

Reflections on a Decade of Practice Reviews and the role of the Principal Social Worker (2015-2025)

West Midlands ADASS

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Foreword

I feel very privileged to write the forward to this paper. Mark Godfrey is an exemplary social worker and social work leader, and his work with our sector over the years has resulted in significant improvements in practice and professional leadership in adult social care. This paper is a timely reflection and an important contribution to the continued development of adult social care practice. It captures not only the evolution of the Principal Social Worker role over the past decade, but also the power of collective, peer-led improvement to strengthen leadership and practice, influence policy, and deliver better outcomes for people across a whole region.

The West Midlands ADASS Practice Review Programme stands out as a significant and sustained example of sector-led improvement in action. Over ten years, it has created the space for local authorities to reflect honestly on practice, learn from one another, and build a culture rooted in openness, professional curiosity and continuous improvement. That is no small achievement. In a system often shaped by pressure, scrutiny and competing demands, the ability to create trusted environments for learning is essential.

What is particularly compelling in this paper is the clear connection it makes between strong practice leadership, the quality of social work practice and the experiences and outcomes of people who access care and support. The Principal Social Worker role was introduced to provide professional leadership, champion good social work, and ensure that the voice of practice and people we serve, is heard at the highest levels. This report demonstrates the value of that role beyond doubt.

Lyn Romeo, CBE, Chief Social Worker for Adults (2013-2024)

***Professional leadership in
adult social care matters***

This paper demonstrates the impact of the Principal Social Worker role and peer-led improvement in strengthening practice and driving cultural change across the West Midlands, offering a model for future national improvement.

Introduction

I have worked in social care for over 40 years, across two local authorities in the West Midlands. My career has been shaped less by careful planning and more by taking opportunities as they have arisen.

I come from a working-class background where a strong work ethic, was valued more than formal education. I left school at 16 with two English O levels and began a clerical role in a car factory, whilst also attending day release and night school. I never had a clear plan, but reflecting upon my life there were five pivotal moments that defined my career:

The first came during my 6 years working in the car factory, where I met a woman living with multiple sclerosis. Through her, I began volunteering, fundraising, driving and later providing personal care in a care home. These experiences inspired me to consider a career in social work, even though my understanding of the role was still developing at the time.

The second came when I applied for the Certificate of Qualification in Social Work (CQSW) course. I initially applied for the probation option, but was unsuccessful in securing a place through my university choices. However, Plymouth Polytechnic offered me an interview and subsequently a place on the social work course. This marked a significant turning point for me.

The third was my final social work placement in Chelmsley Wood, Solihull which led to a temporary post. I went on to work for Solihull MBC for 13 years, nine of those as an Approved Social Worker. It was also where I met my wife, and we were together for 39 happy years.

The fourth came after the disappointment of being unsuccessful for a Community Mental Health Team Manager post in Coventry in 1997. I was subsequently offered the role when the successful candidate declined. Alongside my professional development, I completed an MA in Applied Social Studies by Research in my late 30s and achieved the Advanced Award in Social Work in 2000.

The fifth and final pivotal moment was my time in Coventry, where I remain grateful to the Directors who had confidence in me over 18 years, enabling me to hold a number of management and senior leadership posts. My last role for Coventry was as Deputy Director for Adults' and Children's Services, prior to taking early retirement in 2015.

I never anticipated working in social care for over four decades. Reflecting on my experiences, I recognise how unplanned opportunities, combined with the confidence others placed in me, shaped by career and demonstrates that different routes and progression in the profession are possible.

I have remained a registered Social Worker throughout my career, and my work has always focused on promoting social work practice and influencing or creating policy in whatever role I have held. For me, supporting people to have "gloriously ordinary lives" is at the heart of adult social care, with strategy, finance and data serving as supportive functions.

For the past 10 years I have been privileged to work for West Midlands ADASS, supporting the development of Principal Social Workers, contributing to the regional network and establishing and leading the Practice Review Programme. This has brought me full circle and it feels like a fitting end to my career.

This paper will reaffirm the importance of the Principal Social Worker role, and the value of peer-led improvement in adult social care practice. It is not just a retrospective reflection, but documents that collaborative improvement in adult social care across all 14 local authorities in the West Midlands, has had a significant impact on the development of practice and delivered better outcomes for people. In my view it should be a component of every region's improvement programme, and a way forward for England post this first cycle of Care Quality Commission inspections.

