

# Problematising ‘Fused Principles’ in Discourses of Preventative Social Care: Interpreting the Implementation of National Social Services Legislation in Wales, UK

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## Abstract

Prevention is a core principle in social care legislation across the UK. However, history shows great variability in how a preventative social care agenda is conceptualised and implemented. We report findings from an independent evaluation of the implementation of the ‘2014 Social Services and Well-being (Wales) Act’ incorporating a document analysis of reports and plans from Wales’ twenty-two local authorities (LAs) and eighty-eight qualitative interviews from social services strategic leaders and operational managers within four Welsh LAs. Analysis highlighted multiple interpretations of national policy, with notable overlapping agendas. In Gramscian terms, there is a constant process of negotiating prevention values and agendas, with consequences for whose interests are served. This was apparent through drives towards cost-saving, financial sustainability and reduced service demand operating alongside values-based principles rooted in well-being and mutualism. Following Kenny’s work in community development, we argue a ‘fusing’ of principles whilst espousing benefits for service users, potentially blurs the aims of the legislation, with implications for practice.

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## Introduction

Contemporary UK social care policy has a prevention agenda (Read *et al.*, 2022; Verity *et al.*, 2022). In Wales, the ‘2014 Social Services and Well-being (Wales) Act’ (SSWBA) outlines that preventative approaches and services should ‘prevent’ or ‘delay’ additional care and support needs, ‘reduce’ any such needs for those receiving them and ‘enable’ independent lives (Welsh Government, 2014, pp. 12–13). This legislation around prevention covers the life course, embedded in child, adult and older people services, with a range of different activities, interventions, priorities and objectives, across populations and communities (Verity *et al.*, 2022). These are expected to align with many of the SSWBA’s other underlying core principles, those of co-production, well-being, multi-agency working and voice and control. Similar discourses of prevention are evident in ‘The Care Act’ (England), the ‘Health and Social Care Delivery Plan’ (Scotland) and the ‘Health and Well-being 2026—Delivering Together’ (Northern Ireland). Furthermore, subsequent to the SSWBA, prevention was also featured in the ‘2015 Well-being of Future Generations Act (Wales)’, where it was amongst one of the five ‘ways of working’ alongside: long-term, integration, collaboration and involvement (Welsh Government, 2015).

Whilst this UK-wide legislative drive towards prevention may appear new, a similar focus can be tracked historically in social care throughout UK and wider international policy; a history that shows both its ebb and flow in positioning and its association with a range of value positions (Rapoport, 1961; McCave and Rishel, 2011; Gough, 2015; Ruth *et al.*, 2015). Gough (2015, p. 1) begins his discussion of prevention in public policy with the statement that ‘prevention is almost entirely seen as a good thing’. In this respect, discussions of prevention in social care align with Fairclough’s (1989) perspective of discourse, underpinned by the political and cultural theorist Gramsci’s ideas, as being a ‘social practice determined by social structures’ (p. 17). So, whilst we take the Welsh and wider UK national policy drive towards prevention as our starting point, it is important to also incorporate understandings of the socio-cultural conditions and history in which this policy discourse of prevention is being produced, interpreted and contextualised (1995, p. 25). Gough (2015, p. 16) summarises this perspective when he writes:

In different areas of social policy, prevention discourse flourishes, mainly fostered by cost concerns of large welfare states, now facing enormous cuts. However, most policy is directed to secondary prevention and the alteration of individual and family behaviours, rather than to larger social structures. This is the result of dominant ideas which undermine the rational case for coherent longer-term social interventions.

Whilst contemporary UK social care policies look to discursively re-imagine prevention, a neo-liberal-infused economic and political context has meant that local interpretations are subject to formulating a prevention agenda amongst other prevailing discourses, for example, about social justice (Marczak *et al.*, 2019; Llewellyn *et al.*, 2020). Neo-liberal ideas and practices are deep-rooted in social care (Williams, 1999; Clarke and Newman, 2012; Jordan and Drakeford, 2013; West, 2013; Garrett, 2019; Weinberg and Banks, 2019). They are hegemonic in Gramsci's use of the term as a process of 'thought and cultural' consent (Adamson, 1980, p. 174). Since the 1990s, manifestations of a neo-liberal discourse in social care have pervaded the commissioning of outsourced services to the private and not-for-profit sector, a fostering of notions of independence and self-help, and marketised practices within service delivery (i.e. key performance indicator measures, language of 'customers').

