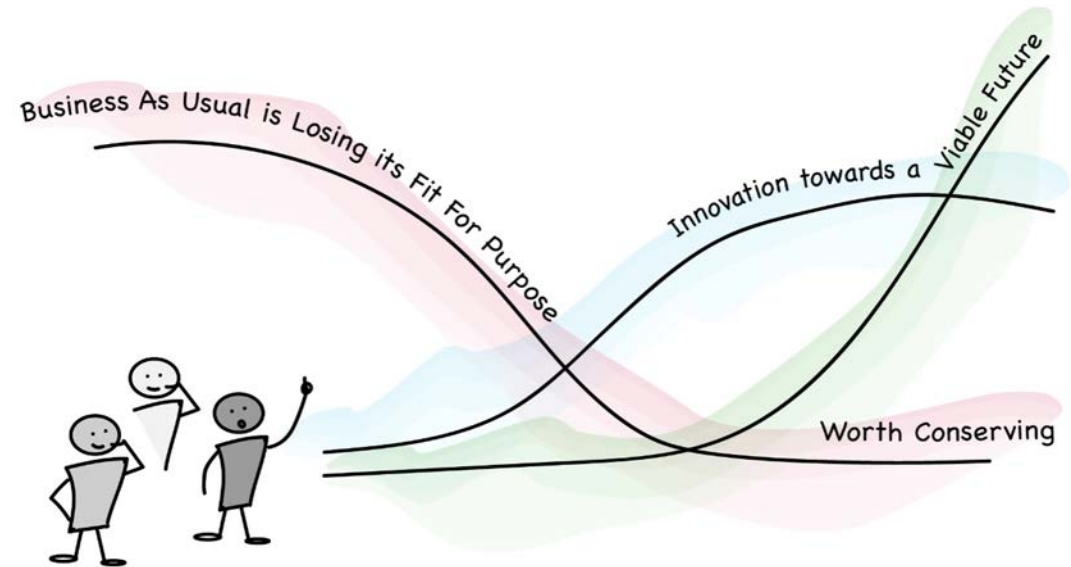


Source: H3.Uni.org, iiffpraxis.com

# Innovation in Social Care in Wales

This Three Horizons landscape is the output of a 2022 user research project

## Where we are now

### H1 — What are our present strengths and challenges? What outcome(s) do we seek to change?

**Outcome**
There is an inequality of opportunity to innovate in Wales.

1. It's not that people can't innovate, it's that they **don't feel enabled** to innovate.

2. The system is no longer fit-for-purpose and people want to change things.

3. **It's not any one actor's fault** – rather a lot is caused by the structure of the system and how parts interact.

4. In Wales, there is a **traditional approach to implementation** which holds it back from achieving visionary policy.

5. There is an issue with **saying but not doing** co-production.

6. **Increasing systemic listening** is important for genuinely meeting and prioritising people's needs.

**People also expressed concerns about:**

- Private sector practices and an over-focus on 'profit' as value in social care.
- How thresholds and eligibility criteria cause people to fall through the cracks.

## Pockets of hope & good practice

### H3 — What's/who's promising that we should nurture and learn from?

**PLACES**
Forums and other meaningful networks/ meeting spaces exist. Some have even compiled tool-kits and resources.

**PEOPLE**
The workforce is an asset; people are intrinsically motivated to deliver better outcomes for people they support.

**TARGET AUDIENCES**
Who/which groups should future innovation efforts focus on supporting?

- **Commissioners**
  "Commissioning drives performance and by extension the ability to innovate."
- **Middle managers**
  "The manager is important, they can either act as a decision maker or as an enabler, unblocking people on the frontline."

**POLICY**
Wales has visionary policy ambitions; many participants mentioned that the guidance and mandate is there.

**PRACTICE**
There are examples across Wales of doing support and delivery differently being led by diverse actors such as councils and health boards.

## What we should try & test

### H2 — Responding to the limitations of H1 and the opportunity of H3

**Objective**
People want to work **on** the system to make it better to work **in** the system.

**What needs to change**

1. **Structural**
People are intrinsically motivated, so we need to alleviate pressures and 'de-motivators'/ dis-incentives'.

2. **Relational**
Work should restore, strengthen, and build trust and connections.

3. **Cultural**
Social care should lead and do innovation organically; innovation should be everyone's job and responsibility.

4. **Infrastructural**
There is a desire for building shared infrastructure for social care to plug-into.

**Where we should focus**

**CHALLENGE AREAS**
Most notable themes inhibiting innovation in the sector which need further unpacking.

- RISK
- LEADERSHIP
- VALUE
- METRICS
- REQUIREMENTS
- SECTOR UNITY

"It's not that people can't, it's that they don't feel enabled to."

**ACTION AREAS**
What Social Care Wales can begin doing now to make a difference.

Active testing with stakeholders revealed:
1. Social Care Wales acting as a convener
2. Embed innovation into practice and contracts
3. Platform or way to share ideas

**How we should work**

**Future co-design principles**
We compiled a list of principles (or requests) research participants made about how future work should operate. These principles can be used for governance, accountability, and process evaluation.

- Don't stretch a sector that is already stretched
- Respect and stress context and place
- Invert the pyramid
- Deep engagement over time instead of sporadic
- Generate collective responsibility
- Feel and understand the work
- Genuine co-production
- Practical and purposeful spaces and work
- Build trust and relationships

**Tools to help**

**Personas as tools for decision-making**
We designed 13 personas with the user research data to test, learn, and co-design our way forward. One persona type shares 6 innovation in social care profiles. The other, shares 7 key messages from interviews and focus groups.

The two types of personas shouldn't be used in isolation.

## A brighter future to reach for

### H3 — A transformative change that requires re-patterning rather than extending our current social care systems.

**10 Visions for the Future of Social Care in Wales**

1. Innovation and change can happen because there is ownership, agency, and a sense of possibility spread throughout the system.

2. Preventative practice and early support are accessible and the default way of doing things so need no longer escalates.

3. Care is tailored through deep listening that seeks to learn, adapt, and respond to people's needs and concerns to do what matters to them.

4. The sector takes a whole-person approach, seeking to join dots, strengthen connections, and coordinate services.

5. Integration is seamlessly delivered by communities working in partnership with the public sector, health, and social care professionals.

6. Sector resourcing and working practices enable partnerships that create long-term sustainable care.

7. People can get what they need, regardless of their ability to pay.

8. People of all levels are heard and can make a difference in how care is delivered and experienced.

9. Social care is valued across the public and public sector and the people who provide it feel confident, skilled, and respected.

10. Accessing care strengthens community and a person's connections with community.

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This is explained in more detail on the following pages.

Click here for a larger view.

# What we learnt
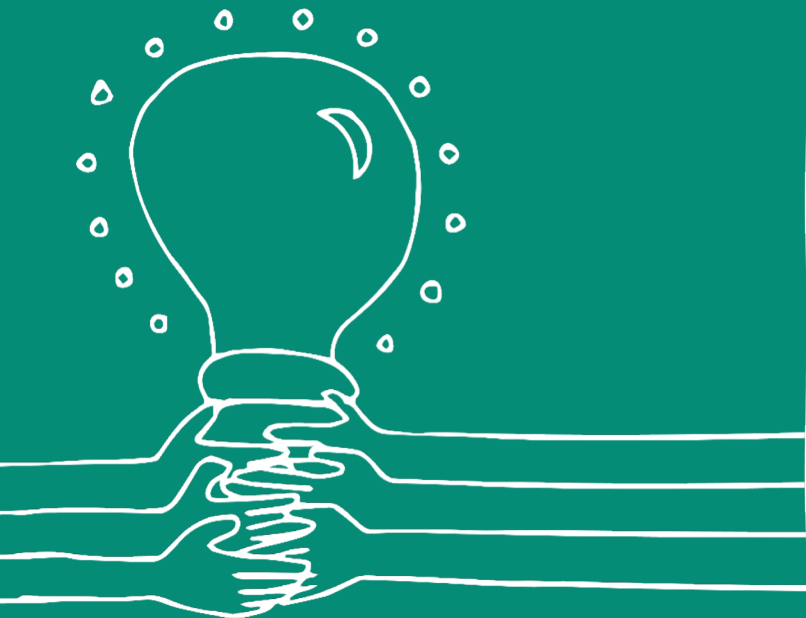
## Horizon 1

Our core learnings about the dominant state of affairs in Wales and what is currently driving innovation in social care.