The paper will:

- Discuss the evolution of the role of the Principal Social Worker over the past decade
- Identify the themes and recommendations that have emerged from the WM ADASS Practice Review Programme over three phases (2015–2018, 2019–2021 and 2022–2025)
- Demonstrate through evidence sustained practice improvement and a cultural shift across the region
- Consider how the approach can evolve, aligning with the themes for improvement coming from the latest phase of Practice Reviews and Care Quality Commission inspections, sustaining a focus on the continual learning and development of adult social care practice

The introduction of the Principal Social Worker role

The role of the Principal Social Worker emerged in response to concerns about social work practice and high-profile child deaths, particularly the Baby Peter Connelly case. Eileen Munro's review of Child Protection in 2011 suggested that there should be a Principal Social Worker in every local authority to champion good practice; provide professional leadership, and act as a bridge between frontline practitioners and senior management, and this was supported by the Department for Education.

In Coventry I became Deputy Director in August 2013, 17 months after the death of Daniel Pelka, and was responsible for both adults and children's services at the time of the 'inadequate' judgement by Ofsted, and experienced the impact that this had on children and families, partner agencies, the local authority and the whole city.

The same logic that Eileen Munro suggested for children's services was supported by Lyn Romeo the Chief Social Worker for Adults, and by 2013 it was recommended that Principal Social Workers be appointed for both children's and adults' services.

The Care Act 2014 specifically mentions the importance of professional leadership in adult social care and Principal Social Workers in adults became pivotal in the implementation of the reforms.

Whilst still an Assistant Director for adults' services, I was 'appointed' to the role of Principal Social Worker for adults in Coventry, and was asked by Lyn Romeo, Chief Social Worker to become the first chair of the National Adults Principal Social Workers Network in 2013, something I did until July 2015.

Principal Social Workers were not recruited in all local authorities across England initially, and those that were lacked confidence, had little influence in their local authority and links with their director were often limited. There was a general lack of clarity about the role and Principal Social Workers were appointed by local authorities at very different levels e.g., some were Assistant Directors, Service Managers, Team Managers, Assistant Team Managers etc. Most were also responsible for operationally managing other service areas in addition to the Principal Social Worker role, whereas in children's services it was a stand-alone role. There were a few dedicated Principal Social Worker posts established in adults' services, something I subsequently recruited to in Coventry.

I worked closely with Lyn Romeo, and the College of Social Work, to develop the national network and also to emphasise the importance of the role of the Principal Social Worker. In May 2015 Lyn and I co-wrote a letter to all Directors of Adult Social Services in England urging them to:

- Appoint a Principal Social Worker (if they had not already done so)
- Examine their current arrangements for the Principal Social Worker role and that it worked positively for them
- Review with their Principal Social Worker that they are in close contact with frontline practice
- Enable their Principal Social Worker to develop the role locally, regionally and nationally

Together with Lyn and Marion Russell, Chair of the National Children's Principal Social Workers Network, I co-led and contributed to the National Principal Social Workers conference.

All of this work began to lay the foundations for Principal Social Workers, and for what is today an influential and thriving national Adults Principal Social Workers Network, that is currently co-chaired by Seanna Lassetter, Principal Social Worker in Walsall.

The role of the Principal Social Worker was consolidated in the updated statutory guidance in March 2016, building upon the work Lyn Romeo and I had done.

The National Principal Social Workers Network continues to provide vital support, ongoing professional development, and leadership development for Principal Social Workers. Beyond strengthening practice and professional leadership, the role of the Principal Social Worker has also created a strong pipeline into senior leadership positions across local authorities and NHS Mental Health Trusts nationwide.

Principal Social Workers have been crucial for adult social care practice in the West Midlands, directly influencing and leading change in local authorities, and having a key role in peer-led challenge and practice improvement across the region.

Principal Social Workers and the development of a regional network

The regional network was established in 2015, at an early stage in the development of the Principal Social Worker role. There were no role models to draw upon and generally they were left to their own devices. The network offered the opportunity to start to work out the role, share ideas and collaborate to put in place processes and procedures. The network acted as a real support mechanism for Principal Social Workers and ensured that everyone had a shared understanding of their role and a vision for the future. In those early days Principal Social Workers were not recognised as practice leaders, and that was generally considered to be the Assistant Director.

Over the past decade there have been 61 Principal Social Workers in post across the 14 local authorities in the region, and some authorities have had several individuals in the role over that period. The regional network has developed, and now Principal Social Workers are confident practice leaders in their own authority, and have a sphere of influence both regionally and nationally. While I did not collect any formal demographic data, based on observation over 10 years, the group appeared to be predominantly female, with approximately 77% of Principal Social Workers presenting as women and 23% as men, although this may not reflect individuals' self-identified gender. This distribution is consistent with wider national trends and the latest available data on Social Workers and Social Care Practitioners.