These practices are the subject of extensive critique and discussion of tensions in how alternate values and neo-liberal market rationale principles coalesce in the context of social services provision. This critique has highlighted processes where market-based social care can obfuscate the implications of these practices—the types of relationships with people and communities, cost transfers and attention away from structural issues or the dynamic interconnection of 'private pains and public troubles' (James, cited in Spolander *et al.*, 2014, p. 305). For example, Cooperatives UK (2017) argue co-operative approaches outside the state can be seen as an '...untapped cost saving resource, with too little recognition of ... costs and burdens' (p. 4). Kenny (2002), writing from a community development perspective, delineates four responses to what she calls 'fused discourses' where values-based and market rationale principles meet: (i) those who embrace the new 'fused lexicon' and see its benefits in terms of self-determination; (ii) those 'invoking' the fused lexicon for strategic purposes, such as funding submissions; (iii) those who regard the merging of these discourses as a 'Trojan horse' that enables market rationale to embed within community organisations and (iv) those who argue for a 'proceed with caution' approach (Kenny, 2002, pp. 296–7).

Moreover, in the wake of the 2008 global financial crisis, and particularly since 2010, austerity policies became more prominent in the UK through the Westminster government's policy of public service cuts (Williams, 2019). In Wales, the focus of the research on which this article is based, austerity has been arguably less pronounced given its devolved status from Westminster and the UK. This is partially attributable to

time lags between the UK approach being legislated and then feeding through into the devolved Welsh budgets (Pill and Guarneros-Meza, 2018). Equally, though, the Welsh administration also perceived the austerity policies with ‘strong ideological opposition’ (Taylor-Collins and Downe, 2022, p. 5). Despite these differences in process and approach, the financial metrics around local government spending still suggest that Welsh LAs generally saw reductions in their expenditure between 2010 and 2018, though the picture formed was relatively complex (Ifan and Sion, 2019).

For instance, the level of grant funding provided to LAs from Welsh Government over this period fell by 18.1 per cent in real terms (Ifan and Sion, 2019, p. 13). Though this was offset to some extent by revenue increases from council tax, business rates and the use of one-off financial reserves, overall LA expenditure between 2010 and 2018 was seen to drop by 10.4 per cent per head (Ifan and Sion, 2019, p. 22). For social services, however, the expenditure of LAs over the same period demonstrated an increase of around 6.5 per cent in real terms, suggesting that these services had been protected at the expense of other functions of local government (Ifan and Sion, 2019). These figures, however, represented the pre-pandemic system, with Audit Wales (2021) more recently highlighting how LA budgets post-pandemic may struggle to offer this protective arm to social care and support. Reduced LA budgets have had implications for local actors, whom West (2013, p. 650) suggests are ‘caught in an austerity trap’.

In Gramscian terms, the negotiation of values about prevention amongst a range of actors in different settings and cultures is a constant process with consequences for whose interests are served (Adamson, 1980; Hoare and Nowell-Smith, 2005). This ongoing negotiation around prevention, particularly when transposed onto debates in the Welsh and wider UK context, can be seen to align with Gramsci’s notion of hegemonic and counter-hegemonic processes. This is in the sense that, whilst the UK government has approached prevention largely within a wider policy drive for financial austerity, in the Welsh setting such measures are viewed with much greater ambivalence (Taylor-Collins and Downe, 2022). Importantly, these hegemonic and counter-hegemonic processes can be obscured by Gough’s comment cited earlier of the association of prevention with positive things, becoming seen as common-sensical, another of Gramsci’s key concepts.

Against this background, this article explores how senior and operational managers in Wales interpret and reproduce preventative policy discourses of the SSWBA at a local level, assessing the extent that prevention as a concept is outlined. To this end, a document analysis of Annual Director of Social Services Reports (ADSSRs) and Council Plans (CPs) published after the introduction of the SSWBA, as well as qualitative interviews involving health and social care managers are

reported. In situating the synthesised data, we discuss the extent that Kenny's framework, in a state context where neo-liberal ideas are hegemonic, is applicable in understanding interpretations and reproductions of the emergent lexicon of preventative social care and, where discrepant from the national policy agenda, seek to track the broader legislative and organisational environments potentially provoking this.

## Methods

The research underpinning this article formed part of a wider evaluation of the implementation of the SSWBA. This long-term project encompassed larger data-sets than those included here, such as service user and carer experiences of the SSWBA's implementation, as well as detailed thematic work on key principles within the legislation (i.e. well-being, co-production, multi-agency working and voice and control). Data reported here are synthesised from two sources within this wider project: (i) a document analysis of ADSSRs and CPs from Welsh LAs and (ii) qualitative interviews and surveys conducted with professionals across Wales.

