Collaborative Communication Impact Report: Carmarthenshire Adult Services

Emerging practice impact, learning and recommendations

Report prepared from practice experience of Collaborative Communication Mentors in Carmarthenshire Adult Services.

Purpose of this report

This report draws on the experiences of a group of Collaborative Communication mentors. Their experience provides qualitative practice evidence and can therefore be read as a credible account of early implementation, impact and conditions for embedding, and as a basis for further learning and measurement.

Date: 16 May 2026

Executive summary

The mentors experience in Carmathenshire offers a strong and practice-grounded account of how Collaborative Communication is being translated into day-to-day social care practice. The central message is not that workers have learned an entirely new model, but that the training and mentoring have provided a timely reset: permission to slow down, listen more deeply, use skills intentionally, explore strengths and personal outcomes, and avoid moving too quickly to service-led solutions.

Their examples show emerging impact at three levels. For people and carers, mentors describe more meaningful conversations, clearer personal outcomes, more tailored support and stronger voice and control. For the workforce, they describe increased confidence, improved reflective practice, better peer support and a stronger sense that relationship-based work is valued. For the local authority, the examples suggest more proportionate use of services, better fit between need and support, and potential cost avoidance through preventing over-prescription, unnecessary escalation or premature residential/institutional responses.

The evidence is qualitative, but it aligns closely with the Social Services and Well-being (Wales) Act 2014, Social Care Wales strengths-based and outcomes resources, the existing Social Care Wales evaluation of Collaborative Communication, and wider research on relationship-based practice, motivational interviewing, reflective supervision and person/community-centred approaches.

The key implementation message is equally important: training alone is not enough. Mentors described the strongest progress where teams had reflective spaces, peer learning, management support and opportunities to apply the approach in live practice. They also identified barriers where working conditions made this difficult, particularly in hospital discharge contexts where pace, space, stretched multi-disciplinary arrangements and medically-led risk narratives can pull practice back towards task, throughput and service prescription.

The recommendation is to continue embedding Collaborative Communication through a visible whole-system approach: maintain and support the mentor network, protect reflective spaces, connect the approach to supervision and quality assurance, extend the work across health and social care interfaces, and develop a simple impact framework that captures outcomes for people, carers, staff and resources.

Headline findings from the mentors in Carmarthenshire Adult Services

Theme	What mentors described	Likely significance
Personal outcomes and assessment quality	A shift from deficit-focused recording towards outcomes in the person's own words, with greater confidence in capturing what matters, strengths and independence goals.	Better alignment with Welsh outcomes policy and improved basis for proportionate care and support planning.
Right support, not simply more support	Examples where listening revealed that the issue was the fit of support, not the quantity, resulting in adapted provision rather than automatic increases.	Potential to improve quality of life while reducing over-prescribing and avoidable growth in packages.
Reflective practice and workforce wellbeing	Hub meetings and supervision became less solution-rushed and more reflective, enabling emotional processing and	Supports professional confidence, resilience and better judgement under pressure.

	learning from complex work.	
Relational risk and rights-based practice	A hospital discharge example showed a social worker using collaborative communication to keep the person's voice central, balance risk and challenge assumptions respectfully.	Supports voice, control, autonomy and least restrictive/proportionate decision-making.
Conditions for embedding	Hospital-based teams described enthusiasm after training but reduced momentum without time, space, MDT participation and senior support.	Confirms that sustainable impact depends on organisational conditions, not individual skill alone.

1. Background and context

The mentor evidence was gathered by staff who had completed Collaborative Communication training and were using the approach in mentoring, supervision, team discussions and direct practice. The examples came from various teams, including: visual impairment, community social work, hospital-based social work and integrated working contexts (May 2026).

The material repeatedly locates practice within the current realities of social care: rising demand, increased complexity after COVID, competing priorities, and pressure to move quickly to action. In that context, the mentors described Collaborative Communication as a reset and a way of bringing social work back to its relational, strengths-based and rights-focused core.

This is important because relational practice is sometimes framed as additional to statutory work, when the examples suggest the opposite. The mentors show that skilled listening, reflective enquiry and collaborative planning are not soft extras. They are mechanisms for better assessment, better risk work, better use of resources and more meaningful outcomes.

The mentors' central message

Collaborative Communication is not a brand-new way of working for social workers. Practitioners have always valued relationships, strengths and doing the right thing. What the training has provided is a structured reset: permission to slow down, to listen as an intervention, and to support meaningful outcomes through purposeful reflective conversations rather than automatically adding more services.

