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Approaches and activities to support  
evidence-informed change in adult social care:

# Lessons from IMPACT



Louise McCabe, Aisha Macgregor, Claire Toomey, Emma Stroemqvist, Jessica Cleary



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# Introduction

IMPACT is the UK centre for implementing evidence in adult social care (ASC), working right across the four nations. We work within the realities of adult social care to create positive change that is underpinned by high-quality evidence. IMPACT adopts a definition of evidence that includes and values three types of evidence:

- Published evidence from research,
- Evidence from lived experience of people who draw on care and support and their carers,
- Evidence from practitioners working in adult social care.

## And we have four core aims:

### Aim 1:

Increasing the use of high-quality evidence, leading to better care practices, systems and outcomes.

### Aim 2:

Building capacity and skills in the ASC workforce to work with evidence of different kinds to innovate and deliver better outcomes.

### Aim 3:

Developing relationships between a wide range of stakeholders across the sector, to improve outcomes for people who draw on services and their families.

### Aim 4:

Improving understanding of what elements of evidence implementation do and do not work in practice and using this to overcome barriers.

IMPACT has a strong value base with co-production at the heart of everything we do, ensuring the voices of people with lived experience and practitioners are included and help to shape all our activities.

# Our Values

Across the four nations our IMPACT team aim to lead their projects and initiatives by these values:

## 01 Trust

Reciprocity over time and 'showing not telling' the outcome of people's involvement in an honest and transparent way

## 02 Respect

Co-production takes time and effort. We recognise the commitment of participants and will pay for time devoted (where people are not already funded)

## 03 Collaborative

Our approach emphasises partnership and co-production across the adult social care sector, not competition

## 04 Inclusivity

Hearing 'seldom heard' voices, working with marginalised communities and recognising intersectionality

## 05 Being Embedded

Committed to working with existing networks and groups to identify the significance of local contexts

IMPACT utilises four different delivery models to deliver evidence-informed change that work locally, regionally and nationally to influence policy and practice, and improve outcomes for people who draw on care and support and their carers. In this report, we focus on three of these delivery models: Networks, Demonstrators and Facilitators with short descriptions of each provided below. These delivery projects are supported by central teams providing assistance with evidence review, evaluation, communications, administration and embedding.

**Demonstrators** employ a pair of Strategic Improvement Coaches to work in a local system for 12 months to lead a large, strategic, evidence-informed change project. Each works in the host organisation, specialises in organisational development/change management/ leadership/consultancy, and brings a mix of expertise in terms of research, lived experience and practice knowledge. These work well for large, multi-agency and strategic or “wicked” issues.

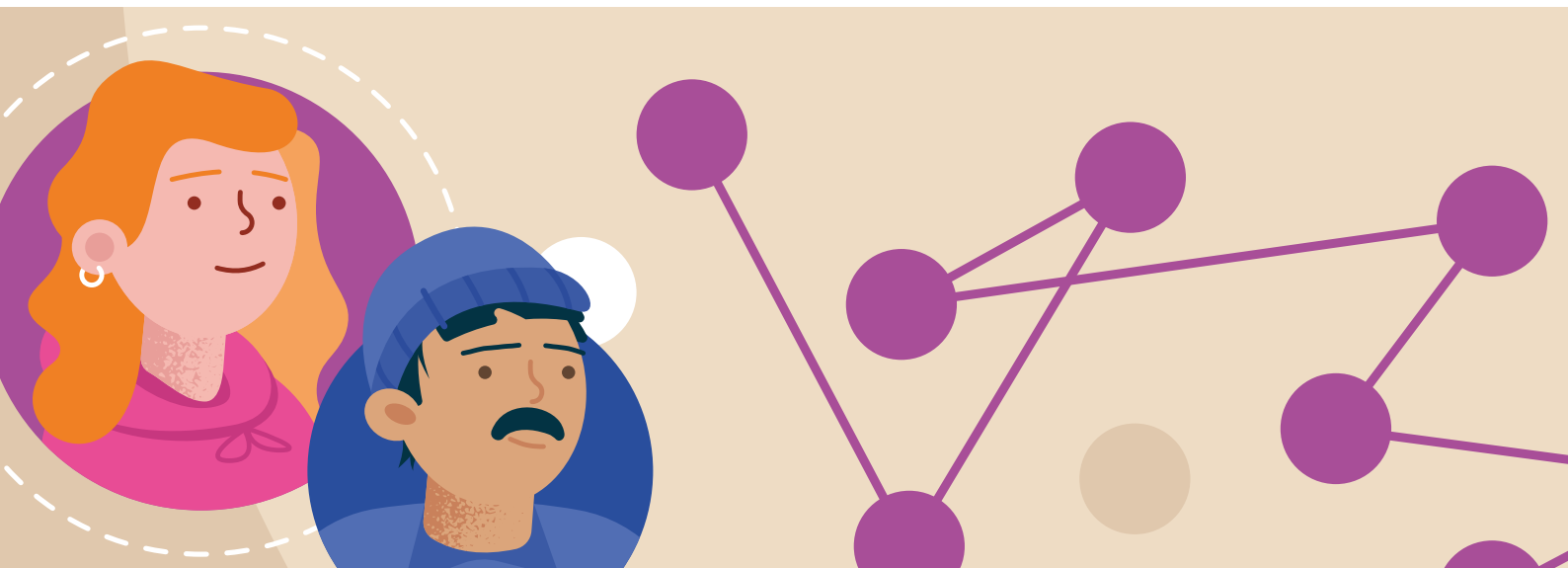
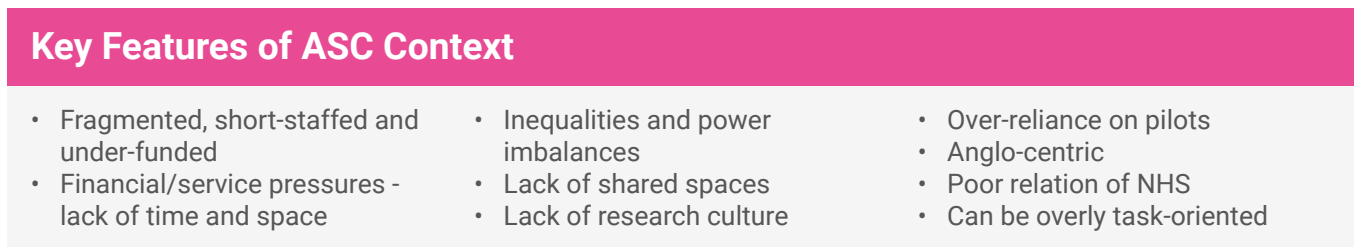
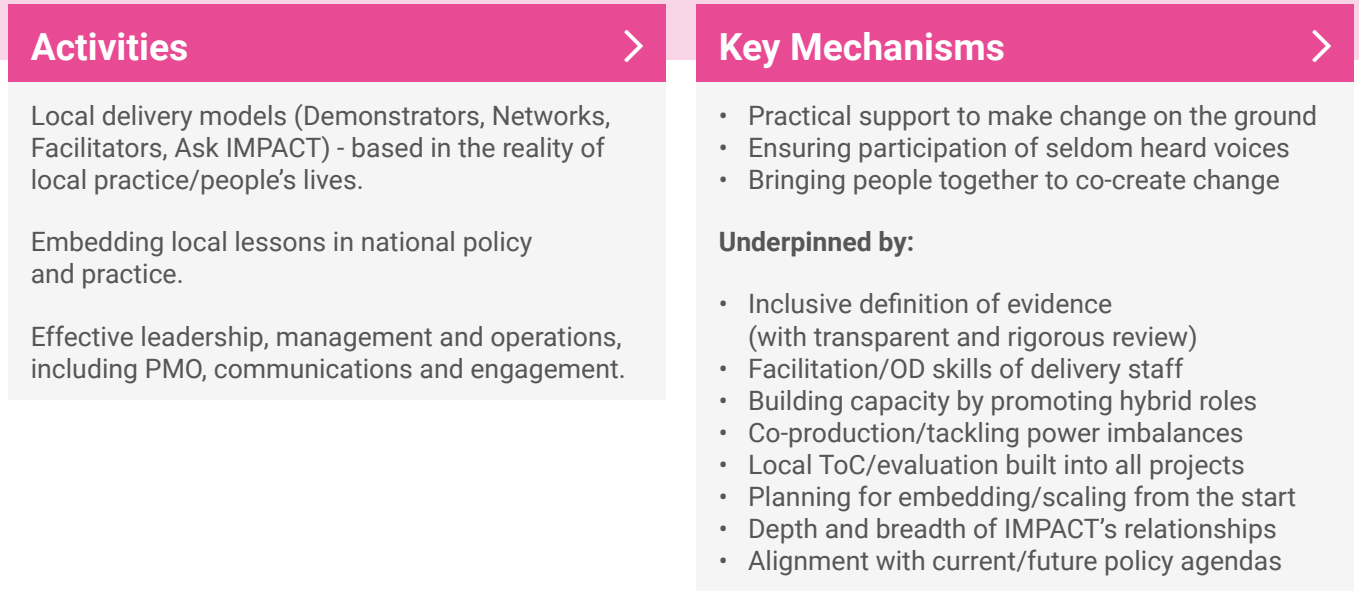
**Facilitators** lead smaller, more bounded, bottom-up evidence-informed change projects in a single agency setting. A single, more junior colleague works in the host organisation for 12 months, supporting them to make evidence-informed changes in local practice.