### Local ADSSRs/CPs

Statutory reporting requirements outlined in the SSWBA, the '2015 Well-being of Future Generations (Wales) Act' and the '2009 Local Government (Wales) Act' mandate that an ADSSR is produced every year, as well as a CP covering a period of several years, allowing for monitoring of progress and public accountability measures (Welsh Government, 2009, 2014, 2015). The ADSSRs include details on the extent that LAs have achieved their well-being outcomes, including assessment of individual needs, as well as general delivery of services, and any guidelines, aims and objectives based on previous recommendations (Welsh Government, 2014).

The CPs were introduced as part of arrangements for continuous performance improvement and a commitment towards social, economic, environmental and cultural well-being (Welsh Government, 2015). Each plan thereby incorporates an initial outlining of well-being objectives and improvement objectives, as well as progress against them. Given both documents stem from the overarching Welsh national policy discourse, inclusive of the preventative agenda, they were chosen for analysis of how this agenda was interpreted and enacted at a local level.

A total of twenty-two ADSSRs and twenty-two CPs or performance reports were included for analysis. Documents were downloaded from Welsh LA websites between June 2020 and January 2021 or requested via e-mail if not obviously available. Analysis of documents coincided

with the COVID-19 pandemic, meaning there was inconsistency in the year of publication for ADSSRs in some LAs. Where possible, the most recent ADSSR (2019/20) was downloaded, but if this was not possible, the most recently available report was used. The CPs and their follow-up performance reports were included based on whichever was most recently published, given that there were large overlaps in their content.

### *Data analysis*

The document sets were uploaded to NVivo 12 for data organisation and analysis. The analysis itself comprised elements of broad thematic and critical discourse analysis (Fairclough, 1995). This involved an inductive approach, exploring the documents for emergent themes, whilst considering aspects such as the intended audience, how often certain topics were raised and the overarching Welsh and UK policy discourse. An analytical framework was developed (Supplementary Table S1) initially from a literature review on prevention, which included the principles justifying prevention activity, types of preventative service, links to other guidance on service design or delivery, and any underlying theories or models of prevention. The framework was developed over time, in line with the principles of framework analysis (Ritchie and Spencer, 1994). Group discussion amongst the research team led to the inclusion of further themes, as well as highlighting interrelationships between them. Through this, emergent themes around the fused principles of prevention became more prominent. This approach also served to validate coding decisions and the reasoning behind any adjustments to the framework (Ritchie and Spencer, 1994).

### *Qualitative interviews*

Data collection involved face-to-face/telephone interviews or group discussions with professionals across four Welsh regions, as well as with national stakeholders independently. The regions were sampled purposively, representing a rural area, an urban area, a Welsh valleys community, and a primarily Welsh-speaking locality. For each region, professionals were recruited from regional structures (Regional), for example, Regional Partnership or Public Services Boards, LAs and health boards (HBs). This article reports on data from two workforce cohorts: (i) senior managers and strategic leaders, for example, NHS directors, directors of social services, regional co-ordinators and heads of adult social care and (ii) operational managers, for example, care managers, senior social workers and operational managers of primary or community services. Interviews with a total of eighty-eight participants were performed as outlined in Table 1.

**Table 1.** Breakdown of participants for qualitative interviews and group discussions

	Senior managers/ strategic leaders	Operational managers/ supervisors	Total
National stakeholders	9	–	9
Locality 1	8	6	14
Locality 2	9	11	20
Locality 3	8	10	18
Locality 4	14	13	27
Total	48	40	88

Semi-structured interview schedules were developed to align with the approach of Principles-Focused Evaluation (P-FE) (Patton, 2018). These followed the broader process evaluation objectives: exploring preparedness for the SSWBA's implementation, the extent that the SSWBA's principles were enacted in practice, and variability in interpretation of the SSWBA. P-FE is an evaluating approach that places 'principles' as its core focus; their conceptualisation, their translation into practice, and what comes as a result (Patton, 2018). Data were collected prior to the COVID-19 pandemic between January and March 2020.

### *Data analysis*

Following the interviews/discussions, the audio-recordings were transcribed and anonymised. Data were organised and managed through NVivo 12 with a coding framework developed independently from the document analysis, though overlapping in themes. Three researchers in the study team undertook coding of transcripts and analysis recursively following the thematic analytical method of Braun and Clarke (2006). Additionally, data validation exercises were also undertaken within each of the four sampled LAs, as well as with the Study Expert Reference Group. During the subsequent synthesis of interview and document analysis data, themes around Kenny's typology of 'fused discourses', as well as Gramsci, were discussed by the research team and added into the coding framework.

