**Abstract:**

The policy implementation process is often overlooked when policy is introduced potentially leading to policy failure. This is particularly relevant in complex policy areas where there is a lack of collaborative policy-making and where implementation is in dispersed governance. This paper discusses the findings of a study examining a novel policy implementation support programme developed by the English Department of Health for the Care Act 2014, the most significant changes to the provision of social care for 60 years. Given the complexity of the changes, the Department of Health and its key partners introduced an Implementation Support Programme to increase the likelihood of effective implementation. As part of a suite of research studies we examined the effectiveness of the implementation support programme in helping local authorities, responsible for social care delivery, implement the key Care Act priorities. We found that the support programme was effective in supporting ‘implementation readiness’ particular in situations where the context and policy itself are complex. We found that while important for the delivery of policy, such support programmes do not necessarily in themselves guarantee successful implementation. However, future evaluations of policy should include examining how the implementation is, or is not supported, in order to fully understand reasons for policy success and failure.

**Key words:**

Public policy making, implementation, regulation and accountability

Implementation support, policy success, social care

### **Introduction**

This paper explores the role of implementation support in ensuring policy success drawing on the findings of a study of a support programme developed by the English Department of Health1 (DH) for a key change in social care policy in England – The Care Act 2014 (CA2014). The CA2014 evolved from a partnership approach to policy development and design as a means of achieving policy objectives between key stakeholders: central government, local government, adult social care services and representatives of third sector groups and private providers of social care (Hughes and Caunt 2013). The proposed policy changes in the CA2014 were mainly evolutionary, although introducing new priorities on prevention and assessment, and broadly supported by all stakeholders, with policy developed through collaboration and partnership (NAO 2015, Braye and Preston-Shoot 2019, Hunter et al 2020).

As a major policy initiative, the Government were keen to examine both the likely impact of the changes introduced by the CA2014 and the value of an innovative policy implementation support programme (ISP) developed to support achievement of policy objectives. Examples of implementation support include central government delivery units (Gold 2017), using policy pilots to test and evaluate implementation before larger roll out of programmes (Bailey et al 2017), adopting behavioural methods to ‘nudge’ local implementers (Ewert and Lower 2020) and the issuing of implementation guidance or use of regulation (Hudson et al 2019). The ISP for the CA2014 was considered to have novel elements, building on collaborative ‘policy design’ and continued stakeholder partnership (Ansell et al 2017, Hughes and Caunt 2013).

To assess the impact of the CA2014, the DH commissioned several studies to examine key policy areas related to carers (Fernandez et al 2020), market shaping and personalisation (Needham et al 2019), and prevention (Tew et al 2019). The study reported here formed part of this research programme but was commissioned to understand the effectiveness of the ISP. As the Institute for Government (2016) has noted *“… implementation issues — which are the root of many policy failures — are not thoroughly considered when a policy is proposed”* (15). The paper briefly outlines the context of the Care Act and social care in England. It then discusses how implementation support relates to approaches to assessing policy success and failure and our analytical framework. We then outline our methods and report our key findings using the domains of McConnell’s (1985) policy failure framework. Finally we highlight key lessons from our research within the context of assessing policy success.

# Policy implementation, policy success and policy failure

Policy failure is an enduring reality encapsulated in the work of seminal policy analysts such as Pressman and Wildavsky (1973) and King and Crewe (2014). While policy-makers may highlight the desire for policy success, what success means in practice is variable and policy-makers tend to give scant attention to implementation. Often simply formulating and producing the policy counts as success with implementation ignored, assumed to follow, or never seen as the primary objective such as with placebo or tokenistic policies (McConnell 2018). Policies may also be symbolic in intention and/or ideologically and politically motivated. Whether they succeed or fail is not the issue - rather, government needs to be seen to be doing something irrespective of success (McConnell 2020). The context of implementation is crucial when exploring the reasons for success or failure. In the UK, responsibility for the delivery of adult social care lies with local governments but with key policy regarding responsibilities and funding decided centrally. CA2014 implementation was, therefore, nested in the vertical, central-local relationship between the DH and local government, where the centre articulated and legislated for the policy and required changes to be implemented.

This multi-level governance adds an additional dimension to considerations about ‘top-down’ and ‘bottom-up’ approaches to policy implementation particularly where alignment is required both vertically and horizontally at different levels (Exworthy and Powell 2004). As Ellis (2015) notes, local implementation of social care policy is highly complex exposing wider cultural conflicts between central and local government characterised by *“… wide variations in political makeup, resources, organisation and management which led in turn to differing interpretations of national policy and a range of outcomes”* (Ellis 2015: 242). This creates both conflict and ambiguity and it is important that policy-makers consider this context to determine what actions to take to secure successful implementation (Matland 1995). This is a more complex proposition in systems with dispersed governance at local, regional, and central levels and increases risk of policy failure (Grudniewicz et al 2018, Osborne and Radnor 2016, Sausman et al 2016).

