Birmingham Taking the Initiative: Changes and Challenges
in Working Differently withAdults

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

Examples of ‘mixed messages’ can be found in the interpretation of some of the key
terms. ‘Involvement’ for example is defined as the exercise of choice and control to
promote individual well-being in order to: ‘help people ... achieve the outcomes that
matter to them in their life’ (Care Act 2014, Sect 1.1). However, despite the emphasis
on ‘choice’, the provision of financial support and services is still associated with
establishing the legitimacy of need by means of assessments of dependency. Given
the principles of the Care Act 2014, it is also notable that relatively little attention is
paid to the involvement of those who use services, including ‘carers’ in the planning
and delivery of what adult social care should look like (Beresford and Carr, 2018).
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
self-directed support. However, it can also be associated with consumerism and mixed
economy of care rhetoric. This can lead to processes of pathologisation where, for
example, not paying attention to exercise, to diet and self-care at individual and
community levels can be seen to be the responsibility of those concerned, with
associated degrees of culpability being attached. It can also serve to prioritise
individual aspects over social and structural factors and to blur environmental
considerations (Ryburn et al. 2009; Fawcett and Reynolds. 2010; Lymbery, 2010).

Conceptualisations of strengths based practice and asset orientated social work are
part of the configuration promoted by the Care Act 2014. Again, understandings and
practical manifestations vary, but Saleeby’s psychological perspective applied to
social work has proved to be very influential (1992 – 2013, 6th edition). His emphasis
on the ‘rousing of hope, of tapping into the visions and the promise of that individual,
family or community’ (Saleeby, 2006, p. 185) has had a significant resonance. It is
notable that Asset-Based Community Development (ABCD) has been used in
struggling communities in the USA for over 20 years. Kretzman and McKnight
(1993) and Mathie and Cunningham (2003) to name but a few, have variously drawn
attention to how ways of working with communities that focus on deficits and the
identification of needs, quickly result in the same communities being regarded as
inadequate, hopeless and reliant for change on outside intervention. They argue that
working with people to identify what is important to them, to creatively utilise the
assets available (with assets being defined very broadly)¹ and to build and mobilise
capacity is much more likely to lead to constructive change.

Asset orientated and community capacity building approaches are linked to the
generation of social capital and the creation and maintenance of active citizenship and
social trust. However, there are pitfalls. ‘Community’ can be construed in many
different ways. Usually the term refers to geographic location and there is a danger
that an undifferentiated homogeneity is assumed with those living in a particular area
being seen to have similar interests or issues. Also, whilst horizontal capacity and
social capital building may be possible, vertical capacity and social capital building

¹
may be more problematic as local solutions to pervasive social issues may not always be feasible. A further area to consider relates to sustainability and community capacity building operating rather like a series of peaks and troughs rather than being always able to maintain a forward, upwardly linear trajectory (Healy et al., 2007; Fawcett, 2014).

Clearly strengths based and asset orientated capacity building approaches have provided considerable momentum for change and have achieved significant results. Nevertheless, there have been drawbacks and a major stumbling block in social services particularly has been the concurrent operation of contradictory systems which have hindered the development of resourced and managerially supported momentum.

In this respect, the Care Act 2014 can be regarded as a catalyst for change. However, many Local Authorities, facing severe austerity measures and entrenched in the mindset of the NHS and Community Care Act (1990), with associated eligibility criteria and assessment processes, have struggled to change embedded practices. In Birmingham, as in many other Local Authorities, implementation of the Care Act 2014 initially remained prescriptive and process driven, reinforcing a rigidly delineated care management model with high service costs. In 2018, the British Association of Social Workers (BASW) and the Social Workers Union (SWU) completed a survey of social workers and identified that across local authorities, workers spent 80% of their time following prescribed systems and processes with only 20% of their time being associated with direct work with citizens, families and their communities (BASW, 2018). They issued a challenge to redress this balance (Ravalier and Boichat, 2018).

