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# **Birmingham Taking the Initiative: Changes and Challenges in Working Differently with Adults**

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## **Abstract**

Turning rhetoric into reality and fully embracing the principles and practice of the Care Act (2014) in innovative, citizen focused and creative ways has been a journey constructively embraced in Birmingham over the last two years. This has been a journey with critical learning points which incorporate theoretical reflection, managerial and practitioner innovation and an emphasis on citizen focused co-production. This article considers the context, examines the nature of the change process and appraises the findings from the eighteen-month evaluation. All of these learning points and the process of change itself are eminently transferrable to other Local Authorities operating in the four countries which comprise the United Kingdom as well as to the International arena.

Key words: asset-based, co-production, change management, evaluation

# Birmingham Taking the Initiative: Changes and Challenges in Working Differently with Adults

## Introduction

Birmingham Adult Social Care Directorate, one of the largest in Europe, in 2016 decided to move away from a way of working that focused on a deficit orientated approach that involved citizens demonstrating eligibility and being assessed for provider services and instead embraced an asset-based approach, utilising and building on environmental and social and community strengths. This followed a restructure in 2015 which quickly showed that continuing with a highly regulated and procedurally orientated care management system, which prioritised eligibility and assessment criteria, left practice processes administratively driven with the majority of social workers' time being spent on paperwork and navigating computer systems. At the centre of this change process was the recognition that procedurally orientated approaches appeared to have lost sight of supporting citizens in achieving what they wanted to achieve. For many social workers and social care workers, it also constrained co-operative collaboration, innovation and relationship based practice with individuals, families and communities and did not reflect the spirit of the Care Act 2014. In this article we reflect on and appraise these changes. This includes exploring the prevailing circumstances, assessing the nature of the change process, appraising the learning points and considering the findings from the evaluation. This unique but transferable journey has considerable significance for other local authorities and for International settings.

## The Context to a Changed Way of Working

Adult Social Care over the last fifty years has continued to experience an ever changing intermix of legislation together with increasing demand for services and rising public expectations (Fawcett, 2000; Glasby et al, 2013; Thorlby et al. 2019).

The recent Care Act 2014 has replaced all previous social care legislation relating to adults and has sought to bring about a 'sea change' with regard to adult social care. A

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3 major part of the Care Act 2014 is concerned with the promotion of well-being. This  
4 is a broad concept which incorporates personal dignity and control by the individual  
5 over their day-to-day life, including control over the provision of care and support and  
6 the way these are provided (www.scie.org.uk, 2019). Local Authorities are also  
7 charged with working in partnership with citizens to bring about self-directed support  
8 and person centred care within the overall framework of personalisation. 'Carers' are  
9 also afforded the same rights as those directly accessing services. In a move away  
10 from the individual orientation of the NHS and Community Care Act (1990), it is now  
11 a legal requirement for Local Authorities to actively promote community initiatives to  
12 prevent and delay 'care' (interpreted mainly as personal assistance) with this  
13 including residential provision. The Act incorporates the provision of advice and  
14 advocacy services as well as Local Authorities working closely with health services  
15 and voluntary organisations to promote well-being. Fawcett (2018) maintains that the  
16 Care Act 2014 is groundbreaking, but that its drivers remain mixed. As a result, the  
17 NHS and Community Care Act 1990 and its emphasis on a mixed economy of care  
18 continues to permeate the legislation, with this being indispersed with strong  
19 messages about the importance of autonomy and self-directed support (Slasberg,  
20 Beresford and Schofield, 2012).

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36 Examples of 'mixed messages' can be found in the interpretation of some of the key  
37 terms. 'Involvement' for example is defined as the exercise of choice and control to  
38 promote individual well-being in order to: 'help people .... achieve the outcomes that  
39 matter to them in their life' (Care Act 2014, Sect 1.1). However, despite the emphasis  
40 on 'choice', the provision of financial support and services is still associated with  
41 establishing the legitimacy of need by means of assessments of dependency. Given  
42 the principles of the Care Act 2014, it is also notable that relatively little attention is  
43 paid to the involvement of those who use services, including 'carers' in the planning  
44 and delivery of what adult social care should look like (Beresford and Carr, 2018).  
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The thorny issue of charging for social care, but not for health care has also not been  
resolved.