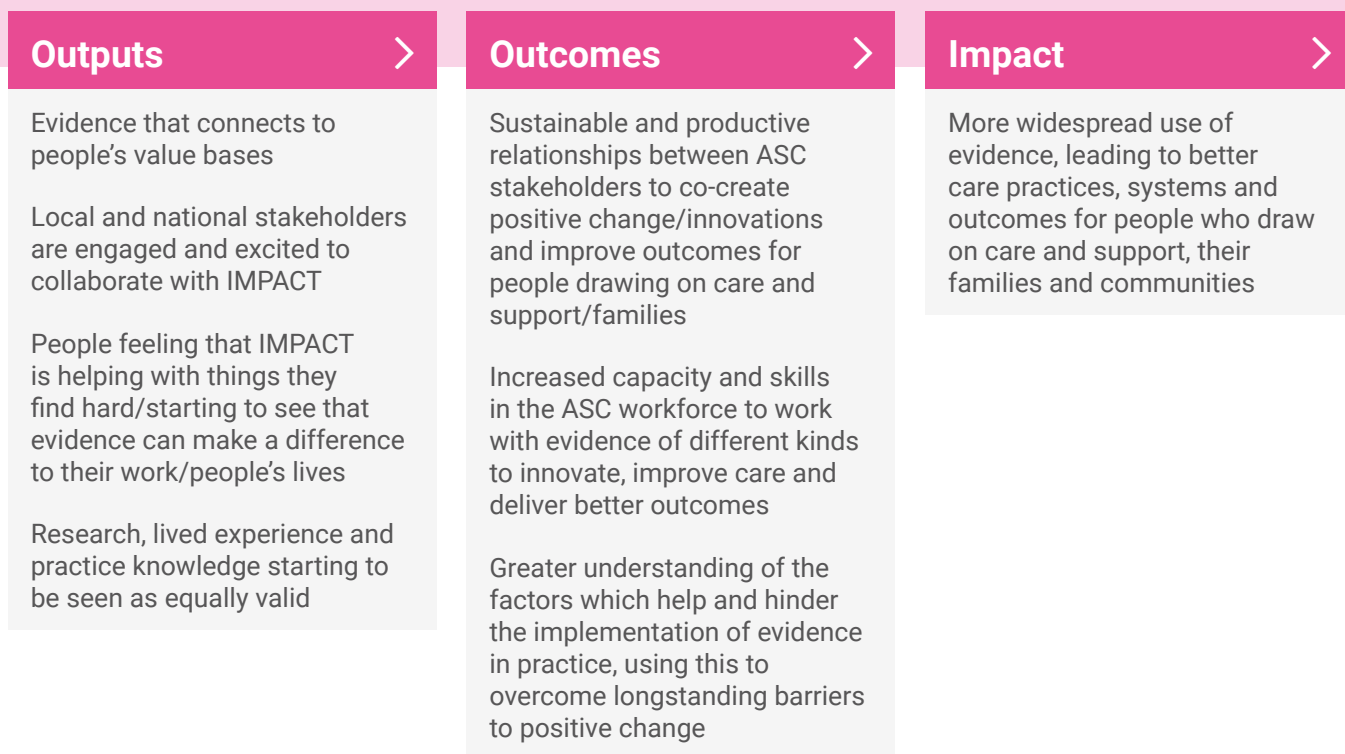
**Networks** focus on complex but everyday practice issues, with local groups all over the UK working on

the same practical issue in their local area, but with the learning scaling across all groups over the course of the Network. Each Network typically has 5 local groups across the UK, and each group is usually made up of 8-10 local stakeholders (including people who draw on care and support, carers, practitioners, managers and other local partners). These work well for emergent issues, where there are some insights from the evidence to apply – but also scope amongst the group to develop their own learning bottom-up. Experience to date suggests that having the key people who can take local action all in one place is a powerful way of working, and being part of a Network provides additional structure, discipline and momentum to local efforts to lead change.

IMPACT’s work is shaped by a theory of change that sets out key features of our approach and intended outcomes from our work. In this report we focus on the ‘how to’ aspect of evidence-informed change, the key mechanisms and features of our approach in the theory of change, illustrated in *Figure 1*.

# Figure 1 - IMPACT's Theory of Change





### Key Features of IMPACT's Approach

- Embedded in realities of local practice/people's lives
- Inclusive approach to what constitutes valid evidence
- Strong emphasis on learning by doing
- Working locally, regionally, nationally and across the UK
- Co-production and hearing seldom heard voices
- Ambition, level and duration of investment
- Scale, reach, depth and breadth of relationships
- Focusing on ASC in its own right - but also on boundaries with other sectors



# What is the purpose of this report

This report provides practical ideas and approaches, illustrated with case studies from IMPACT that can be adopted by others. Our aim is to share our learning in an accessible and practical way.

The report is intended for people commissioning, designing and delivering care and support to adults and their carers across the UK.

This report can be read alongside IMPACT's other key resources to support change, such as IMPACT's

Change Model which outlines learning about evidence informed change in adult social care and provides tools to support this; and the thematic pages on IMPACT's website that draw together IMPACT's work and influence across five themes relevant to adult social care in the UK:

- Building on the strengths of people and communities,
- Creating the workforce we need - now and in the future,
- Enhancing voice, choice and control,
- Ensuring people stay healthy, connected and well at home,
- Making integration a reality – starting with the person.



The report starts by considering the specific context of adult social care in the UK, reflecting on the inherent opportunities and barriers this creates for positive change. It then focuses on four processes for delivering evidence-informed change in adult social care that have been found to be useful and effective in IMPACT projects:

**01** Co-creating evidence for change

**02** Relational practice

**03** An independent perspective

**04** Building local capacity and ownership

This report draws on reports, outputs and data collected by the project teams and by the internal evaluation team, including reflections and reports from delivery staff and feedback from people who draw on care and support, carers, and other stakeholders. This report includes data from projects from all models and delivery years with data analysed using a framework approach to draw out findings relating to IMPACT's four aims.

# Context

The IMPACT Theory of Change (see Figure 1 page 6) identifies specific aspects of the ASC context that affect evidence implementation and change. Evaluation data highlights that these issues affected evidence engagement and implementation in IMPACT's projects. These key issues seen across ASC in the UK can be summarised through three key themes: power, culture and resource.

## Power:

Unequal power dynamics affect evidence implementation and positive change in ASC. For people who draw on care and support, power is reflected in the level of choice and control they have about how to live their lives. Feelings of powerlessness can create mistrust in services that has to be recognised and carefully responded to. How open organisations are to genuinely sharing power can influence change. Projects engaged with people who draw on care and support in different ways, ranging from consultation, collecting people's views, through to authentic co-production with power sharing between people who draw on care and support and people responsible for services. Organisations also hold power over resources such as finances and staff resources. There are also power differences between sectors, with social care staff often being undervalued and underpaid in comparison to health colleagues. Finally, alignment between project goals and wider policy ambitions that set out government plans to deliver change can have a positive influence. This can help to show that issues are viewed as important at a national level.

## Culture:

Several factors have been shown to shape the culture and cultural change in ASC. These factors include relationships between people, organisations and sectors; how the system is designed; willingness and readiness for change; how people engage with evidence; and how co-production is understood and used in practice. Together, these factors shape the wider culture of change. They influence how services are delivered, how people engage with services, whether trust is built or lost, and the extent to which people feel their voices are heard.

## Resources:

Adult social care continues to be under-resourced, finances are limited, and this affects staffing levels and service delivery. Workforce shortages and high turnover affect continuity and stability. Limited resources impact the time staff have to deliver care, opportunities for staff training and development, and the time and training needed to engage with evidence to support change. There can also be a balance between delivering essential services and introducing new approaches. Resources also affect the services and support available to people who draw on care and support, impacting both care experience and outcomes.



Understanding how these factors interact is important when working towards evidence-informed change within ASC in the UK as they can both support and limit what can be achieved.

# Co-creating evidence for change

The use of evidence from research, practice and lived experience is a central tenet of how IMPACT works. This aims to overcome hierarchies of evidence in ASC, bringing together different kinds of evidence to better reflect the realities of practice.

IMPACT's unique approach to evidence is based on accessibility, relevance, and usability. Here we describe approaches that have been used in our projects to support diverse stakeholders to engage with and understand different types of evidence; to gather evidence from people with lived experience of drawing on care and support and carers; and to co-create regionally

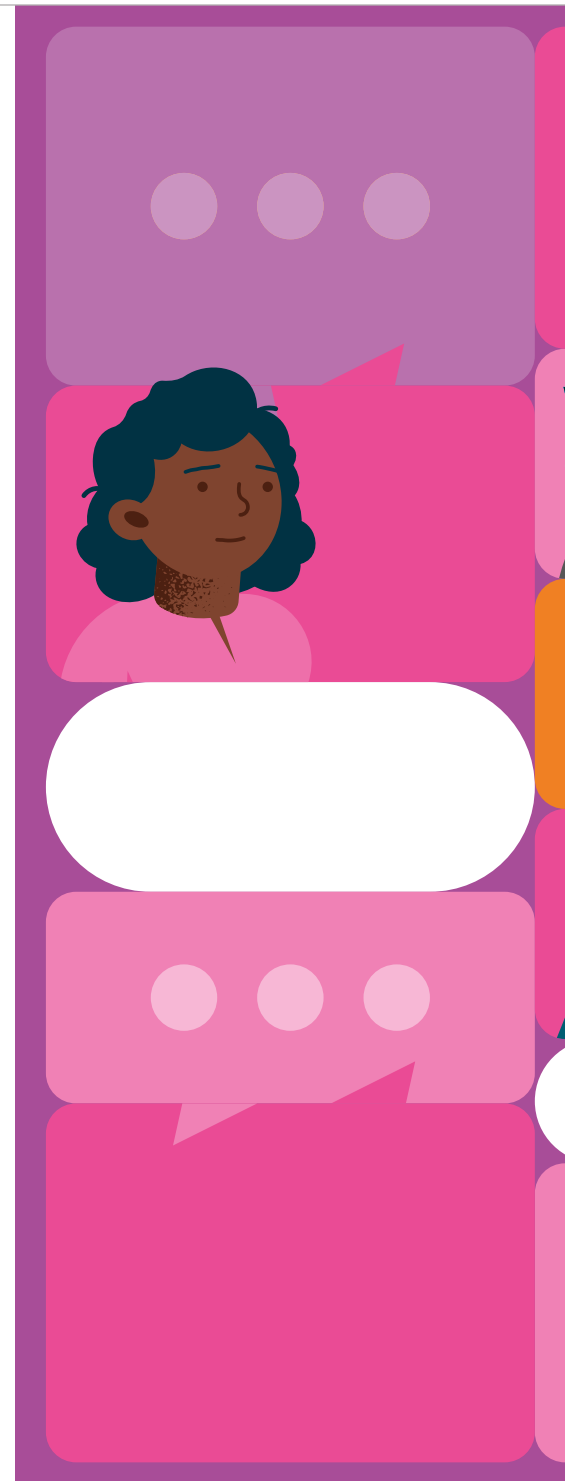
or locally contextualised evidence that has utility to support change. The approaches we outline here are particularly applicable in the ASC sector where historically there has been little engagement with evidence, particularly research evidence, due to a lack of access to and availability of high-quality evidence alongside a culture that has not supported engagement with evidence.