Birmingham Adults Directorate: A Case Study for Change

In 2015, Birmingham Adult Social Care directorate was subject to a major restructuring exercise. This was followed in October 2016, by a peer review, which made recommendations for strengthening and improving its support planning functions (Birmingham City Council, 2016). At this point, although it was acknowledged that citizens were supported in a timely fashion with good quality
recording and assessments, it was noted that the assessments undertaken had a marked
deficit focus and that support planning was unimaginative and service-based. It was
recognized that the budgetary constraints faced by the council, alongside the rise in
the demand for services, resulted in social work practice focusing on eligibility
criteria, assessing for ‘legitimate’ needs and evidencing outputs. Social workers and
social care workers commented in their feedback that the care management model
used meant that the quality of the interaction focused on assessment as a process,
leading to activity being measured on systems as opposed to being orientated around
relationship based social work.

As a result, a marked change in direction was advocated. A transformation was
proposed to actively promote working with citizens on aspects of their lives that
mattered to them, not during a time of crisis, but whilst they still felt in control and
were able to make desired decisions about their quality of life. Rather than directing
all activity towards the individual, it was recognized that there needed to be a renewed
community focus, with the development of networks and supported capacity building
to facilitate community activity and action. The overriding purpose was to change the
type of support offered to adults and to work with citizens and the voluntary,
community and social enterprise sectors in innovative and constructive ways. It was
recognised that this involved identifying and investing in people, creating assets,
supporting micro-enterprises and working with small charities to actively facilitate
social action in neighborhoods. It was also associated with an appreciation that
different places have different needs and dynamics, with all requiring bespoke types
of support and investment. This relates to acknowledging the difference between
places with high social action and those with low social action and situationally
specific mediating factors. Clearly, cost, in terms of reducing the unsustainable
financial expenditure of the social care system has featured significantly, but this has
gone hand in hand with a recognition that the current system had become inflexible,
concentrating on functionality and deficiency rather than on creativity and innovation
(Birmingham City Council, 2016).

As a means of moving away from trying to fix existing systems, there has been a
definitive move to base innovation and change around distinctive yet locally molded
frameworks. These frameworks are the Three Conversations approach and the
continued development of locality based neighbourhood networks with the latter supporting relationships with the third sector and community organisations, making connections and facilitating the development of local support. Adult Family Group conferencing, which places citizens at the centre of decision making processes, is also being introduced. The overall plan is for these approaches to operate in localised areas in tandem. However, to date, it is the Three Conversations approach together with the neighbourhood network scheme that have been rolled out in different areas in a phased innovation driven manner and it is the introduction of the Three Conversations approach involving social work and social care teams that is predominately focused on in this article.

The Three Conversations approach was devised by Partners4Change and sets out to replace the ‘contact, re-ablement, assessment for services’ culture, with a way of working based on the capabilities and motivations of people, families and communities. The aim is to enable citizens to be the co-designers of what works for them. It places emphasis on social workers as resources in their own right and the overarching purpose is to increase levels of citizen satisfaction whilst reducing expenditure on social care. Partners4Change were engaged by Birmingham City Council to facilitate the change process.

In terms of the accompanying rationale for the Three Conversations approach, conversation 1 is about ‘listening and connecting’, understanding what really matters and linking citizens to resources and supports that enable them to live their lives as they want. Conversation 2 relates to working intensively with people and looking at what needs to change immediately to help a person regain control. It focuses on formulating a joint emergency plan, social workers and social care workers spending as much time as needed with the citizen and their significant others, and making sure that those aspects that are most important to the person concerned actually take place. Conversation 3 concentrates on building a good life and is the only conversation that looks at longer term planning. Within the framework, emphasis is always placed on conversations 1 and/or 2 before moving on to conversation 3 and conversations 1 and 2 can be repeated as often as needed. This is not about eligibility and ‘top down’ assessment processes, as in a procedurally driven care management system, but about citizen orientated definitions of well-being. As a result, where procedurally orientated
approaches would have social workers focusing on the conversation 3 territory from the onset, the Three Conversations approach emphasises prevention and working with people to maintain what matters to them. Terminology such as ‘waiting lists’, ‘hands off’, ‘triage’, ‘referrals’, ‘allocations’ and ‘assessments’ are actively discouraged and the focus for social workers is on working collaboratively with individuals, families and members of community support systems (The Three Conversations Approach, Partners4change, 2019).