2. What has changed in practice?

2.1 Better personal outcomes and better assessments

A strong theme across the mentor's experience was improvement in how personal outcomes are elicited, understood and recorded. Mentors described moving away from assessments that focus primarily on what people cannot do, towards conversations that identify what the person wants to achieve, what matters to them, what strengths are present and what support would make the desired outcome more possible.

In the Visual Impairment Team, this was described as a "complete turnaround" in confidence and practice. Workers had previously struggled with personal outcomes in assessments, with records tending to emphasise deficits and problems. Following training and mentoring, staff became more confident in obtaining and writing outcomes in the person's own words.

This matters because the quality of the conversation shapes the quality of the plan. If the assessment begins with deficits and service gaps, the plan is likely to become service-led. If it begins with identity, strengths, relationships, hopes and daily life, the plan is more likely to support well-being, independence and proportionate support.

Practice example: visual impairment team

Mentoring supported newly qualified specialists and trainees to use reflective communication techniques, ask people about expectations at the start of assessment, and identify strengths, what matters most and independence goals. The reported impact was improved confidence in capturing personal outcomes in the person's own words.

2.2 Right conversations leading to right support

A second theme was the move away from assuming that the presenting request is necessarily the right answer. In one example, a referral requested an increase in replacement care where six hours of support were already in place. Through active listening and further discussion, the worker identified that the existing package was not supporting the person's outcomes effectively. The issue was not quantity, but fit.

Rather than increasing replacement care, support was adapted to a Fulfilled Lives model, including life-story work and community access. The worker also supported the carer through the uncertainty of the change. This is a powerful example of resource-conscious practice that remains person-centred: better use of resources because the conversation was better, not because support was restricted.

This can be summarised as: right conversations lead to right support and better outcomes. This captures the potential system value of Collaborative Communication: it does not simply ask staff to be nicer or more empathic; it supports more accurate assessment, better professional judgement and more proportionate responses.

Practice example: adapting the support model

A request for more replacement care became a more nuanced conversation about what the person actually wanted from support. The outcome was a change in the model of support rather than an automatic increase in hours, with a stronger link to the person's identity, interests and community connection.

2.3 Reflective spaces and the emotional demands of practice

Mentors described a shift in their area hub meetings and case discussions. Historically, these spaces had often moved quickly to suggestions and solutions, reflecting the natural problem-solving instinct in social work. Following the training, some teams intentionally created more reflective space, allowing workers to *think* through their practice, emotional responses and relationships with the person rather than immediately moving to advice or case direction.

One example involved a complex case where a person's behaviour had contributed to repeated breakdown in the relationship with the care provider and increasingly difficult visits with the social worker, who was questioning their ability to carry on as case holder. In the reflective hub discussion, the social worker revealed more about their levels of stress and distress than the team had perceived, believing in the social worker's ability to cope with the most difficult cases. The social worker later described the value of being able to discuss the case in detail, including their difficult and conflicting feelings about the person's beliefs. After the reflective group, newly validated, the social worker returned to the person with renewed focus on relationship-building, and a small but meaningful connection was made through a shared interest (in football!). It didn't 'solve' the difference in values and beliefs but enabled a more comfortable place to work from.

The example is modest, but its significance is not. It shows how reflective spaces can help practitioners remain human and curious in complex work, sustain empathy, and notice relational opportunities that are easily lost when practice becomes dominated by risk, behaviour and task management.

Practice example: reflective hub discussion

A complex case discussion moved from immediate problem-solving to reflective listening. This enabled the worker to process the emotional impact of the work and return to the person with renewed focus on relationship-building. The outcome was not a complete resolution, but a shift in confidence, connection and practice direction.

2.4 Relational risk, rights and autonomy

The hospital discharge example involving Mrs. M is the strongest illustration of how Collaborative Communication can support rights-based, proportionate risk practice. Mrs. M was on a psychiatric ward. A care home discharge was strongly favoured by some professionals, influenced by diagnosis, previous admissions and risk concerns. Mrs. M was clear that she wanted to return home with her husband.

The worker used a collaborative communication approach to keep Mrs. M's voice central, explore, validate and enable all concerns to be voiced without using them as reasons to remove choice, involve her husband with consent, and translate risk into proportionate support. Rather than allowing diagnosis to determine outcome, the worker alongside Mrs. M and her husband, were able to suggest a supported plan that enabled discharge home with a support package (to support both her and her husband's ability to support her).

This case shows relational practice as skilled statutory practice. It did not avoid risk; it made risk discussable. It did not simply advocate for choice without safeguards; it built support around the person's goals and rights. It also challenged professional assumptions respectfully, which is an important part of social work authority.