For McConnell (2015) ‘failure’ and ‘success’ reside at the extreme ends of a success-failure spectrum, but that ‘… *failure is rarely unequivocal and absolute...even policies that have become known as classic policy failures also produced small and modest successes’* (p231). Similarly, success may not be complete and involves craftwork (devising, adopting, and implementing programmes and reforms that have a meaningful impact) and political work (forming and maintaining coalitions of stakeholders to promote programmes) (Bovens et al. 2001; Patashnik 2008; McConnell 2010). For Compton and t’Hart (2019) *“… political work extends to nurturing and protecting elite and public perceptions of the policy’s/programme’s ideology, intent, instruments, implementation, and impact during the often long and tenuous road from ideas to outcomes* (2-3). Elements of all of this were observable in relation to the collaborative approach to policy formulation and implementation adopted for the CA2014.

Policy failure is frequently equated with non, or poor implementation. Policy implementation is a complex process – particularly in the context of multi-level governance and where solutions may not be known or are emergent during the implementation process (Osborne and Radnor 2016). Complexity arises as both part of implementation itself - given it is a social process - as well as in terms of the issues that policy is trying to address due to multiple actors, interacting variables and forces, and limited knowledge of the context (Exworthy and Powell 2004, Grudniewicz et al 2018, Howlett 2019, Matland 1995). Within such complex messy systems, it is unclear how best to support effective implementation that enables policy modifications and adaptations to be made if required, or for the policy to be scrapped altogether if shown to be ineffective.

Rather than just let policies drift into full or even partial failure, governments are now beginning to take an interest in ways in which the policy process – especially the implementation phase – can be strengthened and supported. To fully understand what is meant by policy success we need to determine how policy is implemented and what steps might be taken to support implementation. Decision tools or an approach is needed that enables policy makers, implementers, recipients and researchers to spot and characterise such success or ‘successes’ alongside programmatic performance and the achievement of degrees of policy goal achievement. Why, for example, does might a policy which encompasses sound programmatic performance and political legitimacy still fail.

This growing interest in implementation has arisen due to questions about how to deal with deep-seated and stubborn policy challenges that are increasingly acknowledged to be more complex and not subject to simple, linear, or single solutions (Holmes et al 2017, Howlett 2019). McConnell (2015) identified four broad factors contributing to policy failure: overly optimistic expectations; implementation in dispersed governance; inadequate collaborative policy-making; and the vagaries of the political cycle. He suggests there are degrees of policy failure. Drawing on Matland’s (1995) work on implementation and ambiguity, he distinguishes between three inter-linked activities: process, programmes, and politics; and three degrees of failure: tolerable (where opposition and criticism is small); conflicted (where failures are matched by achievements); and total (where opposition is great and support minimal). This removes the simplistic notion of the dichotomy between policy success and failure.

Our specific interest was, however, how to assess the contribution of implementation support and its contribution to policy success. Drawing on examples and analyses of policy process we identified six criteria relevant to policy process and achieving success: policy legitimacy, stakeholder support, clarity of the programme, comprehension of complexity, sustaining political support and contributing to the attainment of policy objectives. These criteria were derived from reviewing evaluations of policy process in a wide variety of contexts (Ansell et al 2017, IfG 2016, King and Crewe 2013, NAO 2013, Peckham et al 2019). Then by linking these to McConnell’s work on degrees of failure we developed an overarching framework to structure our analysis set out in figure 1 (see Hudson et al 2019, Peckham et al 2019).

FIGURE 1 HERE

There is little existing literature on IS mechanisms, a reflection of the lack of policy attention paid to the idea. In order to identify any previous approaches, we analysed several relevant previous national policy programme evaluations. There was limited analysis of the implementation process and how this was supported in these studies. (DCLG 2015&2016, DfES 2002, DH 2004, Henwood 2003, Billings et al 2020). Some approaches to IS were difficult to identify in any visible tangible form, some were more experiential (inspiring leadership and/or management), and others were simply theorised (participation in regional meetings will facilitate ‘x’ and ‘y’). Mechanisms are not ‘things’ (or mediators) but part of an account of causality which only works when explaining the context within which they operate, and the outcome to which they contribute providing descriptions and understandings of causal relations (Pawson 2008). The identification of mechanisms shaping IS for policies is important as it aids explanation on how interconnections occur. By linking these levels of explanation there is the opportunity to transcend the divide between top-down and bottom-up approaches towards policy implementation (Sabatier 1988). As such, IS mechanisms can have one of three main purposes: managing and regulating; problem-solving; and capacity building – all of which are evident in varying degrees in the CA2014 ISP (Gold 2014).