The Evaluation

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

The evaluation has involved the collection of base line data relating to how the previous system was working before the introduction of the Three Conversations approach (for example, the collection of demographic information, the number of referrals, care packages/residential care admissions, GP visits and general trends etc). It has incorporated the establishment of objectives for the Three Conversations approach with these being linked to expected long-term, medium-term and short-term outcomes, with associated timeframes. Changes have been ascertained by a quantitative comparison with the baseline data. A qualitative narrative approach has been included which involves the documentation of ‘stories’, specific situations and creative solutions. These stories have provided illustrative accounts of how the changes have been experienced by social workers, social care workers and citizens.
This form of action evaluation was adopted because of its participative emphasis. The findings have been continually used to inform the work being carried out. Existing Local Authority data collection systems, such as ‘Care First’ have also been adapted to capture the key changes brought in by the use of the Three Conversations approach, whilst at the same time continuing to meet the requirements of Local Authority yearly returns. The evaluative group has comprised key participants from the Adult Directorate and the University, who have worked collaboratively throughout the evaluation. This has served to jointly badge the work undertaken.

As previously highlighted, the Three Conversations approach was gradually rolled out to different areas in Birmingham. At the six-month stage, the evaluative findings showed that of those wards involved in the transformation, 1497 conversations had taken place, with 70% of conversations being completed as conversation 1’s, 10% as conversation 2’s and 20% as conversation 3’s. The findings revealed that in two key areas, there was a 36% reduction in long-term services being required.

The evaluative findings at the 12-month stage show that between March 2018 and February 2019, a total of 3,746 conversation 1’s had taken place. The number of conversation 1’s that were able to be closed with a jointly agreed positive outcome was 70.7%. Of these, 53.8% were closed within 30 days and 22.8%, within 7 days. 8.9% of conversation 1’s moved into conversation 2, while 20.4% of these went into a conversation 3. Of the 29.3% conversation 1’s that remained open at this point, 66.4% had been open for less than 60 days. Those conversation 1’s that had been open for over 60 days were shown to reflect work from historical waiting lists.

There were a total of 185 conversation 2’s, of which 36.3% were closed with a jointly agreed positive outcome. Of these, 65.9% were closed within 30 days and 37.1%, within 7 days. 59.8% of the conversation 2’s went on to have a conversation 3. There were a total of 526 conversation 3’s closed with a jointly agreed support plan, 89.3% of these were closed within 30 days and 68.4% were closed within 7 days.

Other evaluative data which showed interesting results at the 12-month stage related to the work of the Enhanced Assessment Bed (EAB) team. The EAB team provide support to older citizens for whom an immediate return home from hospital is not
viable. Accordingly, individuals spend short periods in specialist units to allow them
to regain their strength and review, with social workers and social care workers, their
long-term support needs. This provides time for individuals and families to make
decisions and to put things in place for a return home or, where necessary, to seek
long term alternative choices. Although only a portion of the EAB service was using
the Three Conversations approach during the first twelve months, a total of 297
conversation 1’s took place. The number of conversation 1’s that were able to be
closed with an agreed positive outcome that did not involve residential care was
32.8%. Of those closed with an outcome, 77.8% were closed within 30 days and
22.3% within 7 days. A total of 9% of conversation 1’s went into a conversation 2,
while 58.2% of conversation 1’s moved into a conversation 3. There were a total of
22 conversation 2’s of which 60% were closed with an agreed positive outcome. Of
the conversation 2’s closed with an outcome, 70% were closed within 30 days and
30%, within 7 days. 40% of the conversation 2’s went on to have a conversation 3.
Overall, there were a total of 154 conversation 3’s with 92.8% of these conversations
being closed without a support plan being required. Of the conversation 3’s closed
with a jointly agreed support plan, 98.7% were closed within 30 days and 76.5% were
closed within 7 days.