The regional Principal Social Workers Network has delivered four large-scale conferences, both in person and virtually. These were developed in collaboration with other West Midlands ADASS/ADCS Networks and included national contributions, such as from the Chief Social Worker. The conferences covered:

- Strengths-based practice in achieving better lives in the West Midlands (2018)
- Strengths-based safeguarding in achieving better lives in the West Midlands – jointly delivered with the WM ADASS Safeguarding Leads Network (2019)
- Taking a strengths-based approach in achieving better lives in the West Midlands – jointly delivered with the WM ADASS Occupational Therapy Leads Network (planned for 2020, delivered virtually in 2021)
- Implementing the Liberty Protection Safeguards in the West Midlands – jointly delivered in partnership with WM ADCS Children's Principal Social Workers Network, WM ADASS Principal Occupational Therapists Network and the WM ADASS Liberty Protection Safeguards Leads Network (virtual conference 2021).

Principal Social Workers maintain regular contact with their counterparts in Children's Services. Many meet monthly to collaborate on crossing cutting issues and action plans. They also co-host conferences, commission joint training sessions, provide contrasting learning experiences for social work students, apprentices and other learners.

One Principal Social Worker commented “there are lots of opportunities to work collaboratively as one profession improving practice”. Another highlighted the value of peer support stating that their colleague in Children’s Services “has been a great and much appreciated source of support for me.”

Regional sector-led improvement

I remember the time when the Commission for Social Care Inspection carried out inspections of adult social care services in England. I was a Fieldwork Manager for Mental Health in Coventry, and following my meeting with an inspector, I worried about what I had said and how it might be interpreted.

As well as inspections focusing on key areas for examination, they also create an atmosphere of unease, and can promote a tendency to demonstrate the best practice, and not necessarily what areas need to be improved for fear of a ‘requires improvement’ or ‘inadequate’ inspection judgement.

The Commission for Social Care Inspection was abolished in 2009, with its functions taken over by the newly formed Care Quality Commission. However, their role until recently focused on the inspection of individual regulated services (e.g. Care Homes, Domiciliary Care Providers), whether or not they were directly provided by the local authority, and not local authority adult social care as a whole. This limited role was a policy choice made by the government in 2010. Part of austerity was scaling back external regulation, leading to some significant development in peer reviewing.

In 2008, the void was filled in the West Midlands with an improvement team and an improvement programme, initially through the establishment of Improvement and Efficiency West Midlands and then through WM ADASS. Early WM ADASS Peer Reviews took place from 2010 to 2015, mirroring the national Local Government Association’s format, until a Peer Challenge Programme for the region was introduced in 2015.

Practice Review Programme 2015 to 2025

As Principal Social Workers were growing in confidence and beginning to have more influence with Directors, it was opportune to engage in regional improvement work. The WM ADASS Peer Challenge programme did not include any examination of adult social care practice, and at a regional conference in 2015 Principal Social Workers recommended the idea of them examining practice across the region. Peter Hay, CBE, the Chair of WM ADASS at that time, supported the introduction of a regional programme.

It was hoped that this would provide valuable insight for local authorities to reflect upon frontline adult social care practice, promote shared learning, and drive improvement through a culture of openness to improve and to be critically curious. It was also a vehicle for the development of Principal Social Workers to become practice leaders and champion practice improvement across the region.

There have been 46 Practice Reviews completed in a ten-year period with 41 Principal Social Workers involved in this work. Across the Practice Reviews undertaken patterns have emerged that speak to the evolving nature of adult social care practice in the West Midlands.

Phase One – 2015–2018: Examining implementation of the Care Act 2014

The first phase began in October 2015, after the introduction of the Care Act 2014, and initially the Principal Social Workers Network developed a process for what were called ‘case file audits’, focusing primarily on examining documented practice, with two Principal Social Workers from other local authorities undertaking the work, and examining 10 case records each. However, even at that time there were other elements to the process. Meetings were held with the Director and Senior Managers, and separately with the host Principal Social Worker, to understand the context of the local authority and their approach to practice and practice improvement. In addition, there was also a focus group held with between 6 and 8 practitioners, using a set of prompts developed by the Principal Social Workers Network to support the identification of key themes. Even at that early stage ‘case file audits’ were much more than the title suggested.

Between October 2015 and January 2018, case file audits were undertaken in 12 of the 14 local authorities across the West Midlands. There were 13 case file audits completed in total, as one Director requested an additional audit in 2015 to examine a specific area in their authority. The 12 audits focused on examining the implementation of the Care Act 2014 and how practice was changing. Two local authorities opted not to participate, having recently completed reviews with the Local Government Association.

Each of the 12 audits resulted in a report highlighting key areas for improvement. While tailored specifically to the local authority, interconnected and recurring themes emerged, reflecting both strategic and operational challenges common across the region.