The CA2014 and the implementation support programme

Previous policy evaluations suggested that IS has been regarded as marginal to successful implementation and there is a lack of academic analysis. In this context the CA2014 ISP was seen by its originators to be distinctive, and our research field was viewed as relatively unchartered territory. Implementation required expectations to be managed; governance to be in place at multiple levels – macro (national), meso (regional and strategic local authority) and local (service provider) levels; the active engagement of many different stakeholders; and a sustained commitment over time to ensure that the changes sought were sufficiently embedded.

The CA2014 introduced the most significant and ambitious change in social care law in England for 60 years, overhauling the entire care and support system for adults, older people, and their carers (Braye and Preston-Shoot 2019, Hunter et al 2020).

In the UK, publicly funded care only constitutes a small proportion of the total value of care. Most care and support is funded by, or provided unpaid by family, friends and neighbours (informal care). Local authorities only pay for individual packages of care for people with high care needs and limited means and commission services from a multiplicity of private and voluntary providers, with home care and residential care being the most common services. This represents a complex network of relationships (NAO 2014). Although highly detailed statutory guidance (a classic top-down approach) was produced, there was an appreciation of the influence of local contexts and dispersed power bases and the need to design a ISP to ensure successful implementation.

The key principles underpinning the support programme were:

* *Clarity of expectations and requirements*: the new legislative framework, financial issues and the outcomes to be achieved
* *Flexible products*: accessible and drawn upon in a way that met local needs
* *Collaborative infrastructure*: local, regional, and national collaboration through an ongoing two-way supportive dialogue.

Central to the ISP, however, was the formal collaboration between the key national partners: the DH, the Local Government Association (LGA), and Association of Directors of Adult Social Services (ADASS). The arrangements put in place to deliver on these principles involved the establishment of key organisational policy programme support innovations: a Programme Board: Delivery Board and Programme Management Office; and a regional infrastructure (see Figure 2). Some aspects of these features of support had been present in other policy programmes but this ISP involved key stakeholders as partners, taking on responsibility for achieving successful implementation and not just giving advice. Key priorities for implementation were identified and included: *“(a) Care Act Implementation Grant of £125,000 allocated to each local authority; (b) Strengthening of regional capacity and the recently confirmed regional training and implementation support fund; (c) National support products: Workforce learning and development resources and capacity planning tools; Implementation support toolkits and practice guidance; Support for providers”* (Hughes, 2014 p1). Details of the CA2014 ISP have been described elsewhere (Peckham et al 2019).

FIGURE 2 HERE

**Design and methods**

To explore the impact of the ISP we undertook an analysis of the ISP established by the DH and other key agencies at a national level and explored how the ISP supported implementation in and by local authority social care departments. We used a mixed methods case study design where the CA2014 ISP constituted the case under examination with data collected across three levels(Caldwell and Mays 2012, Exworthy et al 2012, Peckham et al 2017):

* macro (national and regional): eleven interviews with Programme Board members, representatives from key stakeholders and regional leads
* meso (local organisational)
* micro (front-line operational) in six local authority case-study sites responsible for social care provision involving 65 interviews and 2 focus groups.

Sites were selected to provide locations of differing size, region and designation (unitary or county council) where we examined the support programme’s utility, situating this within the wider context of supporting policy implementation. In each site we interviewed key strategy and management staff and frontline team leaders/managers and planned focus groups of users/publics. Data was collected between March 2017 and July 2018. We analysed all the Programme Board minutes and documents produced within the support programme, the nationalstocktake survey results and, for three sites, the data from reviews undertaken by the National Audit Office for their Phase One review (NAO 2015).

All interviews and focus groups were recorded and transcribed. Data was entered into an Excel spreadsheet for coding. Coding was undertaken by two researchers and a sample of interviews were independently coded by all researchers to check and agree the coding frame. We analysed the data from the programme documentation and empirical data collection using the same analytical framework (Figure 1). This enabled the drawing out of themes and identifying where aspects of implementation support might be more successful in some respects than others. Initially, all members of the research team read and analysed the same group of interview transcripts to ensure consistency of analysis. Once agreed, the remaining interviews were analysed by one researcher and then checked with a second member of the team. Data collection and analysis involved triangulation of source and researcher. Findings from each strand of the research were synthesised within our analytical framework to provide an understanding of the multi-level coherence between the macro, meso and micro levels for policy implementation support which might be adopted in designing future support programmes.

Ethics approval was granted by the HRA Social Services Ethics committee (Ref: 17/IEC08/0050) and approval for the research was given by the ADASS. We established an external advisory group with representatives from the DH, ADASS, LGA, Age UK, Carers UK, NAO, and the King’s Fund. The advisory group met in person and commented on identifying national and regional interviewees, case study selection, interim and final reports and involved service and carer user advisers recruited through the Centre for Health Services Opening Doors Research Group – a panel of service users and carers that supports patient and public engagement in research. The development of our analytical framework, the selection of case-study sites and methods of data collection and analysis have been described more fully elsewhere (Hudson et al 2019, Peckham et al 2019).