## *Making research evidence accessible and engaging*

For each IMPACT project we develop an evidence review that provides a summary and synthesised account of relevant evidence from published sources including research evidence; project partners help to shape and focus these reviews. Project staff **use and share these reviews in different ways**. The snapshot below describes the diverse ways that one evidence review has supported a Facilitator project.

The evidence review in the **raising awareness and driving improvements around pet-inclusive homelessness accommodation Facilitator** project provided an accessible summary of key research on this specific area, demonstrating a strong evidence base for the positive outcomes that can arise from pet ownership amongst people experiencing homelessness. There was

consistent messaging across the evidence synthesised in the review as well as an overview of relevant legislation and policy. The evidence review allowed the Facilitator to **immerse herself in the project**, building her own **knowledge and confidence** in the topic. The evidence review **guided conversations with project partners** and wider stakeholders, helping to identify what questions





the project needed to address and how the project could add value to what was already known. The evidence review also formed the **basis for topic guides** that have been used in workshops as well as providing an overview of current knowledge as part of a presentation at the Newcastle Homeless Forum. Finally, the evidence review provided **information about other organisations** and people working

on the same issue who have been drawn into the wider stakeholder network for this project.

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Acknowledging that research evidence can be intimidating to some, many projects create more accessible versions of these review documents by developing one-page summaries of key themes or lay summaries of the evidence. These

facilitate engagement with research evidence by people with lived experience, unpaid carers and practitioners as illustrated in this snapshot from a Demonstrator project.

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During the **Demonstrator project supporting transitions for young people with care experience in Fife and Coventry**, the Coaches

adapted the evidence review to enable accessibility for young people with care experience. This included **talking about evidence** instead of giving written reports; **using body language** to gauge interest and support engagement; and **creating stories** and examples to explain key concepts and check understanding. When evidence was presented in a sharable form, such as **one-page summaries** and a short **video animation**, people were better able to engage with it. The Coaches also used the Promise design tool before presenting academic evidence to show the validity of lived experience evidence and to challenge hierarchies of evidence.

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Another project in Northern Ireland used visual mapping to support engagement with evidence.

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In the **Managed Budgets Demonstrator in Northern Ireland**, the Coach's **leadership** ability to **blend international evidence, lived experience and local practice knowledge** into accessible **visual diagrams** built a shared understanding across historically divided teams and organisations. Practitioners reported that this approach "brought clarity" and helped them "see the value" of mapping the whole system before acting - even where they had not yet fully developed these skills themselves. Here, relational credibility and transparent use of evidence

increased confidence in the change process.

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Presenting **evidence as a resource for debate and discussion** rather than as a solution can improve engagement from practitioners and people with lived experience. This approach respects individual perspectives and reflects the complex reality of adult social care that may restrict the ability to implement the same interventions in different settings. In our Networks, evidence is always presented to Network members in the form of a 'discussion material' setting out from the start that we are not proposing a solution but instead asking Network members to engage in discussion and debate about what will work for them.

## *Collecting and understanding evidence from people with lived experience*

All IMPACT projects **engage with people with lived experience** and their carers relevant to each project focus, supporting the generation of experiential knowledge. Work across IMPACT is supported by our Co-production Advisory Group, helping to ensure co-production takes place and guides this work. In individual projects, the collection and use of evidence from people with lived experience of drawing on care and support and/or as carers is valued and different approaches are taken to support this

process. This day opportunities Demonstrator project utilised creative approaches to engage people with learning disabilities including people who were not able to contribute verbally.

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During the **day opportunities Demonstrator in Greenwich**, the Coach used inclusive methods such as **one-to-one conversations**, online **"tea and talk" sessions**, and **creative tools** to enable people with complex communication needs to share their views and participate meaningfully. Mechanisms for

gathering marginalised voices were successfully modelled and picked up by host organisations. The Coach supported staff to confidently collect feedback from people with communication needs drawing on evidence from the Challenging Behaviour Foundation. Staff began using evidence from lived experience to introduce new activities, such as a podcast led by people with learning disabilities.

People with learning disabilities reported significant skill development through their

involvement in co-production. They gained experience in co-designing and co-facilitating activities, supporting others in group settings, and taking initiative to plan, develop, and run activities. Furthermore, peer-research conducted by people with learning disabilities prompted practical changes, such as improving paths at a garden service and parking access at a community centre.

Another Demonstrator project used 'expert groups' to shape their work.

Within the **Personal Assistant wellbeing Demonstrator in Scotland** two expert groups, one with PAs and one with employers, provided a sense check for findings from a systematic review and helped to shape recommendations. The Coaches provided short accessible summaries of themes, provided in advance, as a basis for discussion in the expert groups. This led to the development of recommendations **grounded in what matters to people who draw on care and support** and responsive to the realities of

practice. Combining published research with lived and practice insights from expert groups provided **credibility with partners** that was further strengthened by the coaches focus on ensuring the infrastructure needed to support this (e.g. payment) was provided. Quick wins documents were provided to project partners to promote evidence use in practice settings; these were based on a systematic review of published evidence alongside involvement from the expert groups.



## Engaging with practitioners to collect their knowledge and experiences

IMPACT recognises the importance of tacit, professional knowledge and experience (practice wisdom/ professional 'know-how' developed through experience) as key sources of evidence for shaping positive change in adult social care and adopts different methods to engage with and collect this data. The Network model (described in more detail in the next section) is a structured process that enables and supports practitioners to share and utilise their knowledge and experience. The Demonstrator project described below aimed to improve the delivery of social work to older people in Walsall and shows how practitioner knowledge can be collected and utilised for change alongside evidence from those with lived experience.

A key structure in the **social work with older people Demonstrator in Walsall** were regular **Steering Group meetings** that were established to support project planning. These meetings fostered constructive, **collaborative relationships** between leaders, staff and experts by experience. They provided a vehicle for engaging with community providers and for **building confidence in using co-production to improve systems**, processes and ways of working. Meetings were an important mechanism to model co-production and members were very positive about opportunities for senior managers, practitioners and people who draw on care and support to be in the same

room discussing shared issues. A practitioner reflects:

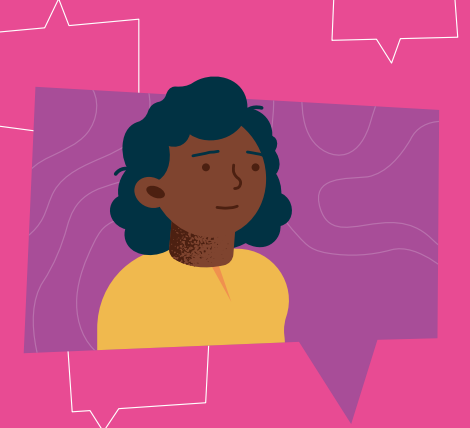
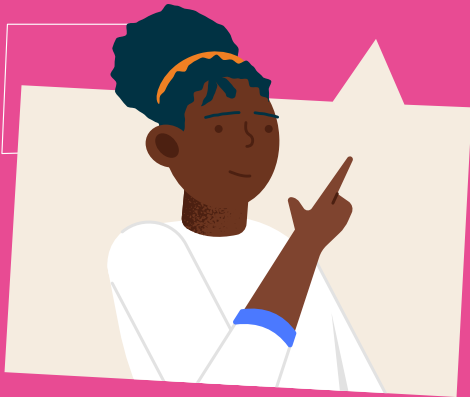
*"They took on board what we were discussing. For instance, one of the things that kind of leapt out at me, which was really good, was a dedicated social worker to support a service user all the way through from beginning to end. That was one of the things that was highlighted and it is being implemented now in one of the teams."*

Reflecting on their involvement with IMPACT and the delivery of the Demonstrator project, senior stakeholders in Walsall reflected:

*"It was a completely new way of working... completely different to the way we normally work. It wasn't around actually asking: "Are you doing this?" It was about actually, Let's collaborate, let's actually find out what everybody's thinking and work together to build it... It hasn't just been one person's autonomous decision."*

A Facilitator project also supported practitioners to engage with research evidence and share their own professional knowledge.

In the **Facilitator project working to improve support for people who hoard and self-neglect in Aberdeen**, practitioners took time to reflect upon the evidence that was gathered at different stages of the project to compare their



experiences with the evidence review. With this reflection, practitioners spoke about ways in which their practice could develop as a result of the evidence and how this could go on to inform the outputs of the project and inform their practice in the future.