A key recommendation across many reports was the appointment, or better utilisation of the Principal Social Worker post. In 3 local authorities the role did not exist; in others, it had only just been recruited to, and lacked visibility and impact. Where it was in place, its strategic potential to lead culture change and embed strengths-based practice was underdeveloped, with much more emphasis needed on the leadership function of the role.

The Care Act 2014 had promoted a shift from deficit focused service-led models (Assessment and Case Management), which were central to the NHS and Community Care Act 1990, towards strengths-based and more person-centred approaches. Across the case file audits it was evident that there were systemic barriers to practice change which hampered this transition.

Assessments were often overly bureaucratic or mechanistic, and the use of a self-assessment process was at best inconsistent. Evidence of genuine co-production was very limited, while community assets and people’s support networks were underutilised. In addition, care and support planning was not consistently outcome-focused, which

meant that opportunities to place the person at the centre of adult social care practice were often missed.

Case file audits found variable levels of legal literacy, particularly in applying statutory duties consistently, and there was a need for greater clarity and practitioner confidence in the application of legal frameworks. For example, the Mental Capacity Act was not always applied in a way that reflected its decision-specific requirements, and the application of Deprivation of Liberty Safeguards needed to be improved. Advocacy processes required strengthening, especially in ensuring an appropriate assessment for people who were deafblind.

There was widespread concern about workforce stability, development opportunities and clarity of roles. Reports identified the importance of workforce strategies and the availability of professional development for all practitioners and managers. It was also considered that stronger support was needed for newly qualified social workers, including protected caseloads and regular supervision. The establishment of peer learning networks and supervision forums were recommended to encourage shared learning. Also important was the need to promote professional curiosity, reflective practice, and a learning culture that would strengthen both confidence and consistency of practitioners and practice across the workforce.

Many case file audits highlighted a lack of coherent quality assurance mechanisms. Case records were generally not routinely or consistently audited, and feedback to practitioners was under developed. My own view was that the absence of an inspection regime appeared to have negated the need for case file auditing, whereas in Children's Services with Ofsted inspections, a strong programme of auditing case records was in place.

Supervision frequently focused on case management, rather than reflective practice, management oversight, risk enablement and decision-making. Recommendations emphasised the importance of clear expectations for case recording, along with well-documented rationales for decisions to ensure accountability and consistency.

Administrative processes and IT systems were often identified as barriers to good practice. There was duplication of forms which was seen as cumbersome, highlighting the need for streamlining. Systems also needed to be made fully compliant with the Care Act 2014, while improvements were required in the collation and coherence of information on case records. The documentation of risk, safeguarding concerns, and carer involvement was occasionally unclear, reducing the ability to provide a full picture of people's circumstances.

Whilst safeguarding practice was generally observed as good, further improvements were recommended in embedding 'Making Safeguarding Personal' and documentation and audit trails needed to be strengthened. It was also identified that development of more internal expertise, particularly among Best Interest Assessors would be beneficial. Sometimes feedback loops were absent when other agencies led safeguarding enquiries, limiting accountability and opportunities for learning.

The access routes into adult social care services were often inconsistent and there needed to be greater clarity about the adult social care pathway. Roles and triage processes at the point of first contact were not always well defined, and reports stressed the importance of ensuring that information and advice was routinely offered before a Care Act assessment began. There was also a need to review how eligibility decisions were made and overseen at the front door, ensuring both fairness and compliance with statutory duties.

The need for more effective joint working with health partners featured in several reports, and formalising shared governance arrangements and agreements, particularly within mental health services was highlighted. Jointly developed pathways and protocols for case recording were recommended to reduce duplication and confusion, while greater clarity around roles and responsibilities in integrated teams was required to support better working together.

Several reports recommended that local authorities clarified their overall vision for adult social care, with robust team structures, clear accountability lines and performance frameworks focusing on outcomes and impact rather than process. Reducing reliance on traditional models of service delivery and developing more community options was also seen as essential in ensuring both financial sustainability and a responsiveness to local needs.

In summary, the first phase of the Practice Review Programme, provided a powerful snapshot of early Care Act 2014 implementation in the region. While many areas of strength were identified, the reviews highlighted the need for strong practice leadership, effective systems, and a sustained commitment to strengths-based, person-centred working. A recurring message was that sustained improvement would require attention to workforce wellbeing, quality assurance mechanisms, and the creation of a culture that valued learning, reflection and professional curiosity.

Phase two: 2018 - 2021 – Implementation of Strengths-Based Practice

At the end of phase one, the Principal Social Worker network reviewed the case file audit process, and considered that further enquiry was needed to triangulate what was being found from examining case records and speaking to senior managers and practitioners. Therefore, for phase two focus groups with practitioners and frontline managers were held separately, as well as a meeting with senior managers. It was decided that the host Principal Social Worker should be part of the Practice Review Team and participate in examining case records, but not in the meetings with practitioners and managers. In response to Directors requesting the inclusion of some quantitative data, ratings were introduced for the audit questions in examining case records, and graphs produced.