### **Ethics**

The wider process evaluation was given ethical permission by the Ethics Committee at the University of South Wales. In order to maintain anonymity of interview participants and their localities, we have provided two distinct referencing identifiers for the document analysis (e.g. Locality A) and the qualitative interviews (e.g. Locality 1). This is based on documents being publicly available, potentially allowing for identification of localities via cross-referencing.

## Findings

Findings relating to the document analysis will be reported first, highlighting the general areas where policy discourses of prevention were reproduced within the local document sets, and in what ways. This is followed by findings from interviews with senior and operational managers implementing these policies locally. Here, how the SSWBA has been interpreted and implemented in local practice, specifically the preventative agenda, becomes more central.

### Document analysis: features and fusions of preventative discourse

For the purposes of this article, particular focus is given to instances where prevention or preventative activity were specifically mentioned in LA documents. This includes the way prevention discourse is used generally, and in what contexts such discourse was most prominent. Within this, the interlinkage between the preventative agenda and budget considerations will be presented, with consideration of the potential implications of this.

There were two main legislative sources of a prevention focus for LAs. First, the SSWBA and, second, the ‘Five Ways of Working’ outlined for LAs through the 2015 Well-being of Future Generations (Wales) Act. Both are shaped by visions and imaginations of various ideas of sustainability:

The Council has adopted five ways of working which were designed to ensure that we are in a position to provide sustainable services. (Locality P, ADSSR)






























Alongside prevention, the other four interlinked ‘ways of working’ are long-term, involvement, integration and collaboration, with each contributing towards sustainability in service delivery and commissioning (Welsh Government, 2015). Whilst prevalent for the most part in the documents reviewed, references to prevention as a way of working tended to be limited to a sentence or two demonstrating how authorities were compliant with this:

The five-ways of working, known as the sustainable development principles, will be taken into account and reported on. (Locality J, CP)

We are being proactive in resources into preventing problems occurring or getting worse. (Locality C, CP)

However, other LAs developed farther-reaching plans and reports, outlining how their pre-designed well-being objectives aligned with such principles. Whilst this alignment between the overarching objectives and ways of working demonstrated their underlying thinking, the level of



5 Ways of Working	Long term	Prevention	Integration	collaboration	Involvement
					
<b>Our Principles</b>					
To support communities and people to create their own solutions and reduce dependency on the Council.					
To focus diminishing resources on communities and individuals with the greatest need.					
To use good information from service users and communities to inform its decisions.					
To encourage and develop capacity amongst the third sector to identify and respond to local needs.					
To not let uncertainty over the future of public services prevent meaningful and pragmatic collaboration with other public sector bodies.					
To work as one Council and discourage different parts of the organisation from developing multiple processes or unnecessarily different approaches.					
To transform the organisation and many of its services to deliver financial budget reductions as well as improvements.					

**Figure 1:** LA principles and five ways of working (Locality C, CP).

detail within the documents themselves varied significantly. [Figures 1 and 2](#) highlight the instances where objectives or goals entwined with one another, albeit at a relatively holistic level.

In the first example, prevention is associated with ‘reduced dependency on the Council’, communities developing their own solutions, and third sector capacity building. For [Figure 2](#), each individual objective is linked to at least some of the five ways of working, but how this has informed its development is obscure, at least as reported. Other LAs enhanced their preventative discourse by elaborating more explicitly on interdependencies and different levels of prevention: ‘preventing problems from occurring’, and tackling both the ‘immediate’ and underlying causal factors like poverty and inequality, as the following responses show:

Adopting community-focused approaches promotes collaboration which in turn will support well-being. By working with communities, we hope to prevent problems from occurring. (Locality U, CP)

How we plan to do this:		Resource	5 Ways of Working
A1.1	Work with schools to improve results at each key stage of education. We will focus support on groups of learners such as Looked After Children, those on free school meals as well as challenging our high achievers.	LA/GWE staff time School effectiveness team Level 2 business plan	Long term Prevention Integration Collaboration Involvement
A2.1	We will ensure that within the council, there is a consistent corporate approach to safeguarding and that all services are following the framework that supports the Corporate Safeguarding policy.	Staff time	Prevention Integration
A4.1	Develop new models to promote health & well-being so that people of all ages are less reliant on health and social care. We will do this by working collaboratively and looking at future trends.	Staff time & external grants	Long term Prevention Integration Collaboration Involvement
A5.4	Support skill development (including apprenticeships), to equip people to be ready for work opportunities in the region.	Staff capacity and private sector collaboration	Long term Prevention Integration Collaboration Involvement