During the end of project event, practitioners were able to further review all the gathered evidence, reflect on the accuracy of this and ensure that it reflected their views given throughout the project. Revisiting the evidence review alongside practitioner insights and lived experience revealed both similarities and differences between the evidence from the research and the evidence from project outcomes. A partner in the project stated:

*“Throughout the project, stakeholders and practitioners were keen to share knowledge and skills in the area of self-neglect and hoarding. This continues to be a complex and challenging area but practitioners were motivated to be involved with the project to further improve. This was evidenced through discussions at the practitioner’s forum, in the topics that practitioners raised, and in the feedback during 1:1’s and group sessions with the IMPACT Facilitator. This was further evidenced during the practitioner’s event where practitioners gave constructive feedback about what would improve outcomes for adults.”*

Another aspect of evidence that is useful in projects is evidence and information about local services and supports, collected using an ‘asset mapping’ approach. This has been used effectively in a number of IMPACT projects to enable understanding of local resources to support improved delivery of support to different groups. Our Facilitator project in Moray that focused on reducing loneliness for older people used this approach

effectively to improve delivery of support to this group.

During the **tackling loneliness in rural areas Facilitator in Moray**, the Facilitator actively engaged with older people, practitioners, community and voluntary groups, and the available evidence base to ‘map’ the factors that lead to isolation in Moray. The mapping exercise utilised a strengths-based approach to establish the diversity of resources available in the local context, what was available and being done well and where there were gaps in services. This process included: web searches; engaging with and exploring communities and

community discourse by checking notice boards and conversations with local people; and speaking with practitioners and people involved in service delivery including third sector and community groups in the area. The next stage involved the facilitator extensively meeting with older people and their families, before focusing on comparisons with other rural communities and across the UK. A local stakeholder reported:

*“So not only did we know what we delivered, we then had the evidence to support proposals going in to try and look at further development in terms of kind of dealing with the gaps and provision that we have”*



# Co-creating contextualised data

All of IMPACT’s projects work to bring together evidence from research, lived experience and practitioner knowledge and do this in different ways, including steering and expert groups as already described. Our Network model provides a structured and explicit approach for the collection, collation and co-creation of contextualised data for change in adult social care. Each Network brings together a diverse group of stakeholders including people with lived experience and carers,

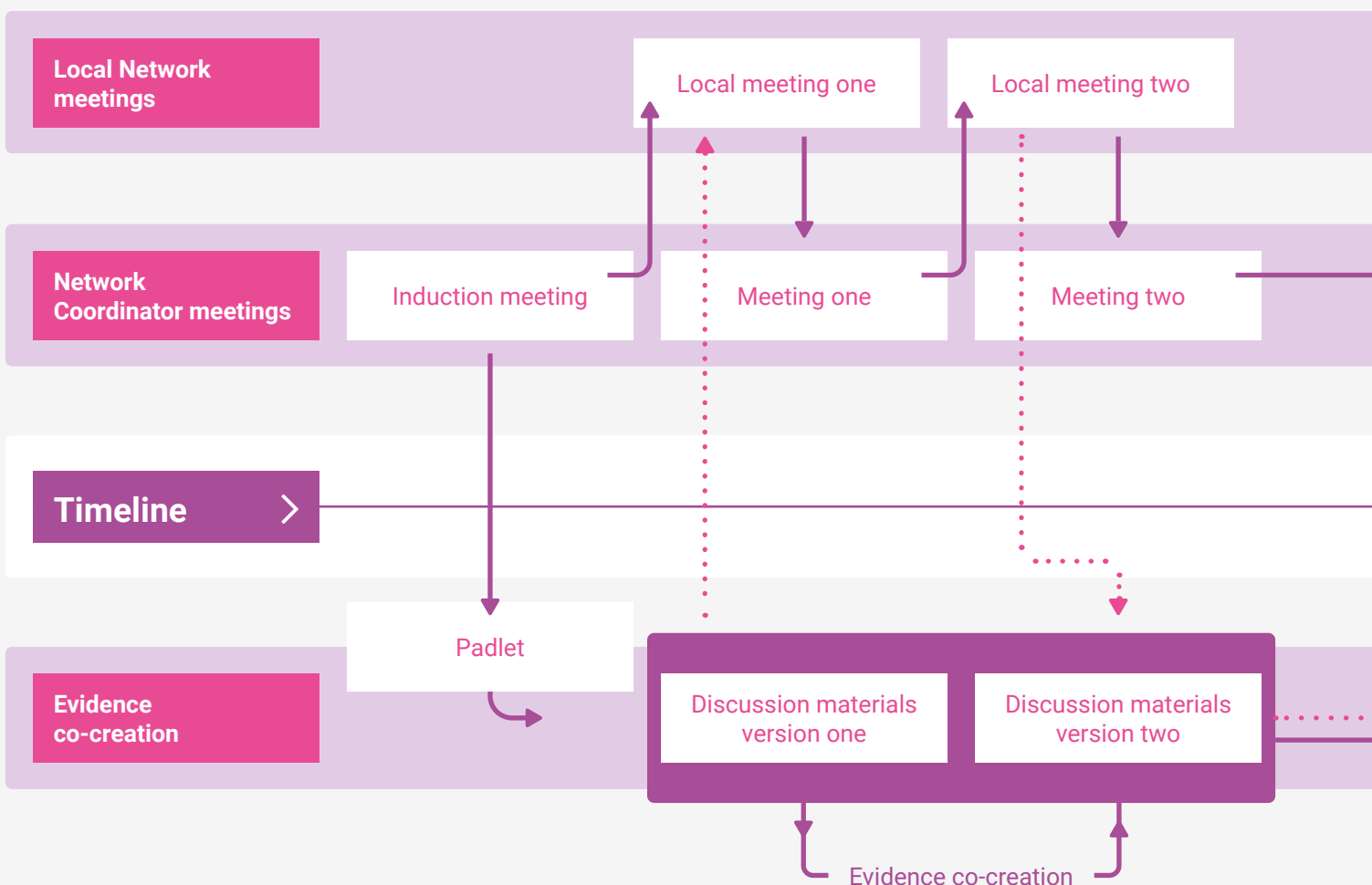
who focus on a theme or topic from adult social care. This then promotes change grounded in what is happening locally.

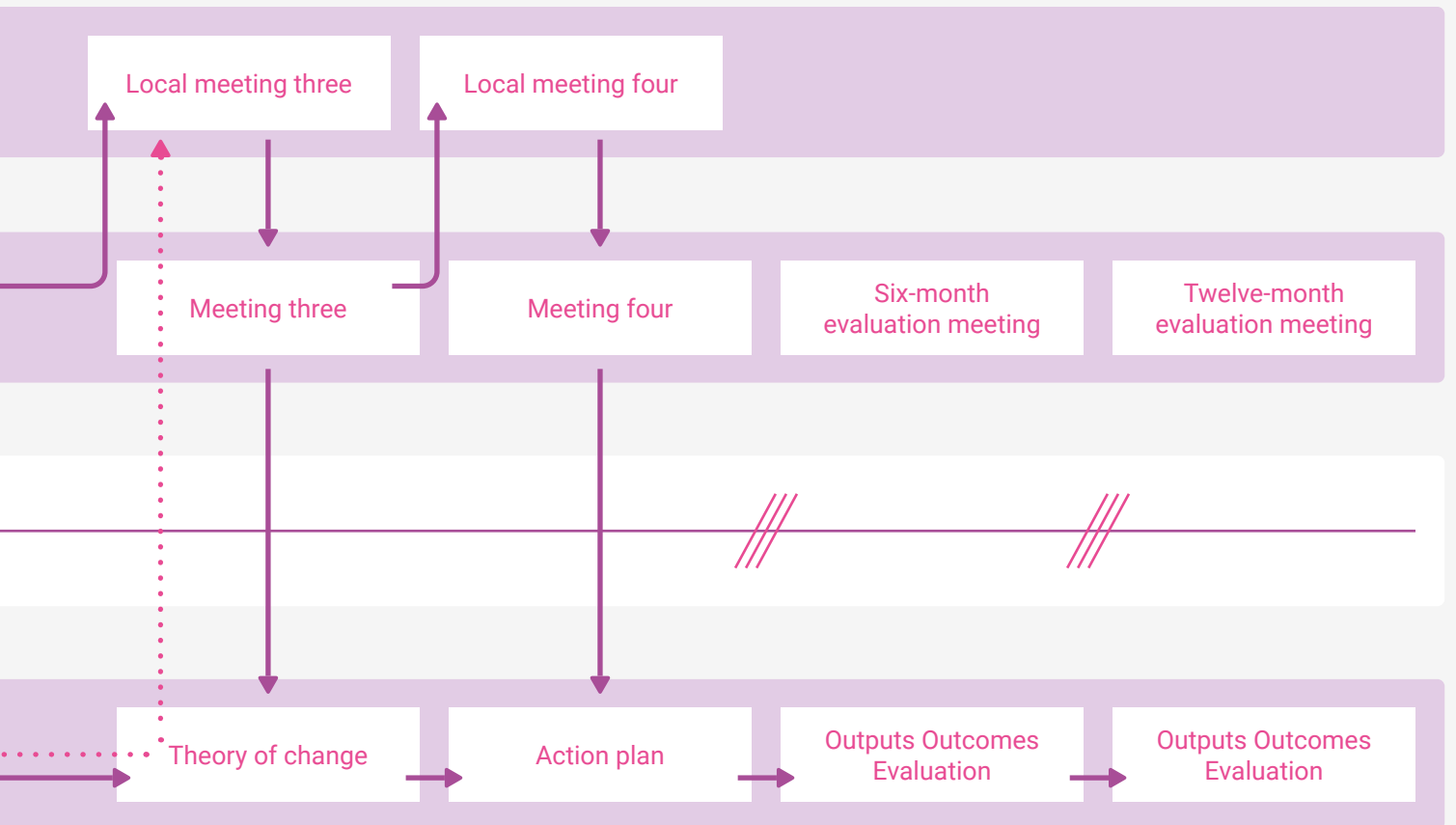
Each **Network** begins by creating ‘discussion materials’ – this is a document that draws together key evidence from research alongside policy and practice reports. The focus of this document is shaped by Network members who contribute ideas for specific themes or topics for the materials to focus on. The

discussion material is then shared alongside easy read and audio versions where necessary. Each Network meets four times over a period of six months and during each meeting the discussion material is developed and expanded through the addition of the perspectives and ideas of Network members, thus co-creating a rich, contextualised understanding of the issue that is then used to inform and develop a plan for action. This process is illustrated in the figure below.