The second phase started in October 2018 and 9 case file audits were completed up until March 2020 (the outbreak of the pandemic) and one in October 2021, making 10 in total across 8 local authorities (two local authorities had two reviews during this period, a main one and an update). They continued to be called case file audits until December 2019, when the Principal Social Workers network decided to ‘rebrand’ them as Practice Reviews, which better represented the work being undertaken. It was decided that the

focus for the second phase should be on the implementation of strengths-based practice and how it was being embedded across the region. The 10 reports were analysed and a number of interconnecting themes for improvement emerged.

A recurring theme was the need to establish a clear and consistent practice framework model for strengths-based practice. It was recognised that early foundations had been put in place, but that a deeper cultural shift was required. This shift involved continuing to move away from deficit-based and risk-averse approaches towards promoting professional autonomy, positive risk enablement and a focus on people's aspirations. This also included an emphasis on organisational alignment for a shared vision and principles for strengths-based practice across the whole local authority, that staff, managers and leaders understood and applied consistently.

Embedding strengths-based practice was seen as being aligned to the development and support of the workforce. Reports stressed the importance of learning and development opportunities, with repeated recommendations for refreshed and consistent training that drew upon external expertise, with the involvement of people with lived experience. Leadership roles, particularly that of the Principal Social Worker and also frontline managers were seen as central in maintaining a strong professional voice, influencing senior management and supporting practitioners. Opportunities for career progression and celebrating positive practice were seen as important for staff retention and to build confidence and sustain morale.

Supervision and reflective practice were identified as critical to embedding strengths-based practice, with an emphasis on regularity, quality, and consistency, and which included agency staff and Occupational Therapists and the use of post-qualifying standards for supervisors. Peer supervision was also an important protective factor for staff resilience and maintaining practice quality. Several reports highlighted concerns about workloads, particularly for newly qualified social workers, and the importance of supporting staff wellbeing, addressing demand pressures, and ensuring consistency in agile working arrangements.

Documentation and recording systems continued to be repeatedly identified as barriers to embedding strength-based practice. In many cases, local authorities' systems were considered too process driven, repetitive, or risk-focused and limited the visibility of strengths-based work. Recommendations centred on simplifying documentation and again reducing duplication, so that it supported strengths-based conversations and captured outcomes and people's aspirations. The language and tone of recording was recognised as needing to change to reinforce cultural change, and guidance was required to ensure that written records reflected a strengths-based/person-centred approach. Improvements were also recommended to ensure consistent evidence of management oversight, professional judgements and consideration of the use of advocacy.

The reports continued to recommend more systematic approaches to quality assurance, particularly in developing robust case file auditing and quality assurance frameworks. Regular feedback to practitioners and observation of their practice were seen as ways to improve quality and consistency. Recommendations also encouraged the development

of performance frameworks to measure the real impact of strengths-based practice, and an opportunity to drive reflective learning and continuous improvement.

Carers were consistently recognised as central to effective adult social care practice, and local authorities were urged to ensure that carers' assessments were undertaken, recorded, and translated into meaningful outcomes. Some reports raised issues about the risk of over-reliance on family networks and stressed the need for contingency planning to avoid a breakdown in support.

Effective collaborative working was identified as essential, and there was a need for improved communication with health partners, particularly regarding Continuing Healthcare funding and contributions. Breaking down silos and strengthening links between commissioning and frontline practice, and embracing a strengths-based approach was also highlighted as a priority. Community engagement was a recurring theme, with an emphasis on identifying and better utilising community assets to prevent and/or delay the need for commissioned care and support. Innovation was emerging as a way of supporting and embedding change, with initiatives such as customer feedback apps, evidence banks, and practitioner forums to capture people's experiences, demonstrate the impact of strengths-based approaches and celebrate success. Developing mechanisms for co-production for people who accessed care and support and their carers, through engagement with boards and structured feedback was encouraged to support a meaningful voice in shaping future practice.

The 10 reports highlighted the local authorities' commitment to embedding strengths-based practice as a transformational shift in how support was assessed and provided. They stressed that progress while significant, depended upon sustained cultural change, consistent strategic leadership, and robust systems and quality assurance that supported practice. Workforce development, supervision, and retention strategies emerged as enablers, alongside practice frameworks, redesigned documentation and performance systems to evidence the impact of strengths-based practice.

Strengths-Based Practice during the Covid-19 Pandemic

During phase two of the Practice Review Programme the Covid-19 pandemic struck, and for everyone the world changed overnight. On 23 March 2020 adult social care practitioners all moved out of their offices and mostly began working from home.