Well-being is another area open to interpretation with concomitant effects on  
implementation. Clearly, well-being can serve to promote a move away from an  
emphasis on individual deficit towards the recognition of autonomy, diversity and

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3 self-directed support. However, it can also be associated with consumerism and mixed  
4 economy of care rhetoric. This can lead to processes of pathologisation where, for  
5 example, not paying attention to exercise, to diet and self-care at individual and  
6 community levels can be seen to be the responsibility of those concerned, with  
7 associated degrees of culpability being attached. It can also serve to prioritise  
8 individual aspects over social and structural factors and to blur environmental  
9 considerations (Ryburn et al. 2009; Fawcett and Reynolds. 2010; Lymbery, 2010).  
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17 Conceptualisations of strengths based practice and asset orientated social work are  
18 part of the configuration promoted by the Care Act 2014. Again, understandings and  
19 practical manifestations vary, but Saleeby's psychological perspective applied to  
20 social work has proved to be very influential (1992 – 2013, 6<sup>th</sup> edition). His emphasis  
21 on the 'rousing of hope, of tapping into the visions and the promise of that individual,  
22 family or community' (Saleeby, 2006, p. 185) has had a significant resonance. It is  
23 notable that Asset-Based Community Development (ABCD) has been used in  
24 struggling communities in the USA for over 20 years. Kretzman and McKnight  
25 (1993) and Mathie and Cunningham (2003) to name but a few, have variously drawn  
26 attention to how ways of working with communities that focus on deficits and the  
27 identification of needs, quickly result in the same communities being regarded as  
28 inadequate, hopeless and reliant for change on outside intervention. They argue that  
29 working with people to identify what is important to them, to creatively utilise the  
30 assets available (with assets being defined very broadly)<sup>1</sup> and to build and mobilise  
31 capacity is much more likely to lead to constructive change.  
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45 Asset orientated and community capacity building approaches are linked to the  
46 generation of social capital and the creation and maintenance of active citizenship and  
47 social trust. However, there are pitfalls. 'Community' can be construed in many  
48 different ways. Usually the term refers to geographic location and there is a danger  
49 that an undifferentiated homogeneity is assumed with those living in a particular area  
50 being seen to have similar interests or issues. Also, whilst horizontal capacity and  
51 social capital building may be possible, vertical capacity and social capital building  
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3 may be more problematic as local solutions to pervasive social issues may not always  
4 be feasible. A further area to consider relates to sustainability and community  
5 capacity building operating rather like a series of peaks and troughs rather than being  
6 always able to maintain a forward, upwardly linear trajectory (Healy et al., 2007;  
7 Fawcett, 2014).  
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13 Clearly strengths based and asset orientated capacity building approaches have  
14 provided considerable momentum for change and have achieved significant results.  
15 Nevertheless, there have been drawbacks and a major stumbling block in social  
16 services particularly has been the concurrent operation of contradictory systems  
17 which have hindered the development of resourced and managerially supported  
18 momentum.  
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25 In this respect, the Care Act 2014 can be regarded as a catalyst for change. However,  
26 many Local Authorities, facing severe austerity measures and entrenched in the  
27 mindset of the NHS and Community Care Act (1990), with associated eligibility  
28 criteria and assessment processes, have struggled to change embedded practices. In  
29 Birmingham, as in many other Local Authorities, implementation of the Care Act  
30 2014 initially remained prescriptive and process driven, reinforcing a rigidly  
31 delineated care management model with high service costs. In 2018, the British  
32 Association of Social Workers (BASW) and the Social Workers Union (SWU)  
33 completed a survey of social workers and identified that across local authorities,  
34 workers spent 80% of their time following prescribed systems and processes with  
35 only 20% of their time being associated with direct work with citizens, families and  
36 their communities (BASW, 2018). They issued a challenge to redress this balance  
37 (Ravalier and Boichat, 2018).  
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### 50 **Birmingham Adults Directorate: A Case Study for Change**