## Figure 2 -

The Network process to bring together research, practice and lived experience





# Relational practice

Relational practice is found to be central to success in all of IMPACT projects. People and how they work together across organisations, stakeholder groups and regions, are always the key factor in driving and enabling change.

Further, change rarely takes place within an individual organisation without influence from the wider context and collaborators. This is particularly evident in adult social care where systems are fragmented and diverse with sometimes competing agendas between sectors. Reliance on people also

introduces an element of fragility in the system that has been evidenced in IMPACT projects where the loss of a single, key person has led to progress stalling.

Across a majority of projects, **relational conditions shaped whether people felt safe to engage**

with evidence, how willing they were to reflect on existing practice, and the extent to which they were able to participate meaningfully in discussions and decision-making.

Different aspects of relational practice have been highlighted and approaches designed and adopted to support this aspect of our work. **Building and sustaining relationships** requires trust, shared values and time as well as opportunities to bring people together in ways that enable new connections to be built and sustained.

## Shared values

Creating opportunities for people to talk about and reflect on values and principles in a shared setting can support relational practice through discovery of shared values in current and potential collaborators.

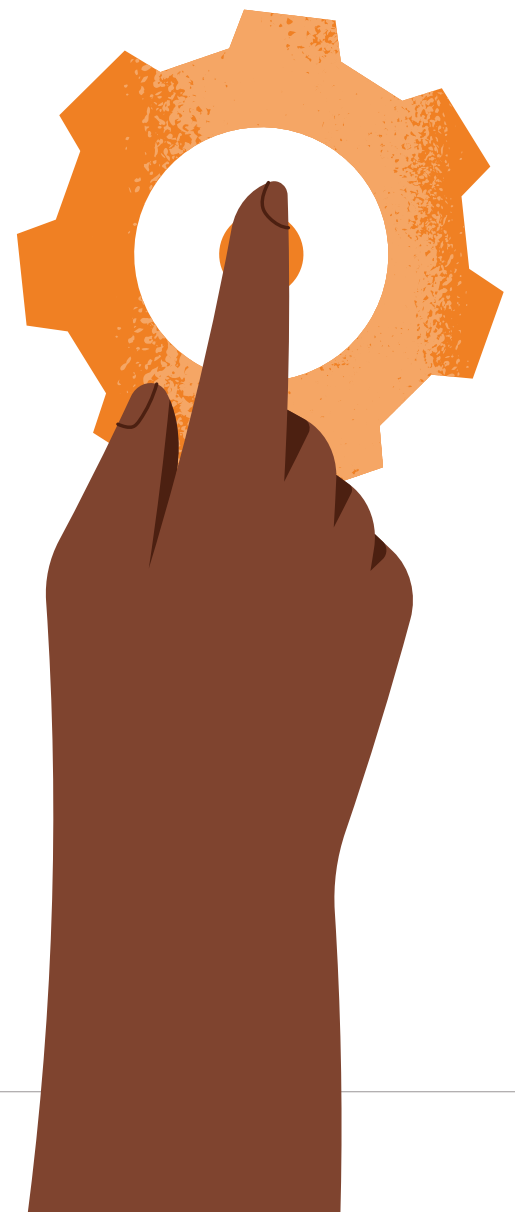
Value alignment shaped how evidence was discussed in the **direct payments Facilitator project in Leicester** where a shared commitment to strength-based, culturally competent practice enabled **reflective conversations about terminology and power**. The Facilitator's challenge to labels (e.g. "why do we call communities 'BME'?") prompted wider organisational reflection on how language can either empower or alienate people drawing on care.

Networks bring together stakeholders from different groups and organisations around a specific

topic and these diverse groups often find connection through their shared values.

Across **several Networks**, purposeful alignment around inclusion, promoting rights, and improving people's experiences of care created a **common foundation for collaboration**. For example, in the anti-racist practice and inclusion Network, BASW and SASW used the Network space to reflect on organisational approaches to racism, co-design of anti-racist resources, and the creation of reflective spaces that prioritised psychological safety for staff and people who draw on care and support. A Network member reflected:

*'We reflected on the fact that the material showed that there are issues both for social care workers and for people receiving services.'*



# Trust and psychological safety

Trust and psychological safety were among the clearest and most consistently reported relational mechanisms in our projects. People were more willing to share difficult experiences, question established routines and engage critically with evidence when they felt safe, heard

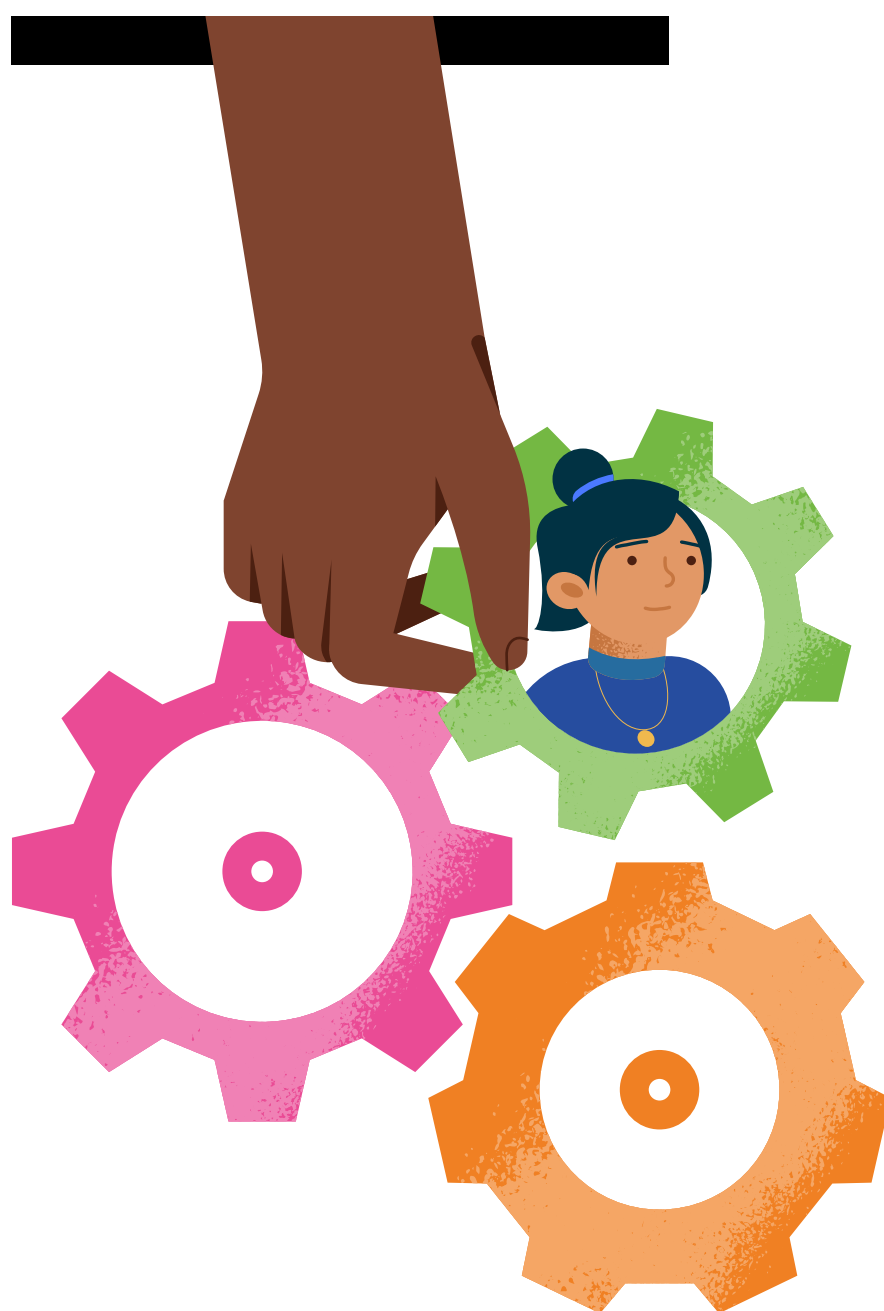
and respected. This extended not only to professionals but also to people drawing on services, families and carers.

In the recovery-based approaches Network, **trust developed gradually**

over four meetings, creating what coordinators described as a “very psychologically safe space... with lots of open, honest discussions about people’s own personal recovery journeys”. This safety enabled people currently in hospital to contribute to conversations about recovery resources and service improvement. This was achieved by adopting a collaborative approach where voices of people with lived experience were centred, valued and **where power was shared**. Solidarity was created between groups focusing on a social approach to recovery in contrast to biomedical approaches. Curating safe spaces enabled people to be open about their personal recovery journeys as well as their ideas for change, which then shaped the Network action plans, as well as prompting professionals to reflect on their own communication practices. So, both facilitation skills and the Network process grounded in a co-production approach helped to foster trust and psychological safety.

Building trust relationships was also important in a Facilitator project in Northern Ireland.