Under the Coronavirus Act 2020, with guidance for local authorities updated on 1 April 2020, Care Act Easements were introduced to help manage the unprecedented pressures on adult social care during the pandemic. It was expected that demand for social care would increase as carers became unwell, alongside reduced workforce capacity caused by illness or self-isolation. The easements were designed as a temporary measure to support local authorities in maintaining essential care and support during extreme disruption.

The easements allowed local authorities greater flexibility:

- authorities were no longer required to complete full Care Act assessments, financial assessments, or detailed care and support plans, although they had to respond promptly, assess needs proportionately, and take a person-centred approach.
- charging could be applied retrospectively, and councils were able to prioritise the most urgent needs, temporarily delaying or reducing less critical care provision where necessary.
- these changes were intended to ensure that available resources were focused on people at greatest risk.

Principal Social Workers played a key role in decisions about enacting easements. Their practice leadership role was put to the test, and those in our region rose to the challenge working closely with Directors to ensure that vital adult social care services were delivered as effectively as possible during the pandemic.

The pandemic significantly changed the way practitioners could undertake their work, and strengths-based practice was particularly challenging during this time. There were many stories from practitioners finding different and imaginative ways to have contact with people through windows, meeting them in parks and gardens, and the use of telephones and digital devices increased.

There were 9 Practice Reviews that took place between October 2020 and September 2021, with these reviews focusing on how strengths-based practice was being undertaken during the pandemic. The recommendations from these reports provided an insight into both the challenges experienced in working during this period, and the opportunities that arose to embed new ways of working.

The impact of the pandemic on working arrangements placed workforce support at the forefront of recommendations. Sustainable models of hybrid working were required, with adequate resources, infrastructure and support to enable practitioners to work effectively from both home and office environments. The reports also underlined the importance of structured induction, support for students, ongoing professional development and reflective supervision. Attention to staff wellbeing, workload management, retention and the promotion of diversity in leadership roles was also considered crucial to maintaining a resilient and motivated workforce.

A strong and repeated theme was the importance of embedding strengths-based approaches across all practice areas. The development of clear practice frameworks and models were still required, that staff were able to understand and use confidently and consistently in assessments, safeguarding, and approaches to risk. It was considered that strengths-based practice should also be reflected in commissioning decisions and in the design of community offers to achieve system-wide change.

Several reports highlighted the need for strong leadership and a clear strategic vision and direction for adult social care. A long-term plan for the future of day opportunities heightened as a result of the pandemic. The role of the Principal Social Worker in leading practice and being empowered to lead change, alongside frontline managers, was considered pivotal at this time.

A strong theme coming from the reports during this period related to the role of communities and partnerships. The pandemic demonstrated the resilience and innovation of local communities, and that there was an opportunity to build on this through volunteer networks, community assets and a greater use of co-production to ensure people's voices shaped services. The pandemic also demonstrated a willingness from local authorities and health partners to work more collaboratively out of necessity, and without the protectionism over individual organisational budgets, and there was a real opportunity to develop this further post pandemic. Closer collaborative working was also essential in developing integrated, strengths-based and asset-based approaches across organisational boundaries.

During the pandemic, two of the Practice Reviews focused on adult social care in Mental Health, and recommendations included the need for a clear vision and role for mental health social work, including resourcing and Approved Mental Health Professional (AMHP) provision. Stronger engagement between local authorities and NHS Trusts was also required to create integrated commissioning strategies and support community mental health transformation. In addition, transition pathways, particularly in relation to preparation for adulthood, were identified as needing a renewed focus to ensure that support was both consistent and aspirational.

The pandemic accelerated the use of digital platforms, which brought opportunities for innovation, but also revealed inequalities. Addressing digital exclusion was considered to be an urgent priority to ensure that older people, carers and care home residents were not disadvantaged. Expanding access to virtual platforms for assessments, planning and community participation was also recommended.

A research study was undertaken on strengths-based practice in adult social care during the Covid-19 Pandemic, by myself and Sharanya Mahesh from the University of Birmingham, which goes into greater detail. The report is available via this link. https://warwick.ac.uk/fac/sci/med/about/centres/arc-wm/research/social-care/report_on_sbp_and_covid_-19_-_final_version.pdf

The 9 reports completed during Covid-19 highlighted how the pandemic had both disrupted and reshaped practice. It accelerated innovation and underscored the value of community partnerships, digital solutions and strengths-based approaches as the foundations of a more integrated, community-focused model of care. These approaches should be embedded through clear strategic leadership and stronger collaboration and partnerships with communities and health services. The reports also stressed the importance of staff wellbeing and maintaining a capable and resilient workforce, a sustainable hybrid working to support and maintain a work/home life balance and staff resilience and tackling digital exclusion.