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53 In 2015, Birmingham Adult Social Care directorate was subject to a major  
54 restructuring exercise. This was followed in October 2016, by a peer review, which  
55 made recommendations for strengthening and improving its support planning  
56 functions (Birmingham City Council, 2016). At this point, although it was  
57 acknowledged that citizens were supported in a timely fashion with good quality  
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3 recording and assessments, it was noted that the assessments undertaken had a marked  
4 deficit focus and that support planning was unimaginative and service-based. It was  
5 recognized that the budgetary constraints faced by the council, alongside the rise in  
6 the demand for services, resulted in social work practice focusing on eligibility  
7 criteria, assessing for 'legitimate' needs and evidencing outputs. Social workers and  
8 social care workers commented in their feedback that the care management model  
9 used meant that the quality of the interaction focused on assessment as a process,  
10 leading to activity being measured on systems as opposed to being orientated around  
11 relationship based social work.  
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20 As a result, a marked change in direction was advocated. A transformation was  
21 proposed to actively promote working with citizens on aspects of their lives that  
22 mattered to them, not during a time of crisis, but whilst they still felt in control and  
23 were able to make desired decisions about their quality of life. Rather than directing  
24 all activity towards the individual, it was recognized that there needed to be a renewed  
25 community focus, with the development of networks and supported capacity building  
26 to facilitate community activity and action. The overriding purpose was to change the  
27 type of support offered to adults and to work with citizens and the voluntary,  
28 community and social enterprise sectors in innovative and constructive ways. It was  
29 recognised that this involved identifying and investing in people, creating assets,  
30 supporting micro-enterprises and working with small charities to actively facilitate  
31 social action in neighborhoods. It was also associated with an appreciation that  
32 different places have different needs and dynamics, with all requiring bespoke types  
33 of support and investment. This relates to acknowledging the difference between  
34 places with high social action and those with low social action and situationally  
35 specific mediating factors. Clearly, cost, in terms of reducing the unsustainable  
36 financial expenditure of the social care system has featured significantly, but this has  
37 gone hand in hand with a recognition that the current system had become inflexible,  
38 concentrating on functionality and deficiency rather than on creativity and innovation  
39 (Birmingham City Council, 2016).  
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56 As a means of moving away from trying to fix existing systems, there has been a  
57 definitive move to base innovation and change around distinctive yet locally molded  
58 frameworks. These frameworks are the Three Conversations approach and the  
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3 continued development of locality based neighbourhood networks with the latter  
4 supporting relationships with the third sector and community organisations, making  
5 connections and facilitating the development of local support. Adult Family Group  
6 conferencing, which places citizens at the centre of decision making processes, is also  
7 being introduced. The overall plan is for these approaches to operate in localised areas  
8 in tandem. However, to date, it is the Three Conversations approach together with the  
9 neighbourhood network scheme that have been rolled out in different areas in a  
10 phased innovation driven manner and it is the introduction of the Three Conversations  
11 approach involving social work and social care teams that is predominately focused  
12 on in this article.  
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22 The Three Conversations approach was devised by Partners4Change and sets out to  
23 replace the 'contact, re-ablement, assessment for services' culture, with a way of  
24 working based on the capabilities and motivations of people, families and  
25 communities. The aim is to enable citizens to be the co-designers of what works for  
26 them. It places emphasis on social workers as resources in their own right and the  
27 overarching purpose is to increase levels of citizen satisfaction whilst reducing  
28 expenditure on social care. Partners4Change were engaged by Birmingham City  
29 Council to facilitate the change process.  
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38 In terms of the accompanying rationale for the Three Conversations approach,  
39 conversation 1 is about 'listening and connecting', understanding what really matters  
40 and linking citizens to resources and supports that enable them to live their lives as  
41 they want. Conversation 2 relates to working intensively with people and looking at  
42 what needs to change immediately to help a person regain control. It focuses on  
43 formulating a joint emergency plan, social workers and social care workers spending  
44 as much time as needed with the citizen and their significant others, and making sure  
45 that those aspects that are most important to the person concerned actually take place.  
46 Conversation 3 concentrates on building a good life and is the only conversation that  
47 looks at longer term planning. Within the framework, emphasis is always placed on  
48 conversations 1 and/or 2 before moving on to conversation 3 and conversations 1 and  
49 2 can be repeated as often as needed. This is not about eligibility and 'top down'  
50 assessment processes, as in a procedurally driven care management system, but about  
51 citizen orientated definitions of well-being. As a result, where procedurally orientated  
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3 approaches would have social workers focusing on the conversation 3 territory from  
4 the onset, the Three Conversations approach emphasises prevention and working with  
5 people to maintain what matters to them. Terminology such as ‘waiting lists’, ‘hands  
6 off’, ‘triage’, ‘referrals’, ‘allocations’ and ‘assessments’ are actively discouraged and  
7 the focus for social workers is on working collaboratively with individuals, families  
8 and members of community support systems (The Three Conversations Approach,  
9 Partners4change, 2019).