# H1 - Where we are now

> People in the social care system don't feel their contribution to innovation is heard, respected, and taken seriously.

By examining the dominant system, we learnt more about innovation in *social care*. Key findings were:

1. Innovation is happening all the time in social care but it looks and feels different.
   - It's happening in pockets. The system makes it difficult to join things up and embed change.
   - It happens despite the system, not because of it.
   - It's being done every day by those on the frontline, but the language and value isn't recognised.
   - There is a pervasive feeling that social care is at a disadvantage compared to other sectors.
1. Covid led to forced, positive change in the sector and now an opportunity to go beyond recovery.
1. The needs and drivers for innovation in social care are coming into conflict with external ideas of what innovation is expected to do and be, such as "big ticket innovations." Because of values and drivers, innovation in social care happens naturally at the one-to-one level.

Therefore, participants felt that Further, that a person's opportunity and ability to innovate in Wales depends on context and other factors.

These findings led us to conclude that the dominant system of social care in Wales is producing an inequality of opportunity to innovate.

Many participants felt that the sector cannot keep on as is, that "it's on its knees." They saw innovation as imperative for the sector to meet current and future challenges.

But, to get to a brighter future where innovation is the status quo in social care:

Work needs to be done on the system to ease friction and strengthen pathways to innovation; making it better to work in the system.

This is the key objective for horizon 2 work.

# H1 - Where we are now

The diagram to the right tells the overarching story of horizon 1. The diagram begins with the outcome social care wants to move away from and key findings contributing to that outcome.

It's important to note that not everything about the dominant system needs to be moved away from, there are also pockets of hope and good practice in Wales. Our research surfaced:

- Places - forums and other meaningful networks and meeting spaces to connect with.
- People - the social care workforce is an asset to mobilise because of their intrinsic motivation to deliver better outcomes for people.
- Policy - Wales has visionary policy ambitions which provide a mandate and some guidance.
- Practice - There are examples across Wales of actors delivering and supporting differently.

Participants also wanted to focus future support efforts on commissioners and middle managers since they often act as gatekeepers.

**Outcome**
There is an inequality of opportunity to innovate in Wales.

**1** It's not that people can't innovate, it's that they **don't feel enabled** to innovate.

**2** The system is **no longer fit-for-purpose** and people want to change things.

**3** It's not any one actor's **fault** - rather a lot is caused by the structure of the system and how parts interact.

**4** In Wales, there is a **traditional approach to implementation** which holds it back from achieving visionary policy.

**5** There is an issue with **saying but not doing** co-production.

**6** **Increasing systemic** listening is important for genuinely meeting and prioritising people's needs.

People also expressed concerns about:

Private sector practices and an over-focus on 'profit' as value in social care.

How thresholds and eligibility criteria cause people to fall through the cracks.

# What drives innovation in social care is different

By asking what excites people and what enables them to innovate, we learnt that innovation in social care is different and began to describe why and how. We did this by looking at what was driving, or motivating, people to innovate. We heard things like:

> " People in social care often don't recognise they are being innovative or creative because they are just delivering better outcomes for people.

The table on the next page is a starting point for future innovation discussions. It groups recurring themes.

Future discussions should focus on exploring whether these are, and should be, the only drivers for innovation in a healthy ecosystem?

During our engagements, we kept hearing things like:

- "Covid made a difference, helped innovation embrace change, more community-based work – lots of change, no choice but to innovate."
- "There is quite a lot of innovation that happens in social care. What we struggle with is not being able to recognise innovative ways of working as valuable and that makes scale/spread difficult.... Social care is needs-led, it should be different for everyone. We don't have enough time, resources or middle management will, to help the whole system get better."
- "Opportunity for innovation is sporadic and can depend on whether a Local Authority is reviewing their services at that particular time."
- "Resistance to innovation comes in many forms. At the core is years of budget cuts that have left services hollow and ineffective. In response to these pressures we are often given unhelpful feedback from our employer. The rhetoric handed down from the top can often be boiled down to 'work harder and faster with less resources' and this is passed off as innovation."

Based on what we heard, we began thinking about: (1) what was the larger goal for that innovation, (2) what type of motivation did the 'innovator' have in that situation, and (3) what's the reasoning at a more granular level?

# What's driving innovation in social care in Wales?

| | Innovation | Type of Motivation | Rationale | Impact |
|---|---|---|---|---|
| | Why did this innovation come about? | How can this driver be understood? | What's the reasoning behind the action? | What's the potential scale? |
| 1 | Desire for better outcomes for people in the everyday | Intrinsic | I want to do something for this person. | Individual, limited |
| 2 | To give back and pay it forward | Intrinsic | My pain and fight shouldn't be in vain. | Medium, limited |
| 3 | Due to crisis | Survival | We have to do something! | Med-large, lasting |
| 4 | Financial pressures and operational priorities | Extrinsic | We need to cut 3%; work harder with less. We have underspend. We are under review. | Sporadic, unpredictable |

### Key Definitions

Motivation is about how and why people are moved to action. What's driving an outcome or action.

**Intrinsic motivation**

Engaging in activity because of internal factors like interest, curiosity, and values.

**Extrinsic motivation**

Engaging in activity for external reward or benefit e.g. financial gain or status.

# What we learnt
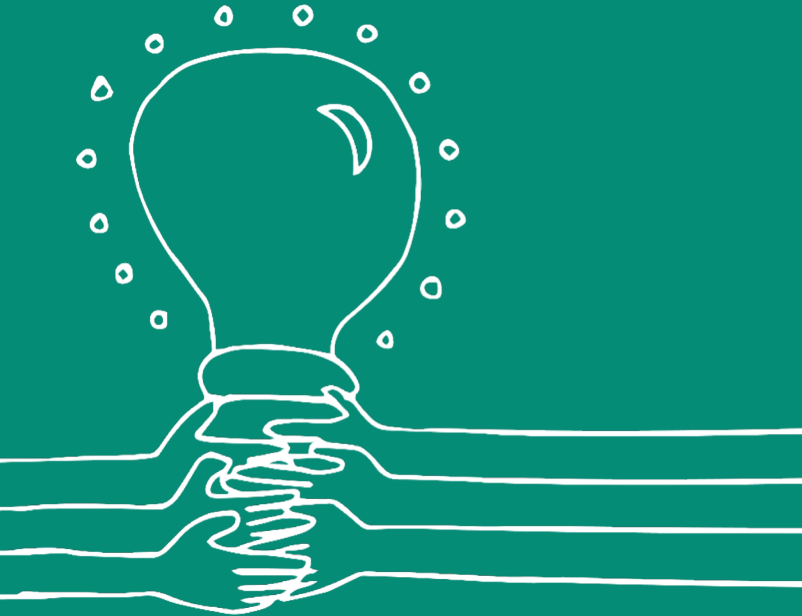
## Horizon 2

What to try, test and do to move toward an equality of opportunity to innovate in social care in Wales.