Prior to the move to the Three Conversations approach, EAB citizens pathways were
mapped through the work of an outside agency in order to appraise overall outcomes.
At this point, 75% of individuals going through the EAB service were being placed
into a residential setting. The outside agency determined that 66% of citizens should
actually be returning home with only 33% being assisted into a residential placement.
However, in the 13 weeks following the introduction of the Three Conversations
approach, the social workers/social care workers were successful in helping 75% of
the people that they worked with to return home.

At the eighteen month stage a total of 13,092 conversation 1’s had taken place. 70.5%
of these were closed with an agreed positive outcome. Of these, 82% were closed
within the first three months and 14%, within six months. 13% of conversation 1’s
went into a conversation 2 and 27% went into a conversation 3. There were a total of
1463 conversation 2’s, with 34% of these being closed with an agreed positive
outcome. Of the conversation 2’s closed with an outcome, 64% were closed within 30
days and 38% within seven days. 54% of the conversation 2’s went on to have a conversation 3. A total of 3427 conversation 3’s took place, with 7% being closed without a support plan being required. Of the conversation 3’s closed with a jointly agreed support plan, 90% of these conversations were closed within 30 days and 73% were closed within 7 days. The data shows that with the Three Conversations approach, the proportion of longer-term services being taken up by those new to social services, was only 8.8% compared to the ‘older style’ assessment model. Of the 9204 new requests received, only 808 went on to access a longer-term service. Social workers and social care workers felt that these results were achieved by working in partnership with citizens and looking with them in detail at what would be useful to them in their situation, with creative solutions being collaboratively foregrounded. It is notable that the overall figures show a reduction of 31.6% in terms of citizens’ (both ‘new’ and ‘existing’) accessing longer term services. Although this is an increase of 9.5% since the 12-month evaluative report, it still constitutes a significant reduction.

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
citizens opting for Direct Payments through the Three Conversations route have used less money than previously. Overall, there has been an 11.4% reduction in the amount taken up and, interestingly a rise in overall reported levels of satisfaction.

The stories which have emerged to illustrate the nature of the changes taking place are many and various. An example relates to a young man with a diagnosis of autism who left college with certificates in catering. Following the ‘old style’ pathway, he would have moved from college to day care. As part of conversation 1, the social worker discovered that he had enjoyed his time at college studying catering and had a passion for the local championship football club. In the spirit of doing things differently, the social worker contacted the corporate catering team at the football club, found there were vacancies and supported the young man at his interview where he was offered a job. It is notable that he is still there and has just received a significant promotion.

Another example is Mrs B, a 70+ year old woman living in very poor conditions with no family, a tendency to hoard and rat infestation. Under the ‘old style’ way of working, an admission to residential care would have been sought. However, instead, the social worker spent time with Mrs B, and in an atmosphere of constant reassurance worked with Mrs B to “create a clear space on the floor”– 10 black bags at a time. The relationship between the two of them lead to Mrs B feeling that she was getting her quality of life back. She said that she looked forward to seeing the social worker, where they actively engaged in filling black bags whilst talking. They also explored other community connections. In this instance, the company of the social worker in the context of the Three Conversations approach, served to open the door to a range of additional possibilities.