**Research findings:**

Full details of the research are set out in our main research report (Peckham et al 2019). Here we focus on the contribution that the support scheme made to successful implementation. The aim is to highlight key supportive aspects that may have broader implications for developing IS through an exploration of how IS contributes to successful policy delivery. The findings are structured around our analytical framework (figure 1).

**Helping to secure policy legitimacy:**

In some important respects the CA2014’s policy legitimacy was facilitated by the general view that the legislation consisted of legal ‘tidying’, bringing together separate requirements that had accreted since the 1948 National Assistance Act (Mandelstam 2017). However, it also included new, more challenging requirements on wellbeing, prevention, self-care, and market-shaping (Braye and Preston-Shoot 2019). These concepts already had widespread support within many local authorities and supported local legitimacy for the CA2014 as the approach set out in the Act supported organisational and professional thinking.

Formal policy legitimacy was secured through a memorandum of understanding (MOU) between the DH, LGA and ADASS providing a shared understanding between key national stakeholders and commitment to the successful implementation of the CA2014 - a *'… vision for co-ownership of the programme.'* (N5: Senior Civil Servant). In addition, it *‘…set out that involvement and influence would be at both of those levels* [Senior management and PB], *seats at the programme board, yes, but also, … regular reviews … and joint sign off of recommendations … to ministers who would ultimately would have made decisions on the Care Act 2014’* (ibid.).

The existence of this consensus should not be equated with a ‘simple’ pathway to policy success. Implementation represented a formidable challenge to established ways of working and the support programme was felt to be important in addressing this complexity by providing scope for local adaptation (Sausman et al 2016). Interviewees reported that the support arrangements were successful in helping to secure legitimacy, both for the CA2014 and the support programme itself, linking central policy makers and those supporting front-line implementation. Many national and local respondents felt that the inclusive approach to design and execution helped to aid policy delivery –collaborative policy *design* was an essential precursor to collaborative policy *implementation*. It was frequently mentioned that this collaborative approach provided a modl for other major policy programmes:

*The thing I really like about it was the strong programme management approach, and I think if you use that and … involve stakeholders … [it’s] a really good way of doing policy.* (N4: Local Authority Chief Executive)

The regional co-ordinators were viewed as an essential ‘go-between’ from the centre to the local, providing the *‘…conduit from the centre through into the regions and out into councils'* (R3; regional coordinator) and facilitating rapid information exchange. They were described by local authority respondents as having 'privileged access' to information coming from the centre and, through regional links, able to disseminate this information to relevant staff. The coordinators also fed local views and responses into the centre - providing a feed-back loop in the implementation process. This alleviated the potential for blockages in information trails between the centre and front-line staff. At the same time, While regional co-ordinators were not a formal regional tier, they were people whose status was recognised centrally and locally and able to facilitate local networks. . They were critical in helping establish policy legitimacy - secured through a process of intensive collaboration and coproduction of knowledge, secured through: *mixture of training, support, facilitating peer support, making sure we [the regional contacts] were engaged in consultation.’*  (R2: Regional co-ordinator)*.* Co-production of policy guidance (between civil servants and local actors) was seen as innovative and should be repeated (R5: Regional co-ordinator). The funding made available at the regional level (although far from substantial) was also seen as crucial to the implementation process.

While local authorities expressed concerns about the detail and practicality of support, there was little or no suggestion that the support programme was unnecessary or lacking in legitimacy. Success for the programme was vested in ensuring national coordination but providing ‘on-the-ground’ local support through workshops, meetings, and presentations. The involvement of organisations at all levels aided policy delivery and implementation and the ISP was described as ‘*the most involving process I’ve come across, and I’ve been involved in policy research and government work for a long time’* (N10: Social Care Institute for Excellence). While we had limited user and carer input the consensus that emerged from focus groups was a real lack of policy legitimacy and detachment from the policy and discussions about implementation, having has little direct engagement.

**Developing stakeholder support:**

The collaborative relationship between the three key national stakeholders was key to success helping to address traditional disagreements between national, local, and professional voices in social over the general direction of social and economic policies (Ellis 2015). The support programme balanced both bureaucratic and network elements of governance. There was a formalised partner agreement, and while comprising complex organisational arrangements with a wide membership (the creation of a Programme Board, Programme Office and a multiplicity of work streams) it was sustained through network governance based in existing high trust relationships, sought external expertise, and encompassed the sharing of ideas on policy design as well as on implementation. There was little reservation expressed about how this model had worked out in practice. The incorporation of a regional support mechanism generally served to strengthen these achievements, especially by supporting networks of local stakeholders.

Involving the same key stakeholders in implementation support who were involved in the policy design process was crucial. It was acknowledged that local authorities had to implement CA2014 changes in order to deliver expected outcomes and it was accepted that this needed a partnership with the LGA and ADASS who represented local authorities and social care. Importantly at central government level the benefit was that '*...the department* [DH] *got a lot more in terms of an understanding of the system, how the system works and what it needed to do to achieve its policy objectives than if it had done it solely on its own*.' (Senior Civil Servant).