### 16 17 **The Evaluation**

20 As part of the collaboration between the University of Birmingham and Birmingham  
21 City Council Adult Directorate, the change process has been subject to a detailed  
22 mixed method ‘action’ evaluation (Fawcett and Pockett, 2015). In order to further  
23 embed data ownership, all social work teams have been involved in data collection  
24 which has been regularly collected by members of the evaluation group with reports  
25 being produced every three months. Aspects of the data collection process, as well as  
26 the three-monthly reports, have been regularly discussed by members of the  
27 evaluation group with social work teams in their ‘huddle’ meetings. (These are  
28 regular meetings designed to share learning points, discuss progress and facilitate  
29 problem solving).

32 The evaluation has involved the collection of base line data relating to how the  
33 previous system was working before the introduction of the Three Conversations  
34 approach (for example, the collection of demographic information, the number of  
35 referrals, care packages/residential care admissions, GP visits and general trends etc).  
36 It has incorporated the establishment of objectives for the Three Conversations  
37 approach with these being linked to expected long-term, medium-term and short-term  
38 outcomes, with associated timeframes. Changes have been ascertained by a  
39 quantitative comparison with the baseline data. A qualitative narrative approach has  
40 been included which involves the documentation of ‘stories’, specific situations and  
41 creative solutions. These stories have provided illustrative accounts of how the  
42 changes have been experienced by social workers, social care workers and citizens.



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3 This form of action evaluation was adopted because of its participative emphasis. The  
4 findings have been continually used to inform the work being carried out. Existing  
5 Local Authority data collection systems, such as 'Care First' have also been adapted  
6 to capture the key changes brought in by the use of the Three Conversations approach,  
7 whilst at the same time continuing to meet the requirements of Local Authority yearly  
8 returns. The evaluative group has comprised key participants from the Adult  
9 Directorate and the University, who have worked collaboratively throughout the  
10 evaluation. This has served to jointly badge the work undertaken.  
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19 As previously highlighted, the Three Conversations approach was gradually rolled out  
20 to different areas in Birmingham. At the six-month stage, the evaluative findings  
21 showed that of those wards involved in the transformation, 1497 conversations had  
22 taken place, with 70% of conversations being completed as conversation 1's, 10% as  
23 conversation 2's and 20% as conversation 3's. The findings revealed that in two key  
24 areas, there was a 36% reduction in long-term services being required.  
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31 The evaluative findings at the 12-month stage show that between March 2018 and  
32 February 2019, a total of 3,746 conversation 1's had taken place. The number of  
33 conversation 1's that were able to be closed with a jointly agreed positive outcome  
34 was 70.7%. Of these, 53.8% were closed within 30 days and 22.8%, within 7 days.  
35 8.9% of conversation 1's moved into conversation 2, while 20.4% of these went into a  
36 conversation 3. Of the 29.3% conversation 1's that remained open at this point, 66.4%  
37 had been open for less than 60 days. Those conversation 1's that had been open for  
38 over 60 days were shown to reflect work from historical waiting lists.  
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46 There were a total of 185 conversation 2's, of which 36.3% were closed with a jointly  
47 agreed positive outcome. Of these, 65.9% were closed within 30 days and 37.1%,  
48 within 7 days. 59.8% of the conversation 2's went on to have a conversation 3. There  
49 were a total of 526 conversation 3's closed with a jointly agreed support plan, 89.3%  
50 of these were closed within 30 days and 68.4% were closed within 7 days.  
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57 Other evaluative data which showed interesting results at the 12-month stage related  