# H2 - What we should try and test

Horizon 2 responds to the limitations of Horizon 1, how things are, while bridging toward the opportunity of Horizon 3, a brighter, more viable future.

Horizon 2 work should focus on making it better for people to work in the system in order to increase people's opportunity to innovate in social care. We grouped the system changes participants called for into four types of work: structural, relational, cultural, and infrastructural. This was further refined into:

- Challenge Areas: recurring friction points stifling innovation from becoming the status quo.
- Action Areas: meaningful next steps Social Care Wales could take to enable and support innovation tried-and-tested with participants.

Challenge Areas need more inquiry. Unaddressed, they will hold health and social care back from achieving future ambitions. Participants didn't see this work as the responsibility of one actor. People wanted to be part of the change and get involved.

**Objective**

People want to work **on** the system to make it better to work **in** the system.

**What needs change**

**1 Structural**
People are intrinsically motivated, so we need to alleviate pressures and 'de-motivators / dis-incentives'.

**2 Relational**
Work should restore, strengthen, and build trust and connections.

**3 Cultural**
Social care should lead and do innovation organically; innovation should be everyone's job and responsibility.

**4 Infrastructural**
There is a desire for building shared infrastructure for social care to plug-into.

**Where we should focus**

**CHALLENGE AREAS**
Most notable themes blocking innovation in the sector which need more unpacking.

"It's not that people can't, it's that they don't feel enabled to."

RISK
LEADERSHIP
VALUE
METRICS
REQUIRE-MENTS
SECTOR UNITY

**ACTION AREAS**
What Social Care Wales can begin doing now to make a difference.

Active testing with stakeholders revealed:

1 Social Care Wales acting as a convener

2 Embed innovation into practice and contracts

3 Platform or way to share ideas

# H2 - What we should try and test

Through user research and Steering Group sessions, participants began sharing different boundaries, or ground rules, for how to continue with this kind of innovation work: e.g. how they would like to work together to build a platform for sharing ideas. We grouped their requests, into Future Co-design Principles. These principles are a starting point for further discussions with stakeholders. They should be revisited for gaps and revision.

We created 13 personas to keep people's voice and lived wisdom at the heart of what comes next. We designed two types of personas that work in tandem to capture the diversity of needs and perspective about innovation in social care. They give a systems-view, and should be used together to facilitate reflection, communication, and guide future stages of co-design. They will be explained in more detail in the 'What Next' section (p. 49) since they should be applied to next steps.

**How we should work**

**Future co-design principles**

We compiled a list of principles (or requests) research participants made about how future work should operate. These principles can be used for governance, accountability, and process evaluation.

| | |
|---|---|
| Don't stretch a sector that is already stretched | Respect and stress context and place |
| Deep engagement over time instead of sporadic | Generate collective responsibility |
| Genuine co-production | Practical and purposeful spaces and work |

Invert the pyramid

Feel and understand the work

Build trust and relationships

**Tools to help**

**Personas as tools for decision-making**

We designed 13 personas with the user research data to test, learn, and co-design our way forward. One persona type shares 6 innovation in social care profiles. The other, shares 7 key messages from interviews and focus groups.

The two types shouldn't be used in isolation.

# What we learnt

Horizon 2
Challenge Areas

Key sector challenges
stifling innovation

# People want an equality of opportunity to innovate

We heard about recurring friction points in the system from innovators, enablers and stakeholders. We grouped them into the six challenge areas shown to the right.

People asked that we focus on what's inhibiting the growth of innovation, to remove barriers and friction points instead of looking for external ways to stimulate innovation. Removing the conditions "killing innovation off" means changing the system. It also links with the intrinsic motivation already present in the sector; "it's not that people can't, it's that they don't feel enabled" to innovate. Many people felt that the ability and opportunity to innovate was contextual, that it depends on factors like:

- Place and openness of commissioner or target audience;
- Current financial pressures and/or priorities;
- Ideas of what good looks like, assessment of impact, and what evidence is needed from innovation varies across the sector.

This is why we reframed our understanding of the problem as: people desiring an equality of opportunity to innovate in social care in Wales so that they can deliver better health and wellbeing outcomes to the lives they touch.



RISK · LEADERSHIP · VALUE · REQUIREMENTS · SECTOR UNITY · METRICS

"It's not that people can't, it's that they don't feel enabled to"

Why increase access to innovation? People see innovation as necessary for the viability and future of social care. Social care needs are increasingly complex and diverse. The sector has to be able to change, improve, and adapt.

# Challenge Areas - to do work *on* the system

Challenge Areas naturally arose from our qualitative engagements with research participants. These are recurring, fundamental sticking points in social care that keep holding health and social care back from achieving its full potential. Enabling innovation isn't about injecting innovation into the system. It's about addressing underlying inhibitors.

Although the names of the areas might not be new, we hope our framing and analysis lead to new insights and approaches.

"It's not that people can't, it's that they don't feel enabled to."

## VALUE
We need to address the many dis-parities that reinforce social care's inferior status to break negative cycles and truly increase support.

## METRICS
Our current way of measuring, collecting data, and evaluating social care in Wales is undermining wider sector ambitions including innovation.

## LEADERSHIP
So that leadership can come from all levels in social care, we need to examine to define roles, responsibilities, expectations, and skills for leading change.

## RISK
There is more to risk aversion than meets the eye; to enable innovation, new approaches to risk management are needed and already underway.

## SECTOR UNITY
Social care wants a united voice supported by shared pathways and systems to represent sector interests, drive innovation, and make innovation more visible.

## REQUIREMENTS
There is too much pain for too little gain; requirements should creatively realign to alleviate pressure and encourage innovation.

# VALUE - Challenge Area

We need to address the many dis-parities that reinforce social care's inferior status to break negative cycles and truly increase support.

"

I wish for the care sector to become more attractive to Care professionals and for social care staff to be recognised in the same way that health care staff are.

"

Social care has a stigmatised status (an undesirable status) that is reinforced by different signals from those internal and external to social care. We concluded this after listening repeatedly to how participants felt that social care was not respected (in terms of being listened to and taken seriously) nor valued (both financially and socially).

Because of this inferior, undesirable status, there was an overwhelming sense that we need to raise the profile of social care and "increase the value" of the sector. People felt that this could be achieved through taking actions to level the playing field, amplify sector voice, and increase the status of social care in the public eye and sector.

There are a variety of signals of 'dis-parity' listed to the right. Since parity was a key goal of multiple research participants, we chose 'dis-parity' instead of inequality, to honour the focus on key areas where people feel unequal, and centre future efforts on tangibly evidencing change in these areas.

## Dis-parity in terms of:

Resources, pay, professional recognition when compared to health and other sectors, qualifications, public opinion and, in terms of the lives social care touches.

## Actions to level

(1) Invest financially and professionally in social care.
(2) Retain people in social care for the longer term.
(3) Support to feel less isolated.
(4) Change the narrative to change the perception.
(5) Enhance awareness and understanding.
(6) Celebrate sector success and foster wellbeing.

# METRICS - Challenge Area

Our current way of measuring, collecting data, and evaluating social care in Wales is *undermining* our wider ambitions including innovation.

> Population needs assessments aren't in line with a strength-based approach. It's all about deficits and timescales that don't bear any relation to reality and this is a requirement put on Local Authorities by national government. This is an old world way of implementing visionary legislation.