Securing a workable balance between the legislative authority and implementing agencies is a complex area (Sausman et al 2016). The ultimate authority lay with the DH and the necessity for compliance with the Act, regulation and guidance, yet this ‘primus inter pares’ status was rarely raised as a problem by other stakeholders. Significantly, the sense of ownership and buy-in by those involved in delivery was thought to reduce the likelihood of subsequent failure. As one LGA Officer commented *'...anything that does away with this and them mentality, particular at the moment in the current context of pressures, is hugely helpful' .*

Two key negative aspects reported by interviewees were that insufficient time had been allowed for the setting up of the partnership and tensions from having multiple stakeholders with not everyone understanding each other’s contribution: *'So I was being commissioned by colleagues at DH who understood workforce development. But then working alongside the programme office who did not understand workforce development at all …* [causing} *significant tensions.'* (National Level Partner Organisation).

As highlighted earlier, regional co-ordinators were a crucial “success factor” supporting implementation, strengthening achievements through a “boundary spanning role” (van Meerkerk and Edelenbos 2018). At the heart of this approach was the building of trust between stakeholders which facilitated a *'…huge amount of sharing informally'* with a *'...lot of personal investment in supporting and sharing good practice.'* (R2, Regional Coordinator). It was also noted that the groups provided a way to engage stakeholder support providing a forum for asking questions and gaining information:

*...people were very nervous about the new legislation and very concerned about what they had to have in place and really were looking for an opportunity to find out what other councils were doing and what they should be doing and to get some kind of peer support around that, so a lot of relief really that there was somebody in place that was a sort of focal point for their questions, their queries and to circulate good effective knowledge.* (R4, Regional Coordinator).

The opportunities for peer support and networking were reported as being more beneficial than the formal information-giving. Regional forums enabled discussions with a good 'cross-section' of ideas: *'...superb ideas came through from lots of different authorities who were just approaching things in a slightly different way … looking to see what would best fit.'* (B6, Local Authority Operational staff). However, local authority staff did report some lack of clarity about who had access to what information within social care departments highlighting the important role of internal co-ordination and structures in large implementing organisations.

**Clarity of Programme Contribution:**

Overall, the CA2014 and its goals were welcomed presenting a *‘consensual synthesis of a policy direction’* rather than a *‘policy shift’* with the accompanying support programme generally valued. For many the CA2014 was :  *… a codification, synthesis of legislation policy into something which wasn’t particularly either contested or … ideologically contested. So the model of support actually worked pretty well for that.* (F4, Local Authority Senior Manager)

Given the complexity of the policy area, clarity over the aims of the support programme and policy were clearly essential for successful implementation. A battery of products – guidance, events, factsheets and more – was rapidly commissioned by the programme and offered, or distributed to, the implementing agencies. These flows of information were widely seen as helpful in averting the need for localities to create their own products and helped by providing standardised guidance. However, the extent to which centrally commissioned support products and other arrangements could meet all of the eventualities encountered at local level was limited. Concerns were raised about timeliness, customisation to local contexts and the extent to which the products filtered down to operational staff. For example, some training was too early meaning it was:

*… badly delivered… there were still too many unknowns, or the guidance was just published and …* [the trainer] *was reading from the guidance...* (D6, Local Authority Operational staff member)

Local authority respondents wanted support to continue through later stages of implementation: *OK we’ve had a couple of years now, what’s worked, what hasn’t and what support can we do to try and shift upstream because you’re all too focused downstream still’.* (F3, Local Authority Senior manager) Having to locally adapt guidance was also a concern as it was perceived to create variation between authorities which could lead to questions being raised by users and carers*'...well that's not done in* [County]*'* with people referring to adult social care being *‘… free in Scotland’* when making referrals into care (A1, Senior manager)*.* Overall, there was a general feeling of inconsistency due to the amount of local adaptability needed for the CA2014 which also hindered communications strategies being put in place.

We also observed a tension between the role of the ISP to help localities to solve problems and build implementation capacity on the one hand and manage performance on the other. These two elements – carrot and stick – created tensions and they conflicted most prominently in relation to the six ‘stocktaking’ exercises where local authorities were required to self-assess their preparedness for CA2014 implementation on a wide range of dimensions. From the perspective of the centre – and perhaps especially at political level – the stocktake findings were necessary as indicators of progress that could justify investment in the ISP. On the other hand, localities could – and often did – view them as a means of unwanted attention that could result in some form of ‘naming and shaming’ exercise. This led to some element of ‘gaming’ whereby local authorities assessed themselves as neither doing well or badly to avoid attracting attention. ISPs will arguably struggle to achieve their aims if the agencies they are designed to support feel uncertain about the purpose of their intentions.