The choice and control for people with a learning disability Facilitator in Northern Ireland focused on developing an internal monitoring and inspection process within the organisation Positive Futures. The project aimed to **amplify the voices of people with a learning disability** which are often missing from quality assurance and monitoring processes. As part of the project a co-production group was established called ‘The Incredibles’, made up of people with a learning disability and support staff. Holding regular face to face rather than online meetings and adopting a facilitation style that **focused on developing relationships** was important as was spending time getting to know people, building trust and connection to make people feel at ease.



# Building and sustaining relationships

## Mediating and connecting

Building relationships between stakeholders is an active process within IMPACT projects. For Demonstrator and Facilitator projects the delivery staff work proactively to bring together key actors from different organisations, facilitating new partnerships and collaborations. This can be done on a one-to-one basis or in small groups using a **mediation approach** or with larger groups using a range of **collaborative workshop** designs and approaches. The transitions to adult services Demonstrator in Pembrokeshire, for example, used a Ketso toolkit to support knowledge sharing amongst practitioners, sharing ideas and innovations, and to agree actions for change. Ketso is a 'workshop in a bag' that aims to provide a way for everyone in the room to contribute on an equal basis, extending participation beyond those who are most confident.

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The transitions from child to adult services Demonstrator in Pembrokeshire delivered "transitions together" meetings to facilitate connections between diverse stakeholders. This group is seen

as the foundation for short and long-term change and provides a **multi-agency, ongoing support network** that will lead and inspire others to question and find other ways of working despite capacity and budgetary constraints. The Transitions Together Stakeholder Group has committed to 'Next Steps' to embed the work of the project in future strategic plans and members of this group have commented on their experiences:

*"This has been mind-blowing. We all work with young people and families, but we've never got together in one room like this before to discuss transitions between services..."*

*"Through these events I have made many new contacts, which I will be speaking to, to arrange coffee mornings for parents to have"*

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"Through these events I have made many new contacts, which I will be speaking to, to arrange coffee mornings for parents to have"

## World Cafés

An approach to build relationships and create collaborations to

support change that is used across many IMPACT projects is that of 'World Cafés.' World cafés offer a **structured, collaborative space for discussion** and planning that enable engagement from a diverse range of stakeholders and support the identification of issues and solutions. They are characterised by the creation of a comfortable space that reflects a café with small tables for discussion that allow people with diverse experiences and ideas to come together. Participants move around the tables to engage with different ideas, concepts and questions at each before coming back together to share reflections across the group.

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One of our first Demonstrator projects about developing asset-based approaches in Northern Ireland used the World Café approach to engage a broad group of stakeholders from across Mid and East Antrim to generate ideas about how to generate change and then at the end of the project to reflect on progress and next steps. You can learn more and watch a video about their approach on the project website.

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# An independent perspective

Across Demonstrator, Facilitator and Network projects, IMPACT provides **an independent and critical perspective** for each project. This is through the Network team who provide guidance and support and the Demonstrator Coaches and Facilitators who work closely with local and regional partners.

The context of ASC is such that many different organisations across different sectors may be involved in one issue; bringing in an independent

voice can help **bridge disciplinary and organisational boundaries**. The independent perspective brought by IMPACT on the issue to hand

and the stakeholders involved has been shown to be beneficial in several ways. Evaluation data suggests several aspects of them as individuals and their work to promote the process of evidence-informed change: credibility, independence, networks and status, skills and knowledge and ability to model different approaches to evidence collection, collation and use.

## Credibility and status

Across IMPACT projects, credibility is typically built through a combination of sector experience, strong relational practice and skill sets, and a visible alignment to the shared values and purpose of each project. This operates at different levels, depending on the delivery model, approach and specific projects.

In our **Demonstrator project about wellbeing of Personal Assistants in Scotland**, credibility was linked to **relational practice and values-based working** with a focus on disability rights and

inclusion of Personal Assistants and their employers. One project stakeholder reflects:

*"I think the fact that they [the coaches] reached out to employers and Personal Assistants and were able to... pay for their time in those sessions was so important because it gave our evidence of validity, you know, and said that it was important"*

IMPACT's core teams also support projects and their skills and expertise have been highlighted as important in assisting in evidence-informed change.

For Networks, the **core Network team** was essential in providing support and motivation. The **knowledge and skills** within the team provided a credible source of support for Network coordinators and members. This was viewed as a particularly important factor that influenced the success of the anti-racist practice network where the core Network team provided useful support and guidance. One Network coordinator fed back that:

*"So, I've benefited massively from [Networks deputy-lead] she really helped out. And yeah, she just did a lot to support setting up the network."*

# Independence

The status of IMPACT delivery staff as external to the organisation, positions them effectively to act as **mediators** as they operate outside of organisational cultural norms and power dynamics. This independent viewpoint enables them to focus fully on the project and take a fresh perspective on wider organisational issues.

This strategy was particularly successful in the Direct Payments Facilitator project.

Within the Direct Payments Facilitator project in Leicester, the independent nature of the Facilitator was described as **“putting up a mirror”** to help the organisation successfully identify issues and to develop a successful strategy to move forward. A key stakeholder noted:

*“She really sort of held a mirror for us in terms of what’s happening and how...we can address these identified barriers and I think she has been absolutely fantastic in terms of sitting in these meetings and...*

*interacting with my staff to find out what’s happening at the front line, how the public is being advised by my workers and coming to the direct payments working group meetings and telling us about her findings.”*

This independence was also seen as valuable to the host organisation for adding an additional layer of objectivity and transparency, as shared by a stakeholder in the project:

*“...which was absolutely so valuable because we didn’t have that objectivity. We didn’t have that, possibly transparency as well.”*

Furthermore, this independence affords freedom to deploy ‘out of the box’ thinking and strategies to develop innovative solutions. This has proven useful in several practical ways across IMPACT’s project and delivery models.

For the day opportunities Demonstrator in Bury staff felt that having an external person, the IMPACT Coach, enabled them to

“speak more openly and honestly”, “were more open and honest”, which provided a safe space to challenge pre-established organisational power-dynamics.

This independence from organisational hierarchy, cultural dynamics and resource constraints enabled the coach to introduce **creative and inclusive methods** to reach out to and support people with lived experience and complex needs to fully engage with the co-production process, have their experiences heard and participate in a meaningful way. This ‘out of the box thinking’ involved strategies such as one-on-one conversations and ‘tea and talk’ sessions, alongside co-production workshops with local staff and community partners that helped to develop new skills and ways of working. This received positive feedback from the host organisation:

*“The feedback after that initial meeting from the people involved was very positive. It’s not something that they have explored in the past. It’s gonna have a very positive impact on the people”.*

The extensive engagement work across the project, and the external perspective of the coach also focused on strengths-based approaches that highlighted the positive work already in place and ongoing in Bury. This was viewed as particularly valuable by the host organisation:

*“I’m not [in the services] day in [and] day out. I’m not able to really see on a regular daily basis what staff are doing with the people we support. Having this work going on has really brought that to the surface.”*



## Existing networks

Many of the project delivery staff in IMPACT are drawn from the local or regional health and social care landscape and hold **existing connections with stakeholders** across sectors. As such, they can bring these existing networks into play during their project, introducing new organisations and individuals into the mix to improve project progress and outcomes. Creating new connections to support innovation and change is an important part of IMPACT's work and the delivery staff are a key part of this process.

For the **Demonstrator project on delegated health care in Northern Ireland**, the Coach's status and existing networks played a proactive role in gaining the partner organisation a "seat at the table". Having access to a **change agent that can also act as a 'gatekeeper'** to key contacts can help to address power imbalances. For this project it helped to get the partner organisation 'in the room' to directly influence policy initiatives. Consequently, this has raised the partner organisation's profile and ability to influence positive 'change' moving forward.

## Skills and knowledge

A key mechanism of change identified across IMPACT's projects related to people and processes; these operated as a resource to support evidence implementation in ASC and change initiatives across IMPACT's projects. **Time, capacity, skills and knowledge** are required to successfully drive change.

The IMPACT delivery staff, Facilitators, Demonstrator Coaches and the core Network team, are skilled in facilitation skills and focus on doing with rather than doing for. This enables staff in partner organisations to develop capacity and skills for change and to take on ownership for each project.

For the **Facilitator project in Moray**, the facilitation and interpersonal skills of the Facilitator were noted as key factors that supported the success of the project by members of the host organisation:

*"She certainly wasn't deterred, when she went down one route and didn't get an answer that way... she just made sure that she gave them different opportunities to connect."*

The skills and knowledge of the Facilitator for the Moray IMPACT project provided the host organisation with an evidence base that they continue to use as a resource, several years after completion of the project. This also supported capacity building and increased confidence in the service, alongside reinvigorating relationships with community partners:

*"It gave us a vehicle to take to the Health and Social Care Partnership in relation to the community-based development, where there were gaps. So not only did we know what we delivered, we then had the evidence to support proposals going in to try and look at further development in terms of kind of dealing with the gaps and provision that we have."*



## *Ability to model different approaches*

IMPACT's delivery models provide an innovative approach that enables both bottom-up change initiatives and top-down, wider reaching regional and national issues by utilising a wide range of skill sets, strategies and approaches. This is supported by the core teams of IMPACT, including dedicated teams for evaluation, communications and embedding that help to support project change initiatives, in addition to embedding broader learning across the projects. As such, the partnership between IMPACT as an implementation centre, the delivery staff and the host organisations can be viewed as a potential enabler that supports the successful use of a diverse range of methods to

model different approaches across projects, including for co-production.

A wide range of approaches have been used across IMPACT's delivery models that support co-production.