There was a feeling that re-examining how and what the sector measures is a lever with significant ability to influence innovation.

Measurement is important. Measures help us to pay attention, identify problems, monitor progress, and crucially, make decisions. Participants felt that social care (a) often isn't measuring what matters and (b) has current measures and targets that needlessly increase sector pressures.

There was a sense that the current environment favours quantitative over qualitative data, but the latter is what the workforce cares about and fuels their motivation in a sector where values are central. This is an issue because it potentially signals how motivational needs are being overlooked, that the workforce isn't seeing what they care about reflected back to them. People shared that although they have to collect data, they feel that the data fails to capture the complexity of their work, and further, it goes off 'somewhere' often leaving them without the ability to see how it connects to the greater whole.

## Metrics are undermining:

Strategic objectives

Integration and collaboration

Trust

Professional autonomy

Wellbeing

Impact and touching lives

Robustness and quality

Sector resilience

Innovation

# LEADERSHIP AND CULTURE - Challenge Area

So that leadership can come from all levels, we need to examine to more clearly define roles, responsibilities, expectations, and skills for leading change (both social and technical skills).

"

If we only invest in leadership, we will only get so far. Most blockers I see are not at that highest level, the top level is like "yeah we need to see change and difference". It's usually people in the middle that are acting as blockers.

**Ten key findings on leadership**

1. Leadership isn't nurtured or encouraged at all levels. Work is needed on the implicit and explicit signals being sent to staff to build an enabling environment; people think certain actions can help.
2. Senior leaders have a role to play in signalling a cultural change for the sector and building capacity in the system for innovation to happen.
3. Signalling is important with leaders because - "If not you, then who?"
4. Because of the system's structure, certain roles and positions act as innovation gatekeepers.
5. People expressed concerns about the qualifications, skills and recruitment of leaders and managers who act as critical gatekeepers.
6. Leadership is different from management, people felt many managers just have an administrative focus yet they are being put in leadership positions.
7. In addition to action, there are key cultural shifts and signals people are wanting leadership to move toward.
8. How the sector develops, cultivates and encourages leadership has a role to play.
9. There was strong agreement around people in social care, leaders in particular, needing to empathise with and better understand sector work and challenges.
10. There was an overall feeling that in order to understand and empathise, people in leadership positions (or decision-makers) need to be closer to the work.

# RISK - Challenge Area

There is more to risk aversion than meets the eye; the current risk paradigm is stifling innovation. To enable innovation, new approaches to risk management are needed and already underway.

> " It's just too easy to say it's too risky.
>
> Support and encouragement from Welsh Government to take risks, be pragmatic. "

We heard that people want to move toward a sector that takes "positive", "measured", and/or "pragmatic" risks. People would like safe spaces to test and refine ideas, mechanisms for sharing risk and responsibility, risk taking encouraged and built in, less fear and anxiety around failure, and ultimately, an enabling authorising environment.

### Six key findings on risk

1. There are real, felt 'risks' in social care such as risk to life, one's profession, public expenditure and scrutiny.
2. Current relationships with risk and perceptions of it are hindering innovation.
3. Since real risks underpin and drive risk aversion, we can't simply write them off. Rather, we need to better understand and identify the drivers of risk-aversion such as: fear of consequences, less appetite due to tight budgets, mindsets and attitudes.
4. The current paradigm of risk places a higher burden of proof on the risk surrounding an innovation when compared to the risk of maintaining the status quo, which can stifle innovation in a complex operating environment.
5. There are invisible risks making the sector vulnerable. We need to acknowledge and work through the imbalance between 'risk exposure' and 'levels of support' offered to some staff in social care.
6. Work forging new relationships with risk and risk management are already underway.

# SECTOR UNITY - Challenge Area

Social care wants a united voice supported by shared pathways and systems to represent sector interests, drive innovation, and make innovation more visible.

"

Not valued as a service or as an organisation – my feeling is that if it was one body, it could work in a hugely innovative way but there are differences.

"

This Challenge Area requires more active prototyping with people to understand what actions would make a tangible difference. What we heard was:

1. Because of the integration agenda and interdependence of health and social care, people felt a need to unite social care for parity with health and to stop feeling "overshadowed."
2. Social care wants to be heard, respected and taken seriously, and the hypothesis is that a uniting body(s) or structure(s) could help.
3. Shared, united infrastructure and leadership helps to drive and visibilise innovation because people know where to go and how they will be supported. The current pathways in social care are unclear.
4. The current remit and structure of social care make unity difficult. The variability of actors (public, private, third sector), their disconnectedness, and the lack of purpose or need to coordinate, make spread and sharing difficult. Sharing is disincentivised.

## We understood that people want

Mechanisms and pathways, voice, unity in terms of cohesion, connectivity and harmony

Having these things and a greater sense of purpose as a sector helps:

- Create a valued workforce with career progression and pathways into the sector.
- To give people a reason to share and collaborate to spread best and next practice.
- Promote sector interests, expertise, and awareness.

# REQUIREMENTS - Challenge Area

There is too much pain for too little gain; requirements should creatively realign to alleviate pressure and encourage innovation.

"

You pay for second best, you get second best and sometimes we kill it off with contracts – we have behavioural contracts 'you will do this and do that', not 'go for it'! Commissioners need to take that leap of faith and recognise and trust those organisations as regulated, professionalized, and competent to make the decisions themselves.

This Challenge Area heavily overlaps with the Metrics Challenge Area. People feel overburdened by what's 'required' of them. These can be requirements in terms of: to get a job in social care, maintain one's qualifications, report and assess, to meet statutory requirements, and also secure and maintain innovation funding.

Everything 'required' of people working in social care is increasing the pressure on an already pressurised sector and probably decreases the likelihood that someone will feel enabled to innovate. People spoke of work duplication, having to come up with creative workarounds, hide work, and fit into boxes to be seen or counted. Therefore, people want to alleviate the pressure so that people in social care can envision innovation and feel less dis-incentivised to innovate. Further, people want to examine how to embed innovation into existing processes and practices. We tested and refined this into an Action Area (p.38).

A misalignment surfaced in which skills are being required, and therefore, valued by the sector. For example, participants spoke to us about how:
- Managers are hired for their operational, administrative skills;
- Leaders often lack lived and practice-based experience and struggle to comprehend the realities faced by the frontline workforce;
- Too much is asked of staff (such as care workers) for little return in terms of pay, professional autonomy, and valued professional development both inside and outside of social care.

# What we learnt
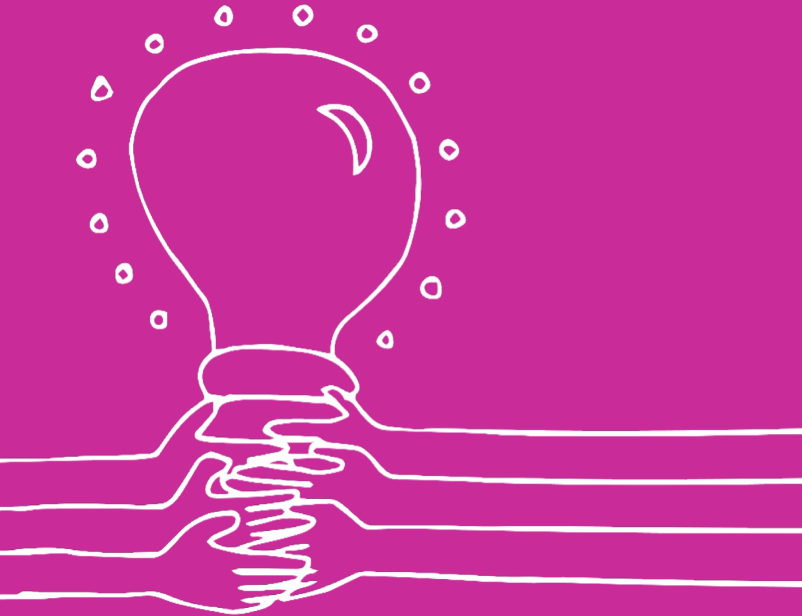
## Horizon 2
## Action Areas

The most promising areas for Social Care Wales to take action

# Action areas for Social Care Wales

We discovered significant appetite for Social Care Wales to make use of its pan-Wales responsibilities and wider remit to take action in the three broad areas outlined in the accompanying table. The first ideas for Action Areas came from innovator and enabler sessions before they were tested with stakeholders and again in our final workshops.