**Comprehension of Complexity:**

Successful change is at least as much (if not more) about bottom-up behaviour than top-down prescription (Lipsky 1980). Local contexts (history, tradition, culture, personalities) can easily filter out standardised expectations and requirements. Most policies – and certainly this one – are characterised by complexity rather than simplicity. ISPs cannot always comprehend and respond to the complexity of the implementation environment.

To address the lack of experience regarding working in local authorities within the central team, the programme office engaged professionals with relevant expertise to comment on guidance who understood the complexities of specific sectors with a requirement for guidance produced to *‘…actually work…’* (N2: Senior Civil Servant). Complexity was also observed in the programme creating multiple roles for one of the key stakeholders. The LGA and had to be part of the programme whilst retaining their core representative functions, *‘…there was this wonderful situation where we were working as a partnership within a programme context, but outside the programme you would have lobbying…so sometimes it was difficult…for example where they are being torn in two different directions.’*  (N3: Senior Civil Servant). None of these issues were simple to address.

It is unrealistic to expect a national government department to be in touch with, and have a detailed understanding of, around 150 local implementation agencies each with their own history, culture, and democratic governance. Indeed, when national representatives were despatched to speak to localities there were some concerns expressed about a lack of credibility. Local interviewees highlighted a misalignment between what was being asked of authorities and their realities:

*I don’t think that they probably understood what it actually meant on the ground so to speak... some of the policies that were written, and the practice and what they wanted us to implement, were not necessarily going to be able to be implemented in a way that they expected and achieve what they expected. Because I think they’d got all these ideas that it was going to achieve certain things... And what we couldn’t see as practitioners on the ground, and managers on the ground in doing that, that that wouldn’t necessarily come to fruition. But that would then be an impact for us as a council, and a burden to us further down the line.* (C1, Operational staff).

Regional facilitation was an important response to this issue. Some modest funding was found to establish support but with regional leads left free to determine their own ways of working. In some localities the regional tier ended up having a significance that far exceeded expectations. Where they worked well, the regional coordinators were very highly regarded and described as ‘the driving force’ and ‘breathing life’ into the implementation process. Regional coordinators with a background of working in local authorities and already knowing a number of local directors gave the position credibility and meant they could understand the complexity of the issues faced and local challenges encountered.

*You needed to understand the pressures that directors and adult social services were under in terms of, not only in terms of budgets, but in terms of demand and staff churn and manager churn. All of those things you had to understand because that would help inform you as to why council A was really slow and struggling with implementation; whereas council B were a little bit quicker off the mark.* (R3, Regional Coordinator)

Such was the popularity of the regional support mechanism in our northern fieldwork sites that respondents suggested it should continue into the post-implementation stage, and that consideration be given to establishing a permanent forum for implementation, improvement and innovation. However, much depended on the skills and experience of those working at this level and the success may be more a result of the individuals involved rather than the regional tier per se. Working in the interstices between central government and local implementation agencies, acting as the eyes and ears of both levels, is a complex task. We heard recurring reference to some of the required personal qualities such as trust, knowledge, experience, and professional credibility. Such skills may not be in plentiful supply but there are some important issues to be unpicked here around creating the right environment and developing the right skills for such roles to be undertaken.

**Sustaining support and contributing to the attainment of policy objectives**

The existence of the ISP helped sustain political support by keeping open channels of communication between political and non-political actors. At a local level we undertook fieldwork with local authority cabinet leads but were unable to discern any clear local strategies for political support of the legislation. While we did not interview the key departmental Ministers, senior policy leads gave a clear account of national deliberation and a senior civil servant noted that national implementation was easier because of the absence of significant political interest which created space for national leads to operate.

Virtually without exception, respondents in our study reported that the implementation of the CA2014 was a success. Importantly, it was perceived as being aligned with the direction of travel local authorities were going in and was stated to provide the mechanism for driving through changes:

The fact that the CA2014 had few critics may limit the lessons learnt from the support programme as implementation may be expected to be more straightforward when there is a consensus of support for the policy. Implementation of the CA2014 built upon existing systems and resources, which were re-worked and transferred where appropriate rather than starting again:

*...it was about taking our existing systems and changing them and developing and adapting them, it wasn't completely new, it wasn't just a blank slate, but it felt in some ways almost like you had to develop stuff from scratch* (C5, Operational staff).