**Figure 2:** Example of LA objectives and five ways of working (adapted from Locality A, CP).

Our Well-being Objectives and steps are designed to tackle both the immediate demand pressures on public services and the root causes of these pressures, most importantly through tackling poverty and inequality. (Locality B, CP)

Particularly for the ADSSRs, the SSWBA was commonly cited as the source of LAs’ underlying principles:

The Act aims to provide the most radical change to the way in which Social Services is provided since 1948... It is person centred and focuses on prevention and reducing the need for care and support... (Locality M, ADSSR)

Notable even within this relatively brief extract are links to other principles and justifications for this renewed emphasis on preventative support, such as person-centred initiatives and individual well-being. Numerous other LAs also explicitly linked reduced services with the values-based logic of ‘independence’:

A people-centred approach with a focus on prevention and wellbeing helps ensure we support people to lead independent lives. (Locality C, ADSSR)

Our key priority for Adults is to promote independence and prevent escalating need. (Locality D, ADSSR)

Doing different things, better, and for the right reasons, is also more cost effective and by far the best way forward if we are to manage up to another £17 million reduction in the Council’s budget. (Locality B, ADSSR)

The distinct discourses of budget efficiencies, prevention and ‘doing things for the right reasons’ were commonly deployed in this overlapping fashion, as shown in the extract above from Locality B. As such, there

were both implicit and explicit expectations that these interlinked aims all inherently served one another. However, the work of Gough (2015) is helpful in reminding us that prevention, whilst theoretically having potential to alleviate future service costs, often also requires long-term investment. Overlaps between values-based thinking and the need for reduced service demand transcended a range of different initiatives, with independence often deployed in the context of older people but also evident across the wider adult services.

One of the more consistently referenced forms of universal preventative working was the provision of information, advice and assistance:

We are connecting people to resources in their own communities, and providing information, advice and assistance which is enabling more and more people to live their lives without statutory social care support. (Locality B, ADSSR)

During 2018/19, 95% of adults who received advice and assistance . . . did not contact the service again within the next 6 months. This is a positive message as it suggests that the advice and assistance received helped to retain their independence. (Locality F, ADSSR)

In this last example, how prevention work is measured comes into focus. The ties between broad public accountability measures and preventative working were most clear through examples such as the provision of information or reablement services where they predominantly focus on reduced service interaction. That said, numerous LAs also offered case studies exploring the narratives associated with prevention in particular services. This was clearest in prevention-focused initiatives such as Flying Start, Families First, Team Around the Family and community development programmes, all often aligned to issues of poverty, inequality, and other vulnerabilities:

During the last 12 months engagement with . . . Flying Start service, supporting vulnerable families to ensure that their children have the best start in life, has increased by 4% to 80%. (Locality H, ADSSR)

Our children and education services will work to prevent poverty through delivering key early intervention programmes such as flying start, team around the family (TAF) and financial literacy is on the school curriculum. (Locality V, CP)

Within case studies such as these, there was greater scope for understanding how initiatives actively helped individuals and communities than could be gathered solely from population-wide metrics. However, few of the documents provided both forms of reportage.

The picture of prevention generated by the documents highlights varying levels of interconnectedness between LA objectives, goals or priorities, and the work being undertaken locally. Part of this variability may be attributable to the divergent ways in which prevention is discussed and conceptualised both in the UK and Welsh contexts, and

subsequently across localities. Whilst more practical guidance has since emerged on preventative social care for commissioners and practitioners ([Social Care Institute for Excellence, 2021](#)), much of the discourse still present around prevention appears driven by multiple, sometimes non-complementary, justifications.

Importantly, this has implications upon LA decision making:

We will continue to regard care homes as an important part of the range of services that are available to people and communities. We expect to commission significantly fewer residential care home placements over the next 15 years. (Locality P, ADSSR)

Here, commissioning decisions are anticipated based on the prevention agenda, with residential care expected to tail-off alongside a rise in other forms of provision. Such decisions are necessarily filtered through the local context, with history, socio-economic factors, demographics, geography, existing community assets and numerous other factors contributing to them. That said, given the variable discourse around prevention already outlined, and its entwinement with other discursive themes such as cost-saving, there is also value in acknowledging reduced budgets as a potential contributory factor.