It's important to highlight that these areas are not mutually exclusive. There are many overlaps between ideas shared. For example, Social Care Wales could step-into a systems convener role by bringing people together to build platforms or examine contracts.

To read about these Action Areas in more detail and see the breadth and depth of ideas surfaced, get in touch with the research team.

| Action | Description |
|---|---|
| Social Care Wales as a convener | We heard that people wanted Social Care Wales to use its visible role in the system to bring people together in different ways. We have compiled a list of those different ways. |
| Building platforms and ways to share ideas | People requested shared infrastructure, the building of an established, national place that holds resources, ideas, and elevates people's voices, needs, and ideas. |
| Embed innovation into practice and contracts | People wanted to examine sector requirements to both *alleviate* the pressures inhibiting innovation and *embed* innovation into existing practices and processes. |

# What can Social Care Wales begin doing now?

| Action | Key areas | Supporting evidence |
|---|---|---|
| Social Care Wales as a convener | • Challenge/mission spaces<br>• Innovation champions or board<br>• Away days and exchanges<br>• Sector leadership and advocacy role<br>• Sandboxes so people can try and test | "Opportunity to support people with embedding their innovation and thinking about how to translate and adapt that to a context – resistance comes when innovation is perceived as a threat." |
| Building platforms and ways to share ideas | • Repository of ideas and resources for example a virtual notice board<br>• Help respond quickly to needs and curiosities<br>• For people to share and exchange | "A national database on innovation would be helpful. I can ring people and we'll set something up in the region, but to have that nationally would help." |
| Embed innovation into practice and contracts | • Emphasising innovation upon entry into the sector and through performance management<br>• Building longer term goals and innovation into sector contracting | "You kill it with the contract. Create contracts that dictate innovation."<br><br>"Induct, assess and/or appraise people differently to encourage innovation." |

# What we learnt
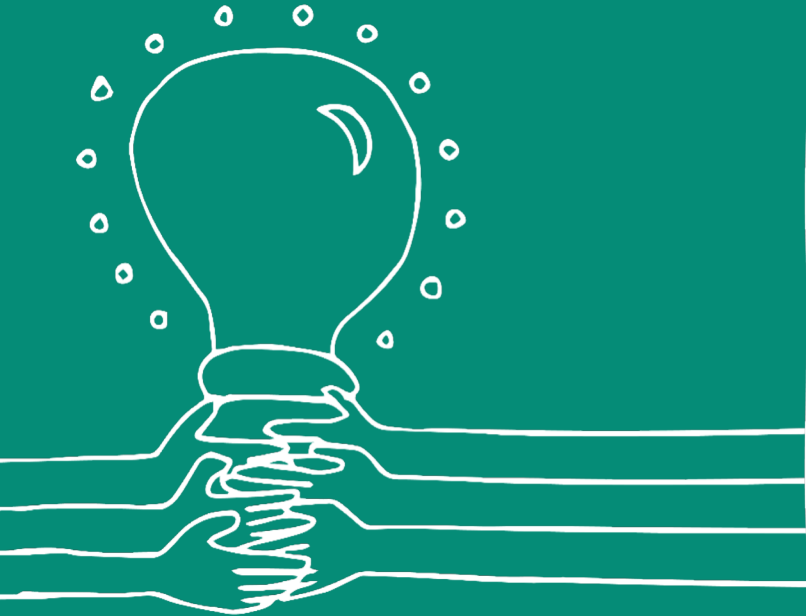
Horizon 3

What can we build on and where are we headed: research-informed visions for a more viable future for social care in Wales.

# H3 - A more viable future to reach for

People often imagine the future in terms of what's happening now. But, the present is often a poor indication of what people truly want, desire, can sustain, and ultimately, what will emerge.

We developed 10 visions for the future of health and social care in Wales to mirror back the changes we think people in social care want to see in the future. These visions need to be tested and developed. They are not fixed destination points, they will shift over time and will not happen immediately.

People want change. They want the system to reorient and focus on approaches, such as strengths-based practice, to support the sector to achieve a more sustainable future. Future actions don't have to start from scratch. Innovative ways of delivering and commissioning social care are already present in Wales. There are exciting things happening and key assets that can help guide and inform future initiatives.

The graphic below visualises how the future is already present. It is both 'where we are now' and that 'more viable future' to reach for and reiterates what was shared on page 21. Although, people desire a system-wide response, there are key actors in the system who should be targeted because of their influence over outcomes. There are cases of good and next-level practice with both key actors named below.

**PLACES**

Forums and other meaningful networks/meeting spaces exist. Some have even compiled tool-kits and resources.

**PEOPLE**

The workforce is an asset; people are intrinsically motivated to deliver better outcomes for people they support.

**TARGET AUDIENCES**

Who/which groups should future innovation efforts focus on supporting?

- **Commissioners**
  "Commissioning drives performance and by extension the ability to innovate."

- **Middle managers**
  "The manager is important, they can either act as a decision maker or as an enabler, unblocking people on the frontline."

**POLICY**

Wales has visionary policy ambitions; many participants mentioned that the guidance and mandate is there.

**PRACTICE**

There are examples across Wales of doing support and delivery differently being led by diverse actors such as councils and health boards.

# 10 Visions for the Future of Social Care in Wales

Participants want ways to develop preventative, values-based care by taking a whole-person approach to bridge the gap between visionary legislation and implementation.

| | | | | |
|---|---|---|---|---|
| **1** Innovation and change can happen because there is ownership, agency, and a sense of possibility spread throughout the system. | **2** Preventative practice and early support are accessible and the default way of doing things so need no longer escalates. | **3** Care is tailored through deep listening that seeks to learn, adapt, and respond to people's needs and concerns to do what matters to them. | **4** The sector takes a whole-person approach, seeking to join dots, strengthen connections, and coordinate services. | **5** Integration is seamlessly delivered by communities working in partnership with the public sector, health, and social care professionals. |
| **6** Sector resourcing and working practices enable partnerships that create long-term sustainable care. | **7** People can get what they need, regardless of their ability to pay. | **8** People of all levels are heard and can make a difference in how care is delivered and experienced. | **9** Social care is valued across the public and public sector and the people who provide it feel confident, skilled, and respected. | **10** Accessing care strengthens community and a person's connections with community. |

*These vision statements are a first iteration and should be refined and revisited during future phases of work.