However, users and carers in our focus groups were critical about the availability of information on the CA2014 and one where local authorities and national government have been – in the opinion of the focus groups – unsatisfactory. Further to this, the treatment of carers, in terms of funding arrangements, was deemed to be poor under the CA2014:

[You] *can’t get your pension and you can’t get the carers’ allowance at the same time and I know some areas, we’re lucky in* [area] *we’ve got Carers Together, but I’ve got a sister in* [neighbouring area] *and since the new Care Act, they get nothing and I mean nothing…*

Users and carers tended to talk about their general lack of awareness regarding the CA2014 which did not necessarily limit implementation but created additional tensions locally in delivery of the new approaches due to a perceived scarcity of information as well as a distrust of the source of information. This stemmed from existing preconceptions about the national government, and the treatment of carers being perceived as ‘unfair’. While user and carer stakeholders had been part of the wider collaboration developing the Care Act policy it would seem that in implementation the focus was on the delivery structure rather than on wider stakeholder engagement. This may have helped improve users and carers perceptions and knowledge of changes although as a survey commissioned by the British Association of Social Workers (TLAP 2017) showed actual experiences of implementation met with mixed experiences with users and carers wanting better information and 25% reporting worse care.

# Discussion

The ISP was generally viewed as being valuable and successful. While not every aspect was universally seen as positive, its existence was an important factor in supporting implementation. Our findings found that ISP secured policy legitimacy, navigated complex issues through stakeholder engagement and support, and ensured the readiness of local implementation agencies. The relationships developed between the key national stakeholders were unusual, creative and unique with no comparable examples in earlier policy programmes. The programme developed stakeholder ‘buy-in’ and policy legitimacy through its innovative support programmes. It also facilitated two-way communication between local authorities and national policy-makers, assisted by the regional co-ordinators. However, respondents felt that the ‘stocktake’ was more like performance monitoring than support.

The extent to which the ISP assisted in contributing to the attainment of policy objectives was more difficult to ascertain. The programme was not designed to ensure the policy made progress in achieving its ends; rather it was timetabled to cease once the legal deadlines for implementation had been reached. The studies evaluating key aspects of CA2014 programme delivery all identified significant implementation issues related to finance, competing priorities and incentives, problems of collaboration and in cases a lack of clarity in programme detail (Fernandez et al 2020, Needham et al 2019, Tew et al 2019). This means the CA2014 ISP can only reasonably be assessed on the narrower indicator of ensuring ‘implementation readiness’ on the part of the responsible agencies. Notwithstanding some of the difficulties identified in our fieldwork, it would be fair to conclude that the programme did significantly achieve this. Compton and ‘t Hart (2020) distinguish between the political legitimacy of a policy and its programmatic performance. The ISP supported the CA2014’s political legitimacy and clearly contributed to programmatic performance but was not and while important in supporting initial implementation, had limited impact on outcomes.

The ISP was essential in overcoming a lack of central policy maker cognisance with the complexities of local implementation. Of particular importance were the regional leads who provided a two-way conduit between the locality and the centre. Regional co-ordination was essential , especially in the context of the UK’s central and local governance arrangements. The fact that the co-ordinators were not part of a specific statutory or established organisational framework gave them a degree of freedom to develop their own approaches in the way that boundary spanners have been shown to bridge between organisations (van Meerkerk and Edelenbos 2018). In our review of 15 previous policy programmes, only the recent NHS England Vanguard Programme (instigated after the CA2014 ISP) adopted some form of regional support structure and thus this approach for the CA2014 ISP was clearly innovative at the time and provides a lesson for future programmes.

The specific strengths of the CA2014 ISP lay in its collaborative foundations between key national agencies as well as between the centre and the periphery. Such an arrangement may not be appropriate for all policies although it should be recognised that it was the collaborative nature of policy development for the CA2014 which secured much of the political legitimacy for implementation. The CA2014 had a high degree of policy and stakeholder agreement with little ambiguity – although the local context for implementation did vary and the lack of user and carer stakeholder involvement in the ISP was an issue for those users and carers we contacted. Choosing an ISP approach is important and Matland’s ambiguity and conflict framework may provide a useful framework for this. In a previous paper (Hudson et al 2019) we argued that applying Matland’s analysis of the impact of conflict and ambiguity on implementation helps identify models for implementation support:

* *Administrative Implementation* is amenable to a model associated with guidance, regulation and top-down performance management
* *Political Implementation* is amenable to a model associated with guidance, regulation and performance management but will also require flexibility and collaborative working
* *Experimental Implementation* is amenable to a model associated with a bottom-up approach, sensitivity to the implementation context and support for problem-solving
* *Symbolic Implementation* is amenable to a model associated with the same features as experimental implementation but may also require support for capacity building.

By contributing to implementation readiness we demonstrate that ISPs have value, but do not overcome all potential threats to implementation success. . Our analysis adds an additional dimension to McConnell’s more nuanced concept of what is meant by policy failure and or success by focusing attention on factors that contribute to securing successful policy implementation. The process of implementation is an important element of programmatic legitimacy. Clearly not only must there be the feasibility of implementation, but navigating the many difficulties of the process of implementation contributes to whether a policy can be successfully implemented. Our analysis of the CA2014 ISP highlights the critical importance of implementation process and support in determining any degree of policy success. Policy impact and evaluation studies need to incorporate implementation evaluation and we support Howlett’s (2019) call for the incorporation of implementation process into a broader view of policy theory. For evaluative studies, our analytical framework provides a way of linking process evaluation into broader policy evaluation frameworks. It also provides a framework for policy makers to encourage prior assessment of where and what kind of support may be required and how it might be put in place. Our framework builds on McConnell’s work adding an additional dimension that can contribute to policy failure.