Together, all 19 reports completed during phase two provided a valuable overview of the opportunities, challenges, and key areas for development that continued to shape the region's journey. Collectively they pointed towards a vision for an adult social care system that was integrated with health and communities, digitally enabled, underpinned by empowered practitioners working creatively and collaboratively with people, carers and families, and firmly grounded with a consistent strengths-based practice framework.

Phase three: 2022 - 2025 – Preparation for CQC Assurance

There had been 31 Practice Reviews undertaken over 6 years, and the Practice Review Teams had spoken to over 700 practitioners and managers during that period. However, until 2022 people with lived experience had not participated, and there had been no conversations with people accessing care and support. Principal Social Workers and the WM ADASS Co-Production Advisory Group worked together to review and amend the process and documentation. Principal Social Workers began to have conversations with people who had accessed care and support from September 2022. People with lived experience became part of the Practice Review Team in May 2023 and began to have direct conversations with people whose case records had been examined.

A framework for 'safe and effective' practice was developed by Principal Social Workers for a practice self-assessment, with each local authority completing this prior to the review. Whilst previously the contributions from Directors and Senior Managers had been helpful, it was considered that the self-assessment would provide the Practice Review Team with the pertinent information about the local authority's view on practice and practice improvement. The self-assessment was also intended for on-going use and updating by Principal Social Workers, so that they had the story of adult social care practice in their local authority at their fingertips, and could use it in the Care Quality Commission's assurance process.

The third phase took place between September 2022 and July 2025 and Practice Reviews were undertaken in all 14 local authorities in the region. The focus was on preparation for Care Quality Commission assurance, and local authorities were asked to identify the theme that they considered would support them best in their preparation. Eight of the 14 local authorities requested that the focus be on how strengths-based practice was being embedded across different teams, with 4 focusing on practice regarding equality diversity and inclusion, inclusive practice and cultural competence. The 2 other local authorities requested the focus for their review be on preparing for adulthood and safeguarding respectively.

The 10 reviews focusing on strengths-based practice consistently highlighted the importance of embedding strengths-based approaches into everyday practice. While progress had been made, work was required to ensure that assessments and support plans reflected a person's story, their wishes and feelings, and the resources available to them within their family, community and networks. Documentation and processes were still often seen as needing to be simplified, including easy read versions, as they created barriers to the delivery of person-centred and outcome-focused practice. Developing and updating practice frameworks, guidance, and tools, and ensuring these were accessible and consistently applied, was also identified. Practice Frameworks have been key for

several local authorities in Care Quality Commission inspections. Embedding the recognition of informal networks (family, friends, carers, and community resources) as part of assessment and planning was also considered to need further work.

Many reports highlighted the importance of trusting practitioners to use their judgment, and a recurring theme was the balance between professional accountability and practitioner autonomy. Excessive bureaucracy, scrutiny and approval processes were seen as undermining practitioner confidence and creating delays, while greater trust and autonomy were found to improve timeliness and responsiveness. Strengthening access to reflective supervision emerged as an essential component of good practice, with consistent implementation of supervision policies across teams. It was considered that supervision should also address professional development and staff wellbeing to strengthen resilience and confidence. Reports emphasised the importance of embedding a culture of professional curiosity, where practitioners felt confident to explore identity, diversity, and equality, and to encourage proportionate risk taking and defensible decision making. It was also identified that local authorities needed to ensure that practice reflected diversity, equality, identity and individuality in every assessment and support plan.

The reports consistently emphasised that quality assurance mechanisms should support learning and drive improvement. It was recommended that a single Practice Quality Assurance Framework bringing together audits, lived experience feedback, and organisational learning would be helpful. While some strong auditing processes already existed; these were not always communicated effectively to practitioners or embedded into daily practice.

Clear leadership and communication were identified as essential enablers of practice improvement. It was considered that the role of the Principal Social Worker should remain firmly focused on practice leadership and supporting professional development across the workforce. At an organisational level, the need to strengthen and re-communicate vision, values, and practice frameworks was highlighted, alongside the provision of clear tools and resources for practitioners. Improved two-way communication between senior leaders and frontline practitioners was recommended to ensure that the voices of practitioners are heard first hand and that organisational priorities are effectively translated and embedded into practice. Consistent and accessible channels for guidance and policy were also identified as necessary to support clarity and consistency.

The embedding of strengths-based practice required effective collaboration and co-production at multiple levels. The reports recommended the development of outcome-focused commissioning strategies co-produced with people with lived experience and carers. Strengthening relationships between practitioners, commissioning teams, providers and brokerage services was also seen as essential to creating a joined-up and person-centred system. Capturing and sharing stories of positive practice and lived experience was highlighted as an effective way to demonstrate impact and drive cultural change. The reports also called for greater equity between different professional roles, particularly between occupational therapy and social work and recommended the appointment of a Principal Occupational Therapist.