Practice example: hospital discharge home

A person who wanted to return home was initially viewed by some professionals as requiring a care home. Collaborative Communication helped the worker enable all perspectives to be explored, explore risk proportionately, involve the informal carer and reach a discharge plan that the person valued. The worker reported that the approach achieved more than a discharge plan: it achieved a person-centred outcome.

2.5 Integrated working and the challenge of sustaining momentum

The hospital-based team described Collaborative Communication as potentially powerful across professional boundaries, not just in conversations with people and carers. Training alongside health colleagues initially helped to break down barriers and created enthusiasm for more collaborative discharge planning.

However, the same team also described implementation challenges. Health staff had not joined mentoring sessions; the wider multi-disciplinary team was spread across several sites; medics and consultants had not been included in the original training; ward round plans could continue to dictate services; and limited space made reflective conversations hard to hold. The team was careful not to blame health colleagues, recognising that everyone was stretched. The issue was not individual resistance, but the need to design embedding around the reality of hospital work.

This is a critical learning point: **Collaborative Communication can support integrated practice, but only if the system creates practical conditions for it: shared language, cross-professional ownership, protected reflective opportunities, senior sponsorship and mechanisms that fit the working day.**

3. Alignment with Welsh policy and wider evidence

3.1 Previous evaluation of Collaborative Communication

The existing Social Care Wales evaluation of the Collaborative Communication Skills programme found that the programme was intended to support embedding outcomes practice across local authorities (Practice Solutions and Imogen Blood & Associates, 2019).

A relevant finding from that evaluation is that implementation needs to be supported by whole-system change: outcomes-based practice must become a standing item on agendas, be considered in policy, decisions and change, and be built into the way the organisation operates. The evaluation also identified the need to communicate the approach to colleagues in health, courts and education, co-produce performance measures and build the evidence base for system change and local authority performance (Practice Solutions and Imogen Blood & Associates, 2019).

The current mentor evidence strongly confirms this earlier finding. Where mentoring, reflective meetings and management support are present, the skills appear to be influencing practice. Where the system does not create enough time, space, cross-agency buy-in or leadership reinforcement, momentum can fade.

3.2 Relational practice and organisational conditions

Wider relationship-based practice research supports the mentors' emphasis on organisational conditions. Ferguson and colleagues' long-term ethnographic research in child protection highlights the importance of observing how practice is actually done over time, how relationships with children and families are established and sustained, and how organisational culture and support shape practice (Ferguson et al., 2020).

The Relationships Project similarly argues that many people accept the importance of relationships, but struggle to prioritise them without time, capacity and permission. Its Case Maker brings together evidence for relationship-centred communities, organisations and systems (The Relationships Project, 2026).

This is directly relevant to the mentor evidence. Workers are not asking for relational practice to be placed above statutory work; they are showing that statutory work is better when relational conditions are actively supported.

3.3 Motivational Interviewing and the need for embedding beyond training

Collaborative Communication draws from methods that include Motivational Interviewing. The Cardiff University RCT of Motivational Interviewing training for child protection found statistically significant improvement in worker MI skills, but not enough to influence wider engagement or outcome measures, with the authors discussing implications for the relationship between skills, engagement and organisational change (Forrester et al., 2018).

For leaders, the learning is important: training can increase skill, but sustained impact depends on supervision, modelling, culture, measurement and system design. The mentor presentation illustrates the same point in practice. The most promising implementation activity is not the training event alone, but the mentor network and reflective practice infrastructure around it.

3.4 Prevention, community connection and resource use

For Carmarthen, the most credible cost-saving claim from their mentos experience is not that Collaborative Communication automatically reduces costs. It is that better conversations can reduce waste: support that does not fit, packages that grow because the real issue has not been understood, avoidable escalation, premature residential responses, and repeated work caused by low trust or poor engagement. These are plausible areas for local measurement and could usefully be explored further by Carmarthen.

4. Likely impact if the approach continues to embed

4.1 Impact for people and carers

- Greater voice and control because people are supported to express what matters, what they want to achieve and what support would make a difference.

- More meaningful personal outcomes recorded in people's own words, improving the link between assessment, planning and well-being.
- More proportionate support because workers are more able to distinguish between requests for more service and the need for a different kind of support.
- Increased independence and community connection where support focuses on identity, interests, strengths, informal networks and community participation.
- Improved carer involvement where carers are listened to, supported through change and included without losing the centrality of the person's voice.

4.2 Impact for the workforce

- Increased confidence in holding purposeful, strengths-based and outcome-focused conversations.
- Improved reflective capacity, particularly in complex cases where workers may otherwise feel pulled into urgent fixing, defensiveness or task completion.
- Greater peer support and shared learning through mentoring, hub discussions and supervision.
- Potential reduction in moral distress where workers feel they have permission to practise in a way that aligns with social work values and statutory principles.
- A stronger learning culture if reflective spaces are protected and managers model the approach.