58 to the work of the Enhanced Assessment Bed (EAB) team. The EAB team provide  
59 support to older citizens for whom an immediate return home from hospital is not  
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3 viable. Accordingly, individuals spend short periods in specialist units to allow them  
4 to regain their strength and review, with social workers and social care workers, their  
5 long-term support needs. This provides time for individuals and families to make  
6 decisions and to put things in place for a return home or, where necessary, to seek  
7 long term alternative choices. Although only a portion of the EAB service was using  
8 the Three Conversations approach during the first twelve months, a total of 297  
9 conversation 1's took place. The number of conversation 1's that were able to be  
10 closed with an agreed positive outcome that did not involve residential care was  
11 32.8%. Of those closed with an outcome, 77.8% were closed within 30 days and  
12 22.3% within 7 days. A total of 9% of conversation 1's went into a conversation 2,  
13 while 58.2% of conversation 1's moved into a conversation 3. There were a total of  
14 22 conversation 2's of which 60% were closed with an agreed positive outcome. Of  
15 the conversation 2's closed with an outcome, 70% were closed within 30 days and  
16 30%, within 7 days. 40% of the conversation 2's went on to have a conversation 3.  
17 Overall, there were a total of 154 conversation 3's with 92.8% of these conversations  
18 being closed without a support plan being required. Of the conversation 3's closed  
19 with a jointly agreed support plan, 98.7% were closed within 30 days and 76.5% were  
20 closed within 7 days.  
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36 Prior to the move to the Three Conversations approach, EAB citizens pathways were  
37 mapped through the work of an outside agency in order to appraise overall outcomes.  
38 At this point, 75% of individuals going through the EAB service were being placed  
39 into a residential setting. The outside agency determined that 66% of citizens should  
40 actually be returning home with only 33% being assisted into a residential placement.  
41 However, in the 13 weeks following the introduction of the Three Conversations  
42 approach, the social workers/social care workers were successful in helping 75% of  
43 the people that they worked with to return home.  
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51 At the eighteen month stage a total of 13,092 conversation 1's had taken place. 70.5%  
52 of these were closed with an agreed positive outcome. Of these, 82% were closed  
53 within the first three months and 14%, within six months. 13% of conversation 1's  
54 went into a conversation 2 and 27% went into a conversation 3. There were a total of  
55 1463 conversation 2's, with 34% of these being closed with an agreed positive  
56 outcome. Of the conversation 2's closed with an outcome, 64% were closed within 30  
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3 days and 38% within seven days. 54% of the conversation 2's went on to have a  
4 conversation 3. A total of 3427 conversation 3's took place, with 7% being closed  
5 without a support plan being required. Of the conversation 3's closed with a jointly  
6 agreed support plan, 90% of these conversations were closed within 30 days and 73%  
7 were closed within 7 days. The data shows that with the Three Conversations  
8 approach, the proportion of longer-term services being taken up by those new to  
9 social services, was only 8.8% compared to the 'older style' assessment model. Of the  
10 9204 new requests received, only 808 went on to access a longer-term service. Social  
11 workers and social care workers felt that these results were achieved by working in  
12 partnership with citizens and looking with them in detail at what would be useful to  
13 them in their situation, with creative solutions being collaboratively foregrounded. It  
14 is notable that the overall figures show a reduction of 31.6% in terms of citizens'  
15 (both 'new' and 'existing') accessing longer term services. Although this is an  
16 increase of 9.5% since the 12-month evaluative report, it still constitutes a significant  
17 reduction.