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For the social work with older people Demonstrator project in Walsall, the steering group meetings were viewed as a particularly **effective means of modelling co-production**, with members feeling positive about the benefits of having a forum that promotes collaborative discussion between practitioners, senior managers and people who draw on care and support. A member of social work staff reflected:

*"I rarely get to meet carers and users of our services, so it was a great opportunity to meet people passionate about making a positive change to the way we work in Walsall. Got some really good insights into how our service is perceived and will be great to build on these comments to make improvements."*

And a person who draws on care and support shared:

*"I felt privileged to be sitting with regional manager and head of services without realising where I was sitting and being able to speak openly and honestly about how people drawing on services experience services and the impact it has on us."*

Co-production was also successfully modelled in a Facilitator project in Wales.

The Facilitator project on supporting employment for people with learning disabilities in Wales has delivered a range of co-produced tools and effectively **modelled co-production** processes during the project. Participants in different co-production activities described feeling validated, listened to, and encouraged. Family carers expressed relief at having space

to reflect openly with others who understood their experiences. For some, this helped reframe employment from a source of stress to a shared, hopeful possibility. For individuals with learning disabilities, being asked directly, and having their answers genuinely shape the project, helped build confidence and ownership. As one participant said:

*"It's important that we get heard and we help change things for people like us."*

By holding space for these conversations, the project didn't just produce tools. It modelled a different way of working: one that puts lived experience at the centre, values emotional safety, and gives people the confidence to imagine new futures.

For the Personal Assistant wellbeing project, the Coaches utilised innovative strategies to model a training approach that supported staff to implement evidence into practice. The work across the project has also been beneficial for identifying a training gap for Personal Assistant wellbeing and has been beneficial for opening discussions around approaches to bridge this moving forward.

The Coaches within the Personal Assistant wellbeing Demonstrator in Scotland created a **slide deck and training** where Coaches modelled how to present the evidence so people could use it in their practice. This created ownership of evidence, boosting confidence in using evidence to support PAs.

*"Yeah, they prepared us with a PowerPoint presentation...that we could take out ourselves... confidently. And then they also had an hours community of practice seminar. So that was for local authority, SDS leads and way to document that you would maybe have to spend hours trying to bring out relevant points for the audiences that you were talking to. It was like this presentation, you know PowerPoint slides and then links to the video. And then there was a sheet about the kind of key findings that we could put out. So yeah, it was easy enough definitely to share."*

*"We know that one of the factors affecting PA well-being and you know is access to training. You know, the type of training, support for training, funding for training. So that obviously fed directly into the training subgroup of the PA Programme Board and there's an ongoing conversation about how that's funded and understood."*



# Developing local capacity and ownership for change

An important part of IMPACT's work is creating capacity within local organisations and the wider ASC workforce to engage with evidence to support innovation and positive change in how services and support are delivered.

As already noted, the culture of ASC has not historically been evidence engaged and there is considerable scope to upskill the workforce in different approaches and techniques to engage with evidence and drive innovation. IMPACT's delivery projects are time limited with the intention of local partners taking ownership during that time so projects will sustain and potentially scale-up after the end of the six or 12-month timeline of IMPACT's involvement.

IMPACT staff from the core team work with projects from several months before the six or 12-month delivery timespan and continue to support projects for months and sometimes years following the project end. This **structured support** enables local partners to actively engage in the planning and delivery of projects and to sustain change beyond the project timespan. Early support from delivery leads helps organisations develop a project plan or theory of change (more below) as well as shape and engage with the evidence review that is created by IMPACT for each project. As the project continues members

of core teams offer support with evaluation and thinking about sustainability of the change and, for some projects, scaling of the work beyond the local area. In all this work the focus is on **building capacity in the local/regional partner organisations** to take ownership of the project from the start, with IMPACT staff facilitating and supporting this process.

One important way IMPACT staff do this is by **modelling approaches** alongside local staff and people with lived experience so they can learn from doing and develop new skills and knowledge that support the sustainability of the change introduced during the IMPACT delivery project. Modelling different approaches both demonstrates how to undertake these processes and evidences their usefulness in practice. Some of the key skills and approaches that are found to be particularly useful and applicable for ASC have already been presented but here we extended these to include: co-production, framing, evaluation and the use of theory of change frameworks to plan and guide change.



# Co-production

Embedding co-production approaches in local organisations is an important process by which delivery projects support change. **Modelling co-production** can help delivery partners to take part and learn from co-production, supporting continuation of co-production beyond the project. Co-design workshops and advisory groups provided a structure to bring people who draw on care and support, carers, and practitioners into processes of change and drafting resources collaboratively can promote longer term ownership and commitment. Mechanisms for gathering marginalised voices varied and included 'structured conversations' and focus groups which were successfully modelled and picked up by host organisations.

In the **day opportunities Demonstrator in Greenwich**, the Coach helped established the Great Future Ahead group, a **collaborative space** where residents and staff co-designed activities, planned programmes, and produced accessible resources such as

toolkits and podcasts. This gave people a clear role in shaping services and encouraged staff to apply co-production principles in practice. This has resulted in greater confidence in working in more collaborative ways for both staff and residents in taking part in and chairing co-production meetings. A senior member of staff from the partner organisation reflected:

*"Staff are now skilled in facilitating activities but also in enabling residents to take the lead."*

IMPACT staff also took a **mentoring approach** to support people with lived experience to develop their confidence and capacity to engage with co-production and collaboration with senior figures in adult social care in their region. A mentoring approach provides an enabling framework that supports personal growth and development.

In the **delegated health care tasks Demonstrator in Northern Ireland**, the Coach supported the

development of staff members and the co-production partner with lived experience by acting as an **informal mentor**. This support was highly valued in developing confidence to lead and facilitate in strategic spaces, using lived experience to drive change, and in evidence interpretation and translation as shared by a person with lived experience of adult social care:

*"...to have that support, I was able to get to the important people and speaking out about, well, what was happening. I don't think I could have done any of that without [coach], probably, and the support group. And it gave me a lot of confidence to speak out at the, I guess the top of the health service; I was able to use, I actually was able to use my lived experience to speak about all the problems...[coach], helped me, she guided me through. That was so important because at the time I was, well, the first time I met [coach], my confidence wasn't at, it was quite low at the time. And throughout this project I got a lot more confidence. So, I think, it's been great."*

# Framing

Skills in positive framing are being developed that can be used to challenge stereotypes around adult social care and promote positive engagement at a political level.

In the public perceptions of social care Demonstrator, an approach developed by Frameworks UK to better understand and change current framings of social care was used in workshops to equip stakeholders with expertise in

**strategic framing**. Care was framed in terms of investment, rights and interdependence, equipping workshop participants with the tools to use more positive language in recruitment activities and political correspondence. Figure 3 below illustrates the framing process undertaken in this project. A project stakeholder shared:

*"FrameWorks UK made me question some of the ways in which we*

*currently communicate - messages of crisis, doom and gloom - and begin to think instead about how we frame those messages in a different way... not diluting the reality but framing it in a way that provided possible solutions."*

Scottish Care has already drawn on resources from this project to re-draft their election manifesto with a more positive framing of adult social care in Scotland.

# Figure 3 - Framing infographic

## Framing matters

How we talk about social care shapes how people understand it. Narratives that emphasise crisis or individual responsibility can block meaningful reform.



### Now is the time

Following the Feeley Review, there's momentum to reframe social care as essential public infrastructure - something we all rely on.



### A better story

We need a clear, hopeful narrative that answers three questions:

- Why does social care matter?
- If it's not working, why not?
- What can we do about it?



### The power of metaphor

Metaphors like scaffolding, "foundation," or "thread" help us transmit the story so people see how social care supports us all.



### Tracking progress

Change takes time. Surveys and public discourse analysis can help track shifting attitudes and understanding.



## Theory of change

Theory of change was also used as a process to **support evaluation and to direct change**. A theory of change is a working document that shows how activities will lead to desired longer-term goals. It sets out the desired change, who will be leading change, the main activities, key outputs and medium- and longer-term benefits.

In addition to IMPACT's overarching theory of change for the whole programme, individual projects also developed and were guided by a theory of change (ToC). These ToCs formed the basis for internal review and evaluation processes to understand the impact of different activities and approaches at different levels and contexts.

All three delivery models use ToCs to direct change. The Networks have a structured approach to this, using an adapted theory of change process called 'action planning' that is part of the Network model. This takes place in the final Network sessions so that change is

grounded in evidence – published literature used as discussion material alongside new evidence generated during the Networks. This helps to ensure that wider evidence is contextualised by evidence on local need. The Network action plan and IMPACT theory of change templates can be found in Appendices 1 and 2.

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All our **Facilitator projects** are shaped by a 'Theory of Change' that is developed by the Delivery leads in IMPACT alongside stakeholders in our partner organisations using the template provided in Appendix 1. This theory of change provides a reflection on the specific context for each project, the activities to be undertaken during the twelve-month delivery period as well as longer term actions and intended outcomes. The extract below is from the theory of change developed for our Facilitator project on **enhancing choice and control for people with a learning disability in Northern Ireland**.

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A practical tool like a ToC is a helpful planning tool, which helps projects agree what they want to achieve, **what they're going to do** together and **how they'll know if there are starting to head in the right direction** in a very complex and challenging context. Support to develop this clarity, focus and agreement across partners is a real contribution in itself and several IMPACT partners have adopted ToC or similar approaches into their local planning processes more generally to use on future projects and topics.

# Evaluation

Providing support and training on evaluation can enable projects to **understand what has worked well and not so well**, to enable service refinement and development and to create evidence to support new ideas and future change. Some projects provided support to build skills and capacity amongst staff to undertake evaluation themselves and helped to shape processes needed for sustainability beyond the IMPACT funding period.