# What we learnt
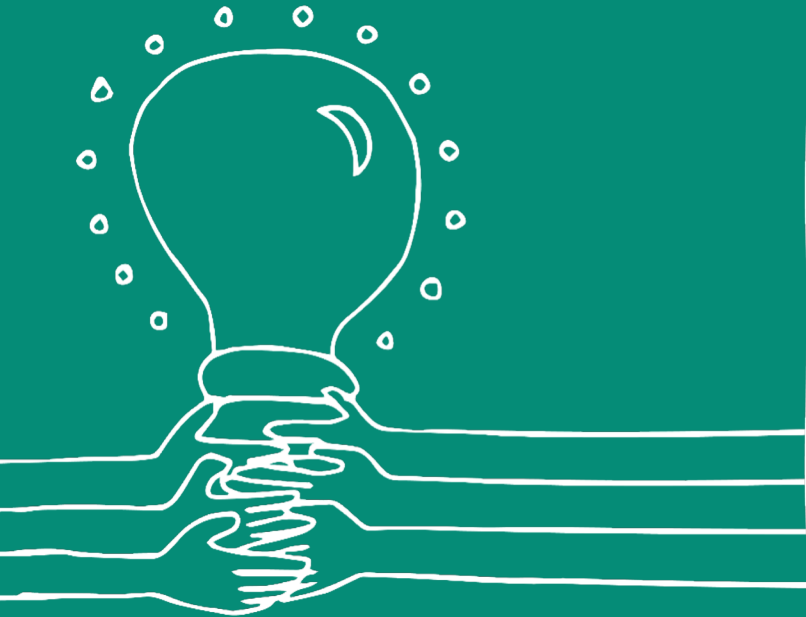
**Perceptions of Social Care Wales**

What people thought of Social Care Wales leading this work and its interest in innovation.

# Perception of Social Care Wales

Some research participants said they didn't think of Social Care Wales as doing or supporting innovation, but this could change because of its reputation, role, and remit.

Some said they "didn't have a clear idea as to what Social Care Wales is for", knowing they do "standards for the workforce and some research and development", but didn't envision them commissioning this type of work. People expressed interest in Social Care Wales working differently to deepen impact and truly enable innovation. For example: moving the Accolades beyond recognition and closer to the frontlines so they recognise it, examining the purpose and value of registration fees, producing "relevant support, not just reports" that serve as "a set of [static resources]", and by sending positive, innovation signals to people entering into the social care workforce.

To aid future discussions about communications and taking this work forward, we compiled a list of how people are perceiving Social Care Wales:

As a source of information: "they produce guidance and information on innovation and lessons learnt."
1

As a regulator often providing prescriptive, static guidance instead of more dynamic, open support: "an enforcer that holds up strict boundaries."
2

As playing it safe/in the background: "I see them very much so in the shadows at the moment, in the background providing learning resources. I don't see them as being a driver of this."
3

As connected to the workforce but not necessarily engaged: "needs to get out into the field with people" and listen to connect people "acting as a lynchpin for support."
4

As having sent positive signals to the sector: people highlighted this research as a signal and how previous work into areas like community resilience made a positive difference.
5

As a trusted source to communicate a new narrative and change perceptions: "Communication to chang[e] perceptions that they are indeed a progressive organisation open to new ideas."
6

# Why Social Care Wales?

> "
> We do need to recognise what the workforce have been through, we need to move away from fire-fighting.
>
> Social Care Wales are in touch with the registered workforce so they can communicate a positive narrative. So, there's a role there in hearing/listening to innovators; they are a trusted organisation and can be that organisation to share innovation.
> "

Despite people's current perceptions, they believed that Social Care Wales could: be trusted to bring people together, connect people and ideas, and have a role to play in creating better conditions for innovation.

We understood this to largely be because of Social Care Wales' connectivity to the workforce and pan-Wales reach. People saw the social care workforce as an untapped resource to be mobilised. This notion was a huge driver of our conclusions that people want work done on the system to make it better for people working in the system to ultimately, reduce the inequality of opportunity to innovate in Wales. But, this isn't simply sending out a questionnaire to the workforce. Participants called for Social Care Wales to get closer to it's workforce, "they are probably not coming out into communities enough" as an organisation, not just as individuals. This would improve Social Care Wales' understanding of how they are perceived, what's needed, and the impact of its work.

People understood that Social Care Wales uniquely has the ear of the workforce, leaders in social care, and those who make decisions about social care. Therefore, "Social Care Wales does have a role to play to create the right conditions so [leadership can come together] and innovation can emerge." Throughout our research people recognised these different, easily accessible levers for example: the workforce, workforce induction, registration, and improvement guidance. Many spoke of innovation not just as something that Social Care Wales does or signals for the sector to do. Rather, they saw how Social Care Wales has the potential to use existing leverage points to have innovation underpin all of its work. This would truly embed and enable innovation to become part of the system.

# What next?

This section shares: recommendations on what to do next and how the personas can be a tool for taking action.

# Recap of core messages from the research

1. Innovation is happening all the time in social care, but it looks and feels different.
   - It's happening in pockets - the system makes it difficult to join things and embed.
   - It happens despite the system not because of it.
   - It's being done everyday by those on the frontline, but the language and value isn't recognised.
   - It happens naturally at the one-to-one level because of sector values and drivers.
   - There is a pervasive feeling that social care is at a disadvantage compared to other sectors.

1. The Covid-19 pandemic led to forced, positive change and an opportunity to go beyond recovery.

1. People want Social Care Wales to work *on* the system to make it better to work *in* the system.

1. Action that people want to see:
   - Structural: we need to alleviate pressure and 'de-motivators / dis-incentives'
   - Relational: work to restore and build trust and connections
   - Cultural: innovation needs to be everyone's job and responsibility
   - Infrastructural: shared platforms, meeting points, frameworks, approaches

1. Action isn't the responsibility of one actor. People want to be part of the change and get involved.

# What's next?

There is more work to be done. Everything in this report is preliminary. The outputs should be understood as valid prototypes that built confidence in new directions of travel.

The most promising ideas for innovation are at the intersection of: what's desirable, feasible, and viable. Through this user research, we gathered evidence on what Social Care Wales should do and what people in social care saw as desirable and needed. Social Care Wales should now prioritise actions before moving into co-designing with others. Social Care Wales' organisational ambitions and constraints will set parameters for co-design, manage expectations, and bring stakeholders together.

The de-identified evidence underpinning this report can be used to inform future work. We recommend frameworks such as PPR's conditions for innovating at pace and OPSI's Innovation Facets model to frame a systemic innovation programme.

Recommendations for Social Care Wales to support practical action and experimentation that enables innovation:

1. Build upon the momentum created by this user research project to develop a solid foundation for future action. Formally engage committed stakeholders to create an innovation community to sustain enthusiasm.

1. Practically explore how the Three Horizons approach, research outputs and personas can guide and inform key action areas with Social Care Wales' strategy to maintain momentum. This work could be expanded to include external stakeholders to encourage a sector response.

1. Embed innovation into how Social Care Wales operates by discussing user research findings, approach, and outputs. Identify the support people and teams might need to do that.

1. Step into a leadership role by taking a cross-sector approach to developing the 10 Visions of the Future. Bring stakeholders together to set clearer strategic directions for the sector and build the structures, support, and skills required to achieve those visions.