## Qualitative interviews

Interviews with senior and operational managers provided further opportunity to explore how the preventative agenda was being interpreted operationally. Respondents were recruited from across the four LA case studies, as outlined in [Table 1](#). We initially highlight how respondents felt their LA aligned with the national policy landscape. From there, those who perceived a disconnect with the emergent discourses of prevention will be discussed.

### *Alignment with emergent discourses*

In the sampled LAs, it was common for participants to express alignment with the principles underlying the SSWBA. For the most part, such responses were anchored in the viewpoint that many of the values-based principles associated with the new legislation were already operable within their locale, as highlighted below:

Actually we are working with the Act as we know that we continue to have development needs and we need to progress along that way. That we work through our social care plans in terms of trying to implement more training and more support work. (Senior Manager, LA, Locality 1)  
I think it's mainly because the Act focusses on Choice and Control and Voice and Prevention and Early Intervention. So whilst we would have

done some of those things anyway I think it has pre-empted us then to go down that road. (Senior Manager, Regional, Locality 2)

If you do the right thing the money will follow it...to a degree I have to say that is true...Because of our integration programme a lot of that was underpinned by and that's been going on since 2012. (Operational Manager, HB, Locality 2)

Whilst it was noticeable that some LAs perceived themselves at different stages of implementing the values of the SSWBA, many felt the Act was re-affirming work that was already underway. In this sense, those who felt that they were aligning with the principles of the SSWBA tended to perceive this in terms of their familiarity with the values-based aspects; those of choice, control, voice, as well as ideas of integration, training and support regarding the workforce. Interestingly, as with the last quote above, several other participants expressed a perceived mutuality between the notion of doing the 'right thing' and that of cost-saving, aligning closely with the ADSSRs and CPs.

For some, this pre-existing awareness of the features of the national policy discourse meant that it could be used to demonstrate their LA's compliance:

When the grant came out in a new language...it was great for us cos we were already doing this stuff anyway and so were local groups, what we had to do was learn the new language and how we fitted in with it. (Senior Manager, Regional, National Stakeholders)

Implicit within this statement is, once more, the notion that there was already a commitment to these 'new' ways of working, with the fundamental difference being the language surrounding it. The ability to deploy the new discourse for purposes such as governance, funding and commissioning was, to some degree, reliant upon this commitment being in place.

### *Disconnection with emerging discourses*

Whilst many respondents outlined positive perceptions of the interlinked principles associated with SSWBA, numerous participants expressed greater concern around how enacting the preventative agenda in the context of scarce resources may ultimately play out. Within this, cost-saving and budgetary efficiencies were commonly referenced:

One of the areas that I picked up from colleagues...is an anxiety around, so if we tried to move towards more of an early intervention, prevention agenda, some anxiety that colleagues have around what does that mean for resources?. (Senior Manager, HB, Locality 3)

We're operating within a legislative framework that drives us back to do things the way we've always done it whereas the Act supported a new way of doing stuff. (Senior Manager, LA, Locality 4)

Some people will just say oh well you're just cutting services, they don't say to us you're cutting services because of the Social Services and Well-being Act, you're cutting services because you haven't got any money. (Operational Manager, LA, Locality 1)

These examples highlight that, whilst supporting new ways of working, professionals were concerned that the conceptual overlaps between them may result in diminished resources. As the final participant above suggests, the reasoning behind whether a service has been cut due to preventative working or a lack of money is difficult to discern. This sentiment was echoed by several participants in outlining the reasons for adopting a preventative agenda:

I mean we have to work on a preventative agenda because of the financial position, as you know [LA] is the poor relation when it comes to funding for local government services. (Senior Manager, HB, Locality 3)

We built this team of early intervention with children to go and work with families instead of waiting for people to come to our door...but whether it was because of the Act or whether it was because of the financial situation we found ourselves in I would say it was the latter. (Senior Manager, LA, Locality 1)

However, despite these realisations that the preventative and financial agendas were closely enmeshed, most participants maintained that the overarching values-based principles of the SSWBA were positive. In this sense, it was possible to see participants regard the perceived mutuality between prevention and savings in expenditure as problematic, unavoidable and potentially an outcome of prevention at the same time. This was attributable to a range of factors, some of which relate to the market discourse within social care:

I don't think we'll ever get away from the numbers. The numbers have got to be there somehow or other. (Senior Manager, LA, Locality 4)