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When comparing the previous care management assessment system to the Three Conversations approach, there has also been a marked change in the annual support package costs. The difference from the start of the roll-out to the 18 month evaluation point has amounted to £4,926,780 in saving benefits. This incorporates a spread across both citizens 'new' to the service and those who already had an 'older style' support package in place. The change to the Three Conversations approach has also provided an overall saving of £1,473,869 to the EAB service.

Additionally, there have been significant changes in relation to Direct Payments. These are payments made by Local Authorities and local Health and Social Care (HSC) Trusts to those who would prefer to arrange and pay for their own services rather than receive services directly. Whilst fewer people have taken up packages of care within the Three Conversations framework, more of these took up Direct Payments in order to fund what they wanted. For example, prior to the 'new' approach being implemented, there was a 24.8% take up of Direct Payments across the city of Birmingham. After 18 months of roll-out of the Three Conversations approach, these figures increased to 33.4% across the city, with some teams increasing Direct Payment uptake by 13.1%. It also has become apparent that those

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3 citizens opting for Direct Payments through the Three Conversations route have used  
4 less money than previously. Overall, there has been an 11.4% reduction in the amount  
5 taken up and, interestingly a rise in overall reported levels of satisfaction.  
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10 The stories which have emerged to illustrate the nature of the changes taking place are  
11 many and various. An example relates to a young man with a diagnosis of autism who  
12 left college with certificates in catering. Following the 'old style' pathway, he would  
13 have moved from college to day care. As part of conversation 1, the social worker  
14 discovered that he had enjoyed his time at college studying catering and had a passion  
15 for the local championship football club. In the spirit of doing things differently, the  
16 social worker contacted the corporate catering team at the football club, found there  
17 were vacancies and supported the young man at his interview where he was offered a  
18 job. It is notable that he is still there and has just received a significant promotion.  
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27 Another example is Mrs B, a 70+ year old woman living in very poor conditions with  
28 no family, a tendency to hoard and rat infestation. Under the 'old style' way of  
29 working, an admission to residential care would have been sought. However, instead,  
30 the social worker spent time with Mrs B, and in an atmosphere of constant  
31 reassurance worked with Mrs B to "create a clear space on the floor"— 10 black bags  
32 at a time. The relationship between the two of them lead to Mrs B feeling that she was  
33 getting her quality of life back. She said that she looked forward to seeing the social  
34 worker, where they actively engaged in filling black bags whilst talking. They also  
35 explored other community connections. In this instance, the company of the social  
36 worker in the context of the Three Conversations approach, served to open the door to  
37 a range of additional possibilities.  
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48 Further comparisons between the 'old' way of working and the new, relate to social  
49 work and social care teams now running 'drop in' centres where they join up with  
50 other members of community organisations to work with people to resolve issues.  
51 This is resulting in an increase in the number of conversation 1's being resolved  
52 successfully and speedily. Many teams also hold speed networking events to enable  
53 social workers to engage with community organisations and link up with local events.  
54 Social workers and social care workers in their practice comparisons similarly report  
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3 on the flexibility and fluidity of the Three Conversations process. This is starting to  
4 tip the scales towards the BASW 80/20 split referred to earlier.  
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8 The findings at the six-month, twelve month and eighteen-month stages have proved  
9 interesting and as highlighted have drawn attention to a number of key learning points  
10 with clear transferable potential.  
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### 14 **Learning Points: Reflections, Managerial Innovation and Practice and Citizen** 15 **Orientated Considerations** 16 17

#### 18 *Learn from others* 19 20 21

22 The changes taking place in Birmingham have actively fed into the Three  
23 Conversations National Network contributing to how other local authorities are  
24 undertaking and implementing their own strengths based practices. Likewise,  
25 Birmingham has been able to take examples of best practice from elsewhere and make  
26 adjustments to their own local offer. Tew et al. (2019) undertook NIHR funded  
27 research into Implementing the Care Act 2014 and in a survey of over 150 Local  
28 Authorities found significant emphasis being placed on prevention and on operating  
29 differently. Tew et al. (2019) noted that in line with what was happening in  
30 Birmingham, a number of other Local Authorities were actively building relationships  
31 between citizens, communities and service agencies, 'doing with' rather than 'doing  
32 to' or 'doing for'. As part of the change process, they found that weight was being  
33 given to facilitating flexible ways of finding solutions and developing networking  
34 capabilities. This tended to go hand in hand with linked localised and 'organic'  
35 community support systems.  
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#### 50 *Pay full attention to Process* 51 52

53 In Birmingham, the changes were rolled out gradually starting with two teams who  
54 were engaged in 13 week innovation periods. As part of the feedback from the action  
55 evaluation, the subsequent roll out process was improved by ensuring that future  
56 social work and social care teams had a lead in time prior to going live with the 'new'  
57 way of working. Accordingly, a five week 'introductory period' was allocated per  
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3 team. The phased roll out also served to actively facilitate a change orientated  
4 approach with the five week lead in time being used to actively support managers  
5 with the change process, to enable social workers and social care workers to prepare  
6 for their role as ‘innovators’ and to reduce caseloads. Within the teams, half the social  
7 workers and social care staff became innovators and half remained working for a  
8 period under the ‘old’ model. Initially the innovators worked with people who had not  
9 accessed social services before. This allowed time to develop the new approach with  
10 people who did not have preconceived ideas about social care intervention. It also  
11 provided time for workers to identify and make links within their communities. After  
12 13 weeks the work on the teams was reversed. The original innovators started  
13 working using the Three Conversations approach with people already known to social  
14 services and the rest of the team became innovators working with individuals new to  
15 adult social care. As part of the evaluation, each innovation site gathered evidence of  
16 change and completed a team report at the end of each 13 week period. The full  
17 rollout across the city followed the same pre-preparation and innovation format and  
18 time scales, although where a team comprised 10 workers or less, the whole team  
19 went live at the outset.  
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### 34 *Culture Transformation*