However, there is a distinction to be made between securing legitimacy (acceptance) for a policy and the impact practical implementation of the policy has on programmatic performance. While the CA2014 successfully established and retained political legitimacy, despite a well-designed ISP, its programmatic performance has been somewhat disappointing. Some of these issues were anticipated by the support programme. The most common concerns expressed in our study were about the mismatch between the ambitions of the legislation and the impact of severe funding restrictions on local authority spending. For example, Tew et al. (2019) found that short-term financial pressures affected how local authorities responded to their duty to promote wellbeing and to prevent, reduce or delay the need to access social care services. Uncertainty about funding also hampered market shaping and personalisation (Needham et al 2019).

Government budgetary cuts to local government were rendering unattainable the key operating principles of the CA2014 with social care services being effectively confined to responding to crisis situations. The lack of alignment between central government policies effectively limited the successful implementation of the CA2014 despite it being collaboratively designed, popular with the receiving audience and supported by an implementation programme (Exworthy and Powell 2004). An ISP, no matter how good, may be best regarded as a necessary but not a sufficient factor in securing policy objectives. ISPs can be challenged by issues relating to national context, clarity of the legislation, complexity of local care systems, weak collaboration, and insufficient capacity.

Drawing broad conclusions from this study is limited by the nature of the CA2014 and the limited empirical evidence we identified in earlier studies. The CA2014 generated a great deal of stakeholder consensus and support limiting what can be learned from this study about the wider potential of policy support programmes. The principles of the CA2014 – especially its overarching commitment to wellbeing - continue to enjoy high levels of legitimacy and this may be sufficient to sustain commitment and delivery and ensure what Compton and t’Hart describe as policy endurance over time. We also had limited user and carer input in the study due to recruitment issues and gaining interest from local groups. This may reflect a wider issue of lack of involvement and knowledge about the Act and ISP – an issue raised in our two focus groups.

**Conclusion**

Overall, we found that the CA2014 ISP significantly helped ensure the implementation readiness of the local agencies and that this is a necessary condition for successful implementation but does not ensures policy success. In the case of the CA2014 implementation was destabilised by effects of other actions, such as significant funding cuts, countering the efforts put into ensuring implementation readiness.

While the ISP evaluated for the implementation of the CA2014 provides only one example of how such support can be provided, it highlights the importance of such support. Implementation readiness is a necessary element for supporting implementation ensureing that the organisations responsible for implementation accepted and supported the legitimacy of the policy, sustained political support, provided clarity on programme objectives and were able, especially within their regional networks, to set this within their own local contexts. Our findings have provided some important insights into the value of policy support programmes. Given the relative novelty of comprehensive policy support programmes there is correspondingly little empirical evidence to draw upon at this stagethe extent to which these are generalisable should be treated with caution. What is clear is that ISPs are important and can support policy success by aiding implementation readiness. Given the absence of evidence in regard to ISPs, future policy evaluation research should pay more attention to examining the role of implementation support.

Notes:

1. Department of Health was renamed as the Department of Health and Social Care in 2017 but is referred to throughout by its original title of Department of Health (DH)

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**Figure 1: A Framework for the Assessment of Implementation Support Programmes**

|  |  |  |  |
| --- | --- | --- | --- |
| **Criterion** | **Relative success** | **Conflicted attainment** | **Relative failure** |
| **Helping to secure policy legitimacy** | Few challenges to the legitimacy of the policy from implementing bodies | Contested legitimacy with potential for long-term damage | Policy process deemed to be illegitimate and successful implementation unlikely |
| **Developing stakeholder support** | All key stakeholders support the policy and participate in support programmes | Patchy and uneven engagement amongst stakeholders; some key groups missing | Widespread resistance to engagement |
| **Clarity of programme**  **contribution** | Aims of the implementation support process are agreed and understood | Some of the aims and activities of the support programme are unclear and/or contested | Little understanding or awareness of the support programme |
| **Comprehension of complexity** | A reputation for understanding the complexity of ‘real-world’ implementation | Only a partial understanding and awareness of  implementation dilemmas | Perceived as a remote agency with little understanding of the problems facing implementing bodies |
| **Sustaining political support** | Support programme has clear and sustained backing at the highest political levels | Uncertainty as to whether political support is being sustained over the implementation period | Support programme is undermined by waning political support and interest |
| **Contributing to attainment of policy objectives** | Evidence that the support programme has contributed to the achievement of policy objectives | Some evidence of policy success but uncertainty around the contribution of the support process | Both the policy itself and the implementation support process are unable to demonstrate achievements |

Graphical user interface, text, application

Description automatically generated