The problem is you see is that within social care particularly what's developed over the last 20 years is quite a strong business mind and there's also the need to save a lot of money. (Operational Manager, Regional, Locality 3)

For others, this duality of response appeared to be triggered by ongoing concerns around financial austerity measures outside of Welsh Government control:

Local authorities have had to make about 40% cuts in Wales...So I suppose the Act would have been far easier to have been implemented 10 years previously. (Operational Manager, LA, Locality 2)

It's difficult because I think the austerity has meant that we're constantly driving for really significant savings. (Operational Manager, LA, Locality 4)

It would have been interesting to know if the Act had been introduced in a different funding regime...I think unfortunately the Act because it was implemented when it was it then leads to part of the cut back agenda. (Senior Manager, Regional, National Stakeholders)

Noticeable in these and numerous other examples from the data is the notion that the SSWBA, with its emphasis on core values underpinning contemporary social care, was a positive piece of legislation for individuals and communities. However, the timing and nature of its publication amidst ongoing financial austerity, reduced budgets and saving drives led some to take steps contradictory to the SSWBA's spirit:

So scared that we were of the financial precipice that us and the Council were facing that we...adopted a kind of straightforward rationing of resources type of approach in a variety of ways that then conflict with the Act...And then at times would have used the Act to justify a rationing approach as opposed to do the right thing. (S03, Senior Manager, LA, Locality 4)

As this example shows, financial pressures operating alongside the preventative agenda associated with the SSWBA leave potential for costs to be saved through a 'rationing approach' in conflict with many of its other major principles. When faced with these issues, many participants highlighted that something would need to give within their core service provision, in tension with 'the right thing' to do.

## Discussion

The findings outlined above evidence the extent to which the values-based principles commonly associated with prevention, such as well-being, co-production, choice, control and independence, are inseparable from another key concern for Welsh LAs; that of financial sustainability and managing service demand. This is despite the devolved Welsh administration's view of prevention stemming from a different ideological perspective to that of the wider UK government (Taylor-Collins and Downe, 2022).

The discursive representations of prevention in Welsh ADSSRs and CPs highlight its centrality in this fusion of principles, following Kenny's ideas of 'fused discourses'. Where prevention was explicitly mentioned, it was commonly entwined in issues of financing, doing the 'right thing' and the social values embedded in recent legislation. It is important to acknowledge that financial concerns are inherent welfare state considerations. That said, the findings also demonstrate that when combined in the manner outlined in the LA reports and plans, the responses to these fused discourses from senior and operational managers have potential to prioritise one aspect over the other, sometimes in contradictory ways. In

the context of broader UK financial austerity measures occurring at the same time as the SSWBA, it appeared that some respondents felt inherently obliged to give higher priority to budgetary concerns than the other embedded principles.

It is worthwhile reflecting on [Fairclough's \(2003\)](#) notion of discourses as 'imaginaries' whereby the potential new worlds can be visualised and 'tied into projects to change the world in particular directions' (p. 124). Our analysis has necessarily contemplated issues of power relations, alongside social, political and economic contexts. Applying this perspective on the analysed document sets, the competing discourses operating around the principles of prevention, and the potential for obfuscation, become more explicit. Both the local CPs and ADSSRs emanate from national legislation seeking to change how services are provided, with this often framed in terms of both financial sustainability and better service provision simultaneously. Consequently, the renewed emphasis on values-based prevention, incorporating dimensions of independence, voice, well-being and co-production, needs also to be considered in contexts of targeted reductions in demand and restricted local budgets. Moreover, the neo-liberal market ideas and practices in social welfare, which have been dominant for many years, are still present. When seen through this lens, in spite of attempts in the Welsh context to situate the legislation in a discourse of social value and user benefits, at an operational level LAs are constrained by structural relations of power outside of their control. In practical terms, then, the discourse of the Welsh legislation is at a tension with the realities of funding allocations and historically shaped cultures and practices.

In the specific realm of community development, [Kenny \(2002\)](#) identified similar discursive tensions at work. Outlining emergent and potentially contradictory discourses in this context, such as social entrepreneurship, Kenny noted concerns from community development practitioners that the admittedly problematic functioning of the welfare state was being replaced by a market-based framework:

Given the stinging critiques of the welfare state, one would expect community development practitioners to celebrate its erosion. . . However, the response has been quite circumspect, partly due to the analysis of what is seen to be replacing it, namely the market framework. (2002, p. 290)

Naturally, the conflicts and tensions between budgetary restrictions and targeted levels of service provision are embedded into the contemporary landscape of social care, as they have historically been. Yet the novelty of the recent legislation is in its reframing of this discourse as complementary as opposed to conflicting, underlining some of [Gough's \(2015\)](#) core concerns on how preventative social care and support manifest primarily as a means to reduce financial pressures.