# What next
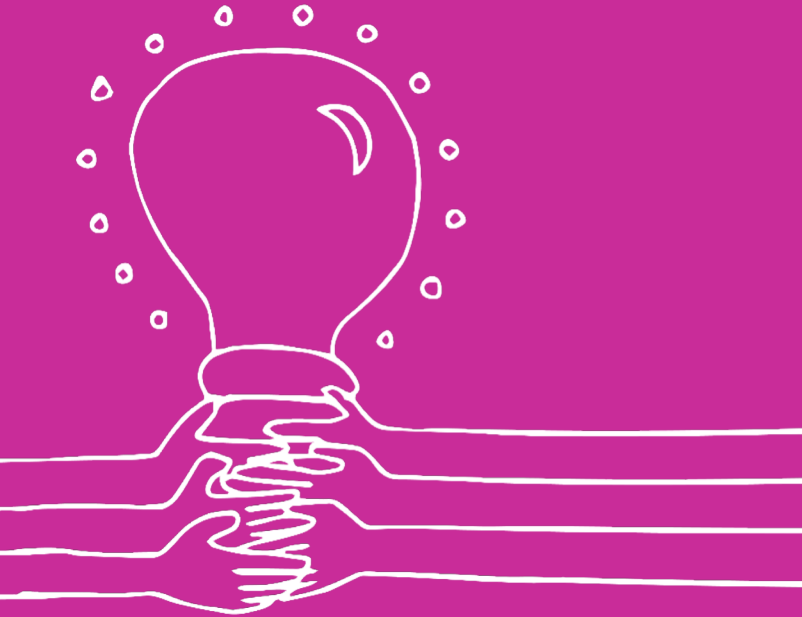
Personas

A tool for action to amplify the voices of people in social care in decision-making

# Our approach to personas

Our user research produced 13 evidence-based personas informed directly by the voices and experiences of people working in social care in Wales. The two types of personas work together to capture the diversity of needs and perspectives about innovation in social care. They give a systems-view, and should be used together, not in isolation, to facilitate reflection, communication, and guide future stages of co-design. They offer complementary lenses to help explore and appreciate diverse perspectives. They are designed to be A5 cards that can be used digitally or printed. We hope they will be applied in unanticipated ways.

## Innovation profile personas

Innovation in social care looks and feels different. These personas distil the 46 questionnaire responses into 6 social care specifice innovation personalities based on the (10 Faces of Innovation). The personas help to build a stronger picture of the system:

- How different profiles feel about innovation in Wales
- What excites them and what concerns them
- What enables innovation from their view of the system

## Challenge Area personas

These personas aim to inform deeper discussion about how to work on the system to make it better in the system. They provide insight into key issues and people's lived experience. They add voices to the Challenge Areas (p.30) to inform deeper discussion about the structural and cultural issues stifling innovation. They were designed to inform future stages of co-design: how would these voices respond to an idea? Are we listening to their wisdom?

## Cross Pollinator
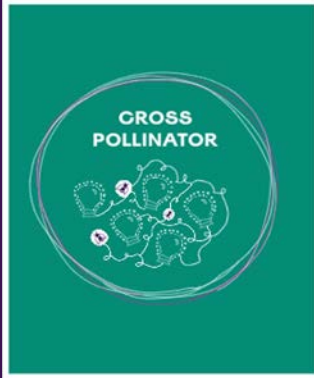
**Innovation active**

People who enjoy making things better by bringing together seemingly different ideas and associations to make creative connections

Voices you might want to listen to are

Catrin / Alun

## Megan
### Registered Manager
**Stakeholder**

"We have to look at the bigger picture. In some meetings they focus so much on recruitment and the need for money in the sector. But, even if you have all that, where's the profession?"

We need to think in systems not in fragments nor in silos.

Challenge areas | **Sector Unity and Value**

## One persona type represents a group's perspective, while the other presents a person's voice and story.

## Alun
### Director
**Enabler**

"We aren't very good at helping people develop as leaders. Currently, we teach them to manage, deliver and cope rather than to lead."

We need to think about the culture and how we cultivate leaders.

Challenge area | **Leadership**

## Visionary

**Innovation active**

These are people who enjoy the challenge of overcoming difficulties and helping others get unstuck.

Voices you might want to listen to are

Alun / Catrin

# 6 Innovation Profile Personas

**NETWORKER**

Innovation active and curious

People who enjoy bringing people together to make new connections that support progress.

Voices you might want to listen to are

Rhys / Alun / Rosie

**VISIONARY**

Innovation active

These are big picture thinkers. People who encourage others to shoot for the moon and like setting a vision or a course of action.

Voices you might want to listen to are

Alun / Catrin

**PROBLEM SOLVER**

Innovation challenged

These are people who enjoy the challenge of overcoming difficulties and helping others get unstuck.

Voices you might want to listen to are

Alun / Megan

**EXPERIMENTER**

Innovation active

People who enjoy trying and testing new ideas or actively seek and think about how to do things differently.

Voices you might want to listen to are

Catrin / Rosie

**CROSS POLLINATOR**

Innovation active

People who enjoy bringing together seemingly different ideas and associations to make creative connections and make things better.

Voices you might want to listen to are

Catrin / Alun

**PEOPLE POWERED**

Innovation curious

People who approach their work and innovation by putting people at ease, focusing on human-power, empathy, and relationships.

Voices you might want to listen to are

Megan / Dylan / Cari

These cards are two-sided. The front provides the profile description that 46 questionnaire respondents self-selected into along with how actively involved they are with innovation. To make each profile more tangible, we linked them with Challenge Area persona voices. The back shares their ideas about barriers, enablers, main concerns, and how this profiles sees innovation in Wales. There was a relatively even spread across the profiles. We received the highest number of profile responses (n=11) from 'problem solvers' and the lowest (n=6) from 'cross pollinators' and 'people powered' profiles.

# 7 Challenge Area Personas



## Rosie
### Learning and Development Lead
**Innovator**

" The needs of the most vulnerable people, and those less engaged due to underlying health issues, are being marginalised due to resource or capacity issues. "

The lack of sustainable funding fuels perpetual projects and pilots.

Challenge area | **Metrics and Requirements**

These 7 personas represent key messages from the interviews and focus groups. Each research target group is represented: enablers, innovators, and stakeholders (p.15).

This persona type has three elements explained on the next page. Each voice is linked to both a Challenge Area and also an Innovation Profile persona. We did this to give a more holistic understanding of system needs and challenges. We created a longer-form scenario card to give the sector an immersive tool. We hope this multi-dimensional format can facilitate better communication of needs now into the future.

## Megan
### Registered Manager
**Stakeholder**

" We have to look at the bigger picture. In some meetings they focus so much on recruitment and the need for money in the sector. But, even if you have all that, where's the profession? "

We need to think in systems not in fragments nor in silos.

Challenge areas | **Sector Unity and Value**

## Rhys
### Advocate and Care Management Officer
**Stakeholder**

" For me, what I'd value is having some indications of success or traction with even just an idea of innovation. To have somebody actually listen to it and try to carry it through. "

People are demotivated to innovate because they are chained to their jobs.

Challenge areas | **Metrics and Requirements**

## Dylan
### Social Worker
**Stakeholder**

" There are times when I feel like I am flying under the radar. I practically hide the work I am doing from the person who is senior to me because I know if they took notice, they'd say 'what are you doing with that individual, they don't need support!' "

How we measure and what's required diminishes professional autonomy.

Challenge areas | **Metrics and Requirements**

## Cari
### Paid Care Worker
**Stakeholder**

" In social care, we have to think creatively to solve problems and navigate the complex systems we work within in order to best support individuals/service users. "

I am the everyday innovator.

Challenge area | **Metrics and Value**

## Catrin
### Senior Business Manager
**Enabler**

" A lot is happening but not in Local Authorities. It tends to be in the third sector. Change that doesn't have to go through Local Authorities gives people more time, space and capacity to do differently. "

I can enable innovation because I sit outside of the statutory sector.

Challenge areas | **Risk, Metrics, and Requirements**

## Alun
### Director
**Enabler**

" We aren't very good at helping people develop as leaders. Currently, we teach them to manage, deliver and cope rather than to lead. "

We need to think about the culture and how we cultivate leaders.