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37 The evaluation has shown that the move to ‘new’ ways of working has spearheaded a  
38 cultural transformation. Social workers have commented that this is not just about  
39 replacing paperwork, but about how social work and social care is undertaken. It has  
40 involved a change of language and a direct focus on the citizen in their setting and  
41 what is important to them. It is also not a linear approach, as engagement concentrates  
42 on a citizen’s individual situation and how they view it. In terms of changing practice,  
43 the weekly ‘huddle’ meetings have been very important and have provided a safe  
44 space for social workers and social care workers to share ideas, experiences and  
45 challenges. This has facilitated the development of interactive, informed and co-  
46 productive learning environments.  
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56 Alongside the Three Conversations approach, in order to positively influence cultural  
57 change, change champions have been nominated in each team. These are team  
58 members who have a specific role of keeping the team on track, fostering ongoing  
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3 discussion and creating an atmosphere which promotes innovative and creative  
4 thinking. Team supervision and across team coaching are also proving useful in  
5 sharing ideas and promoting interconnectivity and cohesion.  
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### 10 ***Know your Community***

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13 To enable social workers and social care workers to facilitate resolutions by linking  
14 people to their communities they have to know what is available. In each area,  
15 members of neighbourhood network teams have worked closely with the social  
16 work/social care teams in mapping what is currently available, identifying gaps in  
17 resources and looking at how these might be addressed. A neighbourhood network  
18 member has commented that:  
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24 *“doing things new or differently always takes time and is about change. I am really*  
25 *pleased that working with our local Social Work team has been exceptionally good;*  
26 *we have started to develop a strong professional relationship that enables us to make*  
27 *a huge impact on the citizens we are working with. I believe we have collectively*  
28 *started a journey of change which will have a huge impact on citizens of Birmingham.*  
29 *I am looking forward to the future with optimism.”*  
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35 It is clear from the data generated that the relationship between the neighbourhood  
36 network teams and the social work and social care teams is a productive one. It does  
37 appear to have reduced the number of conversation 3's taking place and the recourse  
38 to residential care.  
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### 43 ***Sustainability***

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47 Clearly change takes time. It is not just about social workers and social care workers  
48 operating differently, it is about systems change and rejecting completely the refrain  
49 ‘the system does not allow it’. In Birmingham, attention is being paid to sustainability  
50 and Johnson (2019) has engaged in research about adapting and embedding an NHS  
51 sustainability tool into the change process. The NHS tool is a self-reporting measure  
52 designed to assess the various factors that affect the ability of change initiatives to  
53 sustain over time. In Local Authorities generally, the project planning methodology  
54 tends mainly to focus on the implementation stage of a project or initiative. Although  
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3 this identifies immediate risks and issues, it does not consider or put in place action  
4 plans to address longer term sustainability. Johnson (2019), by means of a  
5 consultative research exercise, has adapted this tool for use in the arena of Adult  
6 Social Care. The purpose is to clearly identify at an early stage, areas where  
7 improvement is needed in order to better prepare the environment for long term  
8 sustainability. It provides practitioners, social work and social care teams and senior  
9 managers with an additional resource to consider capacity building, to identify  
10 potential problem areas and to draw up action plans to modify the environment to  
11 ensure it is amenable to the change initiatives taking place. This adapted sustainability  
12 model is gaining considerable traction and has directed attention towards fully  
13 incorporating sustainability frameworks into practice as part of the Three  
14 Conversations approach.  
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### 26 **Challenges and What is Working Well**