4.3 Impact for the local authority and wider system

- Better quality assessments and care/support plans, with clearer evidence of what matters, strengths, barriers and agreed outcomes.
- More proportionate resource allocation because support decisions are based on deeper understanding rather than presenting requests alone.
- Potential avoidance of unnecessary service increases, premature residential care or repeated reassessment where the original support did not fit.
- Improved hospital discharge practice where social care voice, rights and community outcomes are more visible within multi-disciplinary decision-making.
- Stronger alignment between practice, quality assurance and the Welsh statutory framework.

5. Conditions needed for sustainable embedding

The mentor evidence points to a clear implementation principle: Collaborative Communication becomes embedded when it is treated as a whole-system practice approach, not a completed training course. The following conditions appear particularly important.

Condition	Why it matters
Visible senior leadership sponsorship	Staff need explicit permission to slow down, reflect and use relational judgement in a high-pressure system.
Protected mentor time	Mentors are the bridge between training and practice. Without time and recognition, mentoring becomes an add-on.
Reflective supervision and hub discussions	Skills consolidate when practitioners can bring live cases, emotional impact and uncertainty into reflective spaces.
Cross-agency ownership	In hospital and integrated settings, the approach

	will not embed if social care uses the language but the wider MDT continues to operate through throughput, ward-round decisions or risk-averse service prescription.
Quality assurance alignment	Audits, supervision templates and panels should look for evidence of strengths, what matters, proportionate risk and personal outcomes, not only process completion.
Measurement and learning	The authority should gather evidence of impact: use a most significant change methodology to illustrate the quality of work and outcomes, package fit, step-down decisions, avoided escalation, staff confidence and stories of practice change.

6. Risks if the approach is not sustained

- Training becomes a positive memory rather than an embedded practice change.
- Mentors lose momentum if they are not given role clarity, protected time and leadership support.
- Practice reverts to service-led or deficit-led assessment under pressure.
- Hospital discharge and integrated working remain vulnerable to medically-led, risk-averse or throughput-driven decision-making where the person's voice is harder to hold.
- Reflective spaces are crowded out by task supervision, reducing opportunities for learning, emotional processing and relational judgement.
- The authority misses the chance to demonstrate how relational practice supports both better outcomes and better resource use.

9. Conclusion

The mentors experiences in Carmarthenshire provides a compelling account of early practice impact. It shows Collaborative Communication being used not as a separate initiative, but as a way of strengthening the core business of social care: listening well, understanding what matters, working with strengths, holding risk proportionately, supporting carers, and making decisions with people rather than for them.

The examples suggest real promise for people, carers, staff and the local authority. They also show that this promise will only be realised if the approach is embedded beyond training. The mentor network, reflective spaces, supervision, management support, cross-agency engagement and impact measurement are the enabling conditions.

The clearest message is that Collaborative Communication continues to offer a practical route for making the aspirations of Welsh social care policy visible in everyday practice. It deserves continued support, but that support should focus not only on training delivery, but on the organisational conditions that allow relational, strengths-based and outcomes-focused practice to survive the pressures of the system.

References

Ferguson, H., Warwick, L., Disney, T., Leigh, J., Cooner, T.S. and Beddoe, L. (2020) "Researching Long-Term Social Work and Child Protection by Getting as Close as Possible to Practice and Organisational Life", British Journal of Social Work, 50(6), pp.1706-1723. https://academic.oup.com/bjsw/article/50/6/1706/5613082

Forrester, D. et al. (2018) "A randomized controlled trial of training in Motivational Interviewing for child protection", Children and Youth Services Review, 88, pp.180-190. Cardiff University ORCA record. https://orca.cardiff.ac.uk/id/eprint/115752/

Practice Solutions and Imogen Blood & Associates (2019) Collaborative Communication Skills Programme Evaluation Report. Social Care Wales. https://socialcare.wales/cms-assets/documents/Collaborative-Communications-Skills-Programme-evaluation-report.pdf

Social Care Wales (2025) Overview of the Social Services and Well-being (Wales) Act 2014. https://socialcare.wales/resources-guidance/information-and-learning-hub/sswbact/overview

Social Care Wales (2026) Strengths-based practice resources. https://socialcare.wales/resources-guidance/improving-care-and-support/strengths-based-practice/strengths-based-practice-resources

The Relationships Project (2026) The Case Maker: Making the case for relationship-centred communities, organisations and systems. https://relationshipsproject.org/