Further comparisons between the ‘old’ way of working and the new, relate to social work and social care teams now running ‘drop in’ centres where they join up with other members of community organisations to work with people to resolve issues. This is resulting in an increase in the number of conversation 1’s being resolved successfully and speedily. Many teams also hold speed networking events to enable social workers to engage with community organisations and link up with local events. Social workers and social care workers in their practice comparisons similarly report
on the flexibility and fluidity of the Three Conversations process. This is starting to tip the scales towards the BASW 80/20 split referred to earlier.

The findings at the six-month, twelve month and eighteen-month stages have proved interesting and as highlighted have drawn attention to a number of key learning points with clear transferable potential.

**Learning Points: Reflections, Managerial Innovation and Practice and Citizen Orientated Considerations**

*Learn from others*

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

*Pay full attention to Process*

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

**Culture Transformation**

The evaluation has shown that the move to ‘new’ ways of working has spearheaded a cultural transformation. Social workers have commented that this is not just about replacing paperwork, but about how social work and social care is undertaken. It has involved a change of language and a direct focus on the citizen in their setting and what is important to them. It is also not a linear approach, as engagement concentrates on a citizen’s individual situation and how they view it. In terms of changing practice, the weekly ‘huddle’ meetings have been very important and have provided a safe space for social workers and social care workers to share ideas, experiences and challenges. This has facilitated the development of interactive, informed and co-productive learning environments.

Alongside the Three Conversations approach, in order to positively influence cultural change, change champions have been nominated in each team. These are team members who have a specific role of keeping the team on track, fostering ongoing
discussion and creating an atmosphere which promotes innovative and creative thinking. Team supervision and across team coaching are also proving useful in sharing ideas and promoting interconnectivity and cohesion.

**Know your Community**

To enable social workers and social care workers to facilitate resolutions by linking people to their communities they have to know what is available. In each area, members of neighbourhood network teams have worked closely with the social work/social care teams in mapping what is currently available, identifying gaps in resources and looking at how these might be addressed. A neighbourhood network member has commented that:

“doing things new or differently always takes time and is about change. I am really pleased that working with our local Social Work team has been exceptionally good; we have started to develop a strong professional relationship that enables us to make a huge impact on the citizens we are working with. I believe we have collectively started a journey of change which will have a huge impact on citizens of Birmingham. I am looking forward to the future with optimism.”

It is clear from the data generated that the relationship between the neighbourhood network teams and the social work and social care teams is a productive one. It does appear to have reduced the number of conversation 3’s taking place and the recourse to residential care.

**Sustainability**

Clearly change takes time. It is not just about social workers and social care workers operating differently, it is about systems change and rejecting completely the refrain ‘the system does not allow it’. In Birmingham, attention is being paid to sustainability and Johnson (2019) has engaged in research about adapting and embedding an NHS sustainability tool into the change process. The NHS tool is a self-reporting measure designed to assess the various factors that affect the ability of change initiatives to sustain over time. In Local Authorities generally, the project planning methodology tends mainly to focus on the implementation stage of a project or initiative. Although

http://bjsw.oupjournals.org
this identifies immediate risks and issues, it does not consider or put in place action plans to address longer term sustainability. Johnson (2019), by means of a consultative research exercise, has adapted this tool for use in the arena of Adult Social Care. The purpose is to clearly identify at an early stage, areas where improvement is needed in order to better prepare the environment for long term sustainability. It provides practitioners, social work and social care teams and senior managers with an additional resource to consider capacity building, to identify potential problem areas and to draw up action plans to modify the environment to ensure it is amenable to the change initiatives taking place. This adapted sustainability model is gaining considerable traction and has directed attention towards fully incorporating sustainability frameworks into practice as part of the Three Conversations approach.