Kenny's (2002) typology of responses to these fused discourses encompasses four distinct categories: (i) those 'embracing the new discourses'; (ii) those 'invoking' them for strategic reasons; (iii) those perceiving of the fused discourses as 'Trojan horses' and (iv) those adopting a 'proceed with caution' approach (pp. 296–7). However, whilst our findings demonstrated instances of all four response types within the data, the categories were difficult to disentangle from one another. For instance, those expressing alignment with the new legislation, incorporated those both 'embracing' and 'invoking' them. Likewise, for those expressing some level of disconnect with the national policy discourse, Kenny's final two categories were shown to operate alongside one another, often in the same interview. Several participants expressed concerns over how the preventative agenda may influence real-world activities, whilst simultaneously acknowledging that there were few other options for LAs to pursue. To understand this more clearly, it is worthwhile first identifying some of the limitations in applying Kenny's typology in this manner and, relatedly, the study overall.

Whilst every effort was made to ensure consistency in the publication dates of the analysed document sets, the COVID-19 pandemic meant that some documents were unavailable at the time of analysis. Where this was so, the most recent version of the relevant document was analysed in place, with this ranging from 2018/19 to 2020/21, some years after the legislation was published. Nevertheless, the impact of the pandemic on LA resources, on top of recent austerity measures, may have been more evident were all reports available for that period; a point also true for the qualitative interviews. Certainly, recent evidence in Wales points towards future sustainability issues in the post-pandemic financial climate (Audit Wales, 2021).

Additionally, as the data reported here stemmed from two distinct, but related, pieces of work evaluating the implementation of the SSWBA in Wales, the qualitative interviews did not take prevention as their central focus. This potentially contributed to some of the overlaps identified in the responses of professionals. That said, interview schedules naturally incorporated questions around the topics of prevention, financing and many other core concerns and principles of the SSWBA, enabling further data analysis and synthesis (Llewellyn *et al.*, 2021).

Though Kenny's (2002) framework may not align precisely to the data, we argue there are multiple underlying explanations for this. One is Kenny's focus on the market-based rationale fusing specifically with the realm of community development. There, the history of this fusion was arguably less pronounced than in LAs, particularly in 2002 at the time of her writing. Relatedly, the fact that nearly twenty years have passed may mean that the fusion of discourses and principles noted at that time could have become more generally embedded over the intervening period. Many respondents demonstrated a critical pragmatism on such

matters, implying that these conflicts, whilst cause for frustration, were an aspect of their day-to-day role (Forester, 2013). Using Gramsci's notion of hegemonic, there is a cultural consent in play.

In summary, the tensions in how prevention is implemented in institutional contexts where neo-liberal values and practices are deeply engrained, where budgets are tight and under pressure is an unavoidable part of the health and social care sector. The recent turmoil in the financial markets driven by UK government interventions suggests that this issue will become urgently more pressing, with the Welsh Local Government Association predicting 'inflationary pressures, energy costs and impact on borrowing... creating a significant hole in this year's budgets and worse to come next year' (Welsh Local Government Association, 2022). Integrated thinking between financial imperatives and new preventative ways of working is undoubtedly a prerequisite to welfare provision. That said, we argue that by too closely conflating these issues there is the risk that the identified benefits of prevention may be imaginatively constrained and, therefore, never actualised. As Gough (2015) outlined, the implementation of preventative services, though offering potential reduction and delays in service demands and costs, also requires fundamental investment and focus on rethinking social reform and change.

Taking this into account, previous research has outlined the need for a rethinking of the social care prevention narrative to imbue it with greater complexity than can be afforded through the conflation of potentially contradictory strains of thought (Verity *et al.*, 2022). Further efforts in this regard should consider the need to more imaginatively unpack how prevention in social care can and should function were it free from the constraints of decreased budgets and drives for cost-saving. By doing so, there is scope for greater understanding of how the twin worlds of preventative working and financial savings can fruitfully align with one another beyond overly simplistic ideas of pure mutual benefit.

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## Supplementary material

Supplementary material is available at *British Journal of Social Work Journal* online.

## Conflicts of interest

All authors have no conflicts of interest to declare.

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