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29 Any change process has an inbuilt fragility. Local Authorities can slip into ‘old style’  
30 practices when work pressure increases, there is less emphasis on the external input of  
31 organisations such as Partners4Change, other factors intervene (such as the COVID-  
32 19 virus), and possible restructuring changes come into being. Within Birmingham,  
33 there is a Three Conversations development team which works flexibly across senior  
34 management forums, within social work and social care teams, the ‘huddle meetings’  
35 have concentrated on positive learning, and the focus of the champions roles is on  
36 reinforcing innovation and creativity and sustaining a ‘can do’ atmosphere. It is  
37 notable that the evaluation has shown that at the eighteen-month stage any slippage in  
38 relation to the holding of ‘huddle’ meetings or the prioritisation of the work of the  
39 champions, has resulted in more citizens moving prematurely from conversation 1 to  
40 conversation 3 (23%). A further challenge identified at the eighteen-month stage  
41 relates to how social workers effectively capture the work they have undertaken and  
42 in at least 21% of instances, conversation 1’s had escalated to conversation 3’s  
43 without explanatory information being available.  
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56 Another challenge relates to safeguarding. It has been found that social workers and  
57 social care workers are experiencing barriers when a citizen has been previously  
58 assessed as requiring ‘safeguarding’. Working groups have been established to  
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3 examine how the flexible Three Conversations approach can positively and  
4 productively coalesce with safeguarding requirements. Ensuring that there is shared  
5 commitment and accountability across services such as housing, hospitals and  
6 Children's Trusts, is also an area that has been found to require on going work.  
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12 However, some challenges are being proactively turned into opportunities. An  
13 example is that the change process initially retained several 'handoff' or transition  
14 points. In the 'old' system, there was always a 'handoff' between work designated as  
15 'standard' and work regarded as 'complex'. 'Handoffs' also occurred when a worker  
16 made a referral to a different service. The changed way of working has brought about  
17 a renewed focus on these 'handoff' points and social workers and social care workers  
18 are now making 'warm' introductions and referrals where they either introduce the  
19 individual personally, or check back at an agreed time to see how things have  
20 developed. This different way of working is being positively received by citizens.  
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30 In terms of the evaluative feedback received from social workers and social care  
31 workers, what is working well as part of the change process is a renewed enthusiasm  
32 about social work and relational based practice. Social workers and social care  
33 workers are widely stating that they feel as though their remits and what they are able  
34 to do and are capable of achieving with citizens has exponentially broadened. They  
35 attribute this to the creation of space for inventive ways of working and  
36 encouragement to think 'outside the box'. They report that beginning conversations  
37 from where the individual is at and what their concerns are, is proving to be  
38 productive and rewarding for all concerned. They comment that they are enjoying  
39 coming to work again. A much repeated observation is that they feel as though the  
40 work they are doing really matters and that they are having a positive impact on the  
41 lives of the people they are working with. Paperwork has also been considerably  
42 reduced which has significantly provided more time for co-productive practice.  
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53 Comments from social workers and social care workers include the following:

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55 *"I now get to hear the person's main points, I can invest time. The old world was 24*  
56 *pages of questions and forms and I am now giving a better investment with my time."*  
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3 *“I get to help people in my community realise their strengths and advocate on their*  
4 *behalf while working for the largest Local Authority in Europe covering the most*  
5 *deprived area in Birmingham. It’s a win-win.”*  
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10 In relation to citizen feedback, comments have included:

11 *“We really felt like the worker was actually listening to us.”*

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14 *“I really appreciated that the worker was looking and speaking to my partner, not*  
15 *just me as the carer.”*  
16

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18 *“This process was much quicker than we thought it would be.”*  
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21 At the eighteen-month evaluative stage a key comment was:

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23 *“Nobody was going to do what you have done for my brother! I’m so grateful, I have*  
24 *dealt with so many social workers, have meetings with them and at the end they will*  
25 *just abandon him because they could only look at him as a drunkard.....Since you met*  
26 *A you took the battle in your hands....Thank you!!”*  
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### 31 32 **Concluding Remarks** 33

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35 Key change agents within Birmingham have described the previous way of working  
36 as being akin to a ‘sorting office’ with people moving through the system in a series  
37 of queues and waits, often not ending up where they wanted to be. The changed  
38 system is about actively realising the rhetoric, placing facilitating processes and  
39 relationship based practice at the forefront of social work and social care and enabling  
40 people to achieve the outcomes that make sense for them in the context of their lives.  
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47 The evaluation has shown very promising results and it is important to share this  
48 information. Clearly, challenges remain, not least competing priorities for the council,  
49 the ongoing need to cut back and cut costs, changes in key personnel, ongoing  
50 restructuring and not least the effects of COVID-19. However, there remains a strong  
51 commitment to the Three Conversations approach aligned to neighbourhood  
52 networking. The principles of no waiting lists, no ‘handoffs’, always exploring  
53 strengths and what will work for citizens in their situation and working closely with  
54 communities, remains strong. The extent to which this commitment will result in long  
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3 term changes has yet to be determined but it needs to be acknowledged that in a  
4 relatively short period of time, much has been achieved. It is possible to say that the  
5 work in Birmingham to date has shown that a 'spring tide' can result in different and  
6 constructive configurations and can turn around a juggernaut and map out a new  
7 route.  
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