Challenges and What is Working Well

Any change process has an inbuilt fragility. Local Authorities can slip into ‘old style’ practices when work pressure increases, there is less emphasis on the external input of organisations such as Partners4Change, other factors intervene (such as the COVID-19 virus), and possible restructuring changes come into being. Within Birmingham, there is a Three Conversations development team which works flexibly across senior management forums, within social work and social care teams, the ‘huddle meetings’ have concentrated on positive learning, and the focus of the champions roles is on reinforcing innovation and creativity and sustaining a ‘can do’ atmosphere. It is notable that the evaluation has shown that at the eighteen-month stage any slippage in relation to the holding of ‘huddle’ meetings or the prioritisation of the work of the champions, has resulted in more citizens moving prematurely from conversation 1 to conversation 3 (23%). A further challenge identified at the eighteen-month stage relates to how social workers effectively capture the work they have undertaken and in at least 21% of instances, conversation 1’s had escalated to conversation 3’s without explanatory information being available.

Another challenge relates to safeguarding. It has been found that social workers and social care workers are experiencing barriers when a citizen has been previously assessed as requiring ‘safeguarding’. Working groups have been established to
examine how the flexible Three Conversations approach can positively and productively coalesce with safeguarding requirements. Ensuring that there is shared commitment and accountability across services such as housing, hospitals and Children’s Trusts, is also an area that has been found to require on going work.

However, some challenges are being proactively turned into opportunities. An example is that the change process initially retained several ‘handoff’ or transition points. In the ‘old’ system, there was always a ‘handoff’ between work designated as ‘standard’ and work regarded as ‘complex’. ‘Handoffs’ also occurred when a worker made a referral to a different service. The changed way of working has brought about a renewed focus on these ‘handoff’ points and social workers and social care workers are now making ‘warm’ introductions and referrals where they either introduce the individual personally, or check back at an agreed time to see how things have developed. This different way of working is being positively received by citizens.

In terms of the evaluative feedback received from social workers and social care workers, what is working well as part of the change process is a renewed enthusiasm about social work and relational based practice. Social workers and social care workers are widely stating that they feel as though their remits and what they are able to do and are capable of achieving with citizens has exponentially broadened. They attribute this to the creation of space for inventive ways of working and encouragement to think ‘outside the box’. They report that beginning conversations from where the individual is at and what their concerns are, is proving to be productive and rewarding for all concerned. They comment that they are enjoying coming to work again. A much repeated observation is that they feel as though the work they are doing really matters and that they are having a positive impact on the lives of the people they are working with. Paperwork has also been considerably reduced which has significantly provided more time for co-productive practice.

Comments from social workers and social care workers include the following:

“I now get to hear the person’s main points, I can invest time. The old world was 24 pages of questions and forms and I am now giving a better investment with my time.”
“I get to help people in my community realise their strengths and advocate on their behalf while working for the largest Local Authority in Europe covering the most deprived area in Birmingham. It’s a win-win.”

In relation to citizen feedback, comments have included:

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

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

“This process was much quicker than we thought it would be.”

At the eighteen-month evaluative stage a key comment was:

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

Concluding Remarks

Key change agents within Birmingham have described the previous way of working as being akin to a ‘sorting office’ with people moving through the system in a series of queues and waits, often not ending up where they wanted to be. The changed system is about actively realising the rhetoric, placing facilitating processes and relationship based practice at the forefront of social work and social care and enabling people to achieve the outcomes that make sense for them in the context of their lives.

The evaluation has shown very promising results and it is important to share this information. Clearly, challenges remain, not least competing priorities for the council, the ongoing need to cut back and cut costs, changes in key personnel, ongoing restructuring and not least the effects of COVID-19. However, there remains a strong commitment to the Three Conversations approach aligned to neighbourhood networking. The principles of no waiting lists, no ‘handoffs’, always exploring strengths and what will work for citizens in their situation and working closely with communities, remains strong. The extent to which this commitment will result in long
term changes has yet to be determined but it needs to be acknowledged that in a relatively short period of time, much has been achieved. It is possible to say that the work in Birmingham to date has shown that a ‘spring tide’ can result in different and constructive configurations and can turn around a juggernaut and map out a new route.
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