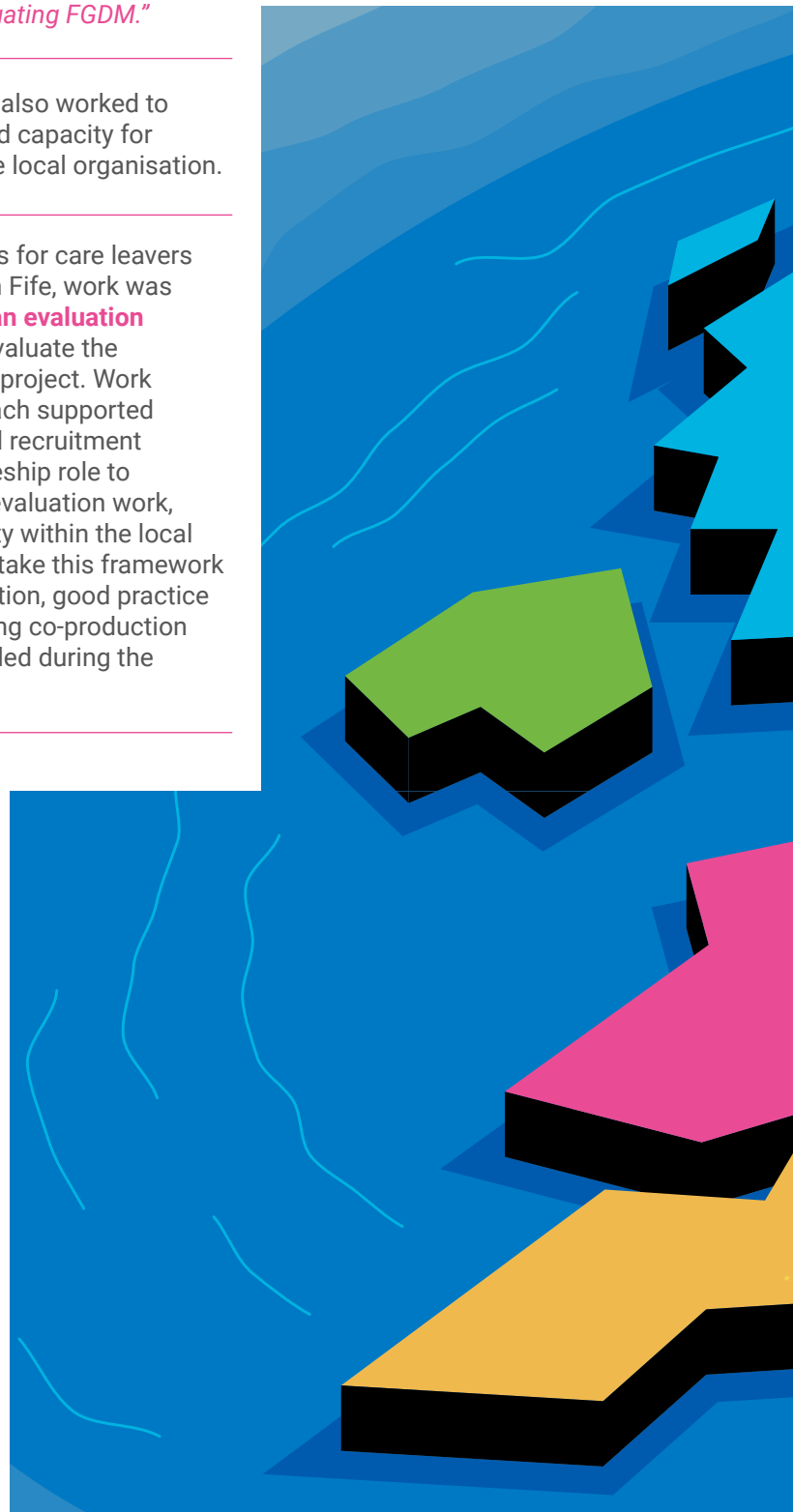
The **Family Group Decision Making Facilitator in Edinburgh** generated valuable knowledge and understanding among local staff about how family group decision making can be evaluated. It highlighted that before and after evaluation approaches are often unsuitable in the context of Family Group Decision Making (FGDM) whilst **process evaluation** is vital in demonstrating what works/ does not work in practice. The project received low numbers of referrals, underpinning the need to understand barriers and facilitators to implementation. The project also emphasised the importance of **capturing personal outcomes** that are significant for individuals, as opposed to these being pre-determined at a programme level. This evaluation approach has generated wider interest in the FGDM space due to its responsiveness to the complexity of the issue and the need for a tailored, contextualised approach. One of the local stakeholders shared:

*“There has been national interest in the evaluation. There are other sites and organisations who are*

*keen to develop FGDM. There is a desire to use the learning from the evaluation in other areas. The range, and explanation of the tools, that were utilised during the evaluation supported its value but also highlighted the complexities that exist when evaluating FGDM.”*

Another project also worked to embed skills and capacity for evaluation in the local organisation.

In the transitions for care leavers Demonstrator in Fife, work was done to create **an evaluation framework** to evaluate the ‘no wrong door’ project. Work done by the Coach supported the creation and recruitment to an apprenticeship role to undertake this evaluation work, creating capacity within the local organisation to take this framework forward. In addition, good practice around evaluating co-production was also modelled during the project itself.



# Key lessons

Approaches to support, enable and drive forward evidence-informed change in adult social care in the UK is shaped by the specific context of the sector. IMPACT's work over the past five years has highlighted four key aspects of evidence informed change:

1. The evidence we use to support change needs to reflect the inherent complexity and diversity in the ASC context between regions, settings and groups of people who draw on care and support. Adopting a process of **co-creation** that draws together evidence from **research, practice and lived experience** allows the creation of rich contextualised evidence that is applicable in the local context. This helps to ensure that implementation strategies and innovation reflect and are responsive to the adult social care systems they are working within.
2. **Relational approaches** are crucial in ASC where many diverse organisations are working together and relationships between individuals and organisations provide the glue that makes the system work. Successful change is supported by recognising the value of and adopting a **relational approach** and building **trust and psychological safety** through **shared values and purpose**.
3. Introducing an **independent informed voice** free from organisational cultural norms and power dynamics provides external credibility, introduces new ideas and organisations into the conversation and supports innovation in ASC.
4. There are many **collaborative techniques and approaches** that can be used to support evidence implementation and change in ASC through building relationships and improving capacity to engage with, collect and utilise evidence. Through IMPACT's work we highlight a number of these including training, mentoring, mediation, asset-mapping, 'framing' techniques, and project planning through visual maps and theory of change approaches. **Co-production** has been central to IMPACT's work helping to shape all aspects of our delivery models and wider work and an approach that should be central in all processes of change in ASC in the UK.

Above all, the people, practitioners, services and leaders who have worked with IMPACT feedback that what they value most is practical support in the realities of the workplace to make concrete, evidence-informed changes. While they have policy (which tells them what to do) and growing amounts of research (which shows what might be fruitful), the bit everyone is struggling with is how to actually do it in practice, in the reality of people's lives and local services. Having someone alongside you who can help you draw down insights from the evidence (broadly defined), think through and agree what to do next, actually do it, work out what is and isn't making a difference, and plan what to do next is crucial – and, without this, little may change.

# Appendix 1 - Theory of Change template

What is the local and national context?	What are we trying to change?	Who will be leading the change?	What are the main activities?
Local issues / opportunities	Think about current situation and how change will be measured	Lead organisation / partners	What are the core activities that will lead to the change?
Previous change initiatives		Co-production with people and communities	Who will resource these?
National policy and practice issues		Stakeholder group / governance	
Key assumptions			
What has led to these local issues?	What do we know already as a starting point locally and nationally?	Why are these the right people to lead?	What will result in these activities bringing about change?

Who will participate in these activities?	What are the key outputs?	What are the benefits in the medium term?	What are the longer-term goals?
Which stakeholder groups should engage in these activities?	Initial outputs from the activities, e.g. <ul style="list-style-type: none"> <li>• Number of people trained</li> <li>• Process redesigned</li> <li>• Engagement events undertaken</li> </ul>	What outcomes would be expected in 3 years?	What wider benefits would be expected in 5 years and beyond?
What will encourage their engagement?		How will these be evaluated?	How will these be evaluated?
Key assumptions			
What is their role in achieving the change?	What makes these outputs achievable?	How will the activities result in these outcomes?  What else needs to be in place?	What would lead to these wider benefits?  Who would need to be engaged?

## Appendix 2 - Network Theory of Change template

<b>Questions</b>	
<b>What's the challenge?</b>	
<b>What's the outcome you want to see?</b>	
<b>What activities will you need to do?</b>	
<b>Who will participate in these activities?</b>	
<b>What resources do you need to make the change?</b>	
<b>What are the outputs- direct, tangible results of the activities</b>	
<b>What are the outcomes (Short-term and Medium-term)</b>	
<b>What assumptions are you making?</b>	

IMPACT is the UK implementation centre with the mission to improve adult social care, funded by the Economic and Social Research Council and the Health Foundation. IMPACT is led by Professor Jon Glasby at the University of Birmingham, and works in partnership with people who draw on care and support, carers, staff and people throughout adult social care - all committed to getting evidence of what works used in practice, to make a difference to services and to people's lives.

*We believe “good support isn’t just about ‘services’ – it’s about having a life.” We work to:*

Increase the use of high-quality evidence, leading to better care practices, systems and outcomes

Build capacity and skills in the adult social care workforce to work with evidence of different kinds to innovate and deliver better outcomes

Develop relationships between a wide range of stakeholders across the sector, to improve outcomes for people who draw on services and their families

Improve understanding of what elements of evidence implementation do and do not work in practice, and using this to overcome barriers.

Find out more at

*[impact.bham.ac.uk](http://impact.bham.ac.uk)*