Challenge area | **Leadership**

**Main message**

**3. Their voice as a scenario**

**2. Deeper insight into what they'd like done**

Click here to access the full deck of cards



**Rhys**
Advocate and Care Management Officer

Stakeholder

"For me, what I'd value is having some indications of success or traction with even just an idea of innovation. To have somebody actually listen to it and try to carry it through."

People are demotivated to innovate because they are chained to their jobs.

Challenge areas | **Metrics and Requirements**

**Rhys' Story**
Advocate and Care Management Officer

**Rhys**
Advocate and Care Management Officer

# Next steps for the personas

> " This is the first time I have come across social care specific innovation roles… I can see that them as useful because they bring innovation front and centre.
> June workshop participant "

In June 2022 we presented our personas to 14 user research stakeholders to test if the personas accurately reflected their experiences of innovation in Wales. We also explored if they could a tool to inform decisions and discussions about innovation. The response was positive. The majority of participants agreed or strongly agreed: (a) that they would like to use the personas and (b) that they are useful to the wider health and social care system. Participants made clear that the "personas will need support to ensure the benefits are realised within social care." We secured a small amount of funding to do this through Cardiff University.

We initially developed the personas to support Social Care Wales to communicate with a wider audience about innovation in social care. We also wanted to aid future work into Challenge and Action Areas. We are now inspired to explore and test further applications.

Wider (potential) applications to test and explore:

1. For social care innovation policy or strategy development: voices and perspectives can enhance problem understanding and support better systems thinking and integration efforts.
2. When communicating with other sectors about innovation in social care to increase awareness and appreciation for social care.
3. With teams in social care: tool to evaluate team composition, strengths, gaps, and reflect on practice; they could also inform, challenge, and shape recruitment.
4. To get unstuck while innovating: working through real cases and role play to consider new voices and challenge thinking.
5. As an innovation training and coaching tool: they could help in the context of leading innovation, such as leadership programmes, and to support innovation programmes.
6. To influence organisational culture: use the Innovation Profile personas to reflect on current structures and working practices.

This work doesn't have to be done by the core team. Please get in touch about potential and real applications.

# Acknowledgements

**User research is impossible without your contributions.**

A huge thank you to everyone who supported this user research by completing a questionnaire, attending an interview, focus group, workshop, and/or wider meetings.

The depth and range of outputs is a testament to the quality of data you generously provided us with during high-pressured times. We hope this report makes you feel valued and listened to and can help you in your work and ambitions.

A more specific thank you to our 10 Steering Group members for voluntarily mobilising their networks, strengthening our understanding and approach, filling out the questionnaire, and attending both meetings and workshops. Your support was invaluable.

If you are inspired by the approach we took and would like to explore some of the thinking and tools underpinning it, we have compiled a short resource guide.

Three Horizons Approach  30 minute introduction by its founder. We would also suggest exploring the IFF's resources.

10 Faces of Innovation we heavily adapted, but were inspired by, the faces as defined by Tom Kelley and Jonathan Littman.

Personas and design thinking tools such as journey mapping IDEO developed methods cards and other online resources.

Generative methodology a book on methods and mindsets

Collaborative practices and working check out Liberating Structures, they are free and have diverse applications.

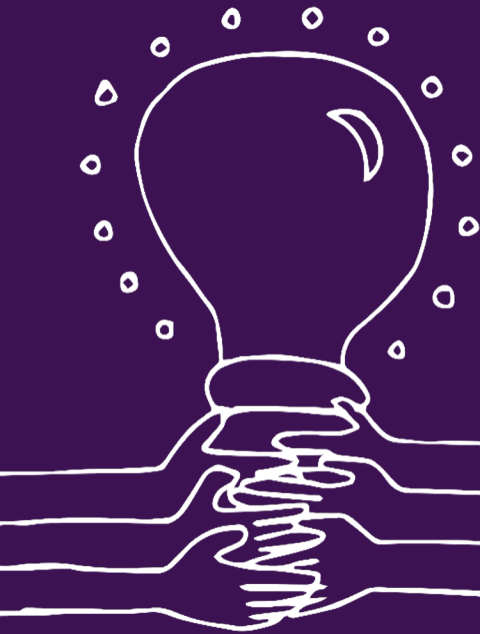# For more information contact:

Stephanie Griffith, Innovation Manager at Social Care Wales: stephanie.griffith@socialcare.wales

Alexis Palá, Y Lab Research Associate: palaa@cardiff.ac.uk

Babs Lewis, Senior Manager Wales at People Powered Results: babs.lewis@nesta.org.uk

# Full web addresses

URLs in order of hyperlink appearance (page 1 of 2):

- People Powered Results at Nesta: https://peoplepoweredresults.org.uk/
- Y Lab of Cardiff University: https://ylab.wales/
- A Healthier Wales: https://gov.wales/healthier-wales-long-term-plan-health-and-social-care
- Care Inspectorate Wales: https://careinspectorate.wales/
- Social Care Wales: https://socialcare.wales/
- Social Services and Well-being (Wales) Act 2014: https://socialcare.wales/hub/sswbact
- The Well-being of Future Generations Act 2015: https://www.futuregenerations.wales/about-us/future-generations-act/
- The Three Horizons Approach: https://www.internationalfuturesforum.com/three-horizons
- The 10 Faces of Innovation: https://www.ideo.com/post/the-ten-faces-of-innovation
- Questions we asked: All User Research Session Decks_2022.pdf
- SACSI project: https://www.lse.ac.uk/cpec/research/sasci
- London School of Economics and Political Science: https://www.lse.ac.uk/cpec/research/sasci
- Launch blog: https://peoplepoweredresults.org.uk/blog/shape-new-visions/social-care-wales-user-research-understanding-social-care-innovation/
- Participant information sheet: SCW_UR Participant Info Sheet.pdf

# Full web addresses

URLs in order of hyperlink appearance (page 2 of 2):

- H3.Uni.org: https://www.h3uni.org/practices/foresight-three-horizons/
- Larger view of our three horizons output: https://ylab.wales/socialcareinnovation/resources
- PPR's conditions for innovating at pace: https://media.nesta.org.uk/documents/100_days_to_change_a_system_v8.pdf
- OPSI's Innovation Facets model: https://oecd-opsi.org/facets-workshop/
- Full deck of persona cards: https://ylab.wales/socialcareinnovation/resources
- 30 minute introduction to Three Horizons: https://www.youtube.com/watch?v=tHRyNnwiGz0
- IFF resources: https://www.internationalfuturesforum.com/transformative-innovation
- The faces as defined by Kelly and Littman: http://goodreads.com/en/book/show/95656.The_Ten_Faces_of_Innovation
- IDEO methods cards: https://www.ideo.com/post/method-cards
- Book on generative methods: https://www.bispublishers.com/convivial-toolbox.html
- Liberating Structures: http://www.liberatingstructures.com/

# Shared Materials

This is a repository of all the supporting materials Social Care Wales might need to continue doing this work into the future. Get in touch with the Innovation team for access.

**Setting up the User Research**
Launch blog (Nesta / Y Lab)
UR Participant Information

**Outputs**
Personas
Three Horizons

**User Research materials**
User Research Guide
User Research Questionnaire
User Research Session Materials
Full User Research Slide Deck

**For supporting evidence**
Horizon 1 document
Horizon 2 document
De-Identified focus group data
Miro board with raw outputs

# Shared Materials

This is a repository of all the supporting materials Social Care Wales' Innovation Team might need to continue supporting this work into the future. As a team, you all are the stewards of how the data and outputs get used and accessed.

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*Setting up the User Research*
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