Several reports recognised that practice improvements could only be achieved if the right conditions were in place. It was considered that monitoring caseloads and workloads, and taking action as required was important to ensure that staffing levels supported sustainable and safe practice. It was highlighted that supervision should provide not only professional oversight but also support practitioner wellbeing, and creating the space for reflective practice and continuous professional development was seen as essential if strengths-based practice were to be fully embedded.

Equality, Diversity and Inclusion

For the final 4 Practice Reviews, local authorities recognised that practice in respect of equality, diversity and inclusion had not been directly examined, and requested that this should be the focus for their reviews.

The findings consistently identified a need to enhance practitioners' confidence in having meaningful conversations with people about their social and personal identities. While there was evidence of strengths-based practice, it was considered that organisations needed to provide greater clarity about expectations and practical guidance and ensure the approaches were consistently embedded. Strengthening and developing cultural competence was identified as a priority, with practitioners requiring stronger skills to recognise and challenge oppression and discrimination within assessment and support planning.

The organisational environment in which practitioners practice had a significant impact on how effectively equality, diversity and inclusion was addressed in practice. The reviews emphasised the importance of fostering conditions that encouraged professional curiosity, particularly in relation to exploring issues of identity. It was considered that supervision policies should balance managerial oversight with reflective discussion opportunities, with equality, diversity and inclusion embedded as a standing agenda item. Peer group supervision models were identified as a valuable way of strengthening reflection, consistency, and peer learning across teams.

All 4 reviews placed strong emphasis on the need for comprehensive training to embed equality, diversity and inclusion principles across the workforce. Recommendations included mandatory e-learning for all staff, beginning with senior leaders, supported by in-depth, in-person training delivered by respected trainers and people with lived experience. It was felt that training should not only focus on the Equality Act but also extend to race, cultural competence, strengths-based practice, and recruitment and selection processes. Refresher courses for existing staff and robust induction training for new staff were considered essential. In addition, workforce skillsets needed to be reviewed regularly to ensure practitioners were equipped for evolving service demands, such as the growing requirement for older adult teams to work with younger adults with disabilities.

The reviews highlighted the need for local authorities to ensure that equality, diversity and inclusion policies were regularly reviewed, updated, and cascaded effectively throughout the workforce. It was considered that policies should be actively promoted and discussed within teams, reinforced in supervision, and embedded in appraisal processes. Robust

case file auditing and quality assurance frameworks should have equality, diversity and inclusion as a core component and include mechanisms for feedback to frontline staff to close the learning loop. In addition, it was felt that tools, assessment forms and practice guidance should be co-produced with people with lived experience to ensure they reflected and responded to their perspectives to directly shape practice.

The reports identified the need to strengthen co-production, particularly ensuring the voices of people from the global majority were included and valued, essential for inclusive practice. There were some positive examples of the use of interpreters and advocates, but the reports also highlighted the need for more consistency and clarity. It was considered that the rationale for using or not using interpreters, advocates, or family members should be clearly recorded in case records. In addition, assessments should reflect how individuals wished to see themselves represented, with their preferences shaping the content and style of case recording.

Leadership visibility and representation were seen as critical to embedding equality, diversity and inclusion within practice. Developing diverse leadership, particularly increasing the visibility of role models from the global majority, was highlighted as a key enabler of culture change. Leaders have a vital role in ensuring that messages about diversity, inclusion and co-production are communicated clearly and consistently. The Principal Social Worker network was also identified as having a valuable opportunity to lead regionally on the development of cultural competence and embedding consistent practice standards across local authorities.

The findings from the 4 reviews focusing on Equality, Diversity and Inclusion, provided a strong and consistent message that while there was evidence of progress, there remained a clear need for the systematic, organisation-wide embedding of practice in equality, diversity and inclusion. Achieving this required action across multiple fronts including developing practitioners' skills and confidence, strengthening organisational conditions, embedding comprehensive training, reviewing policies and frameworks, amplifying the voices of people with lived experience, and diversifying leadership representation. By addressing these interconnected areas in a coherent way, local authorities can achieve the sustained culture change required to ensure that equality, diversity and inclusion is not only acknowledged, but meaningfully reflected in everyday practice.

In summary, the Practice Reviews undertaken across all 14 local authorities in phase three demonstrated that much progress had been made in embedding strengths-based practice, but that further work was still needed to make this consistent, sustainable, and fully embedded across organisations. Ultimately, embedding strengths-based practice required not only new tools and frameworks, and strengthened quality assurance, but a cultural shift that prioritised trust in practitioners, professional curiosity, and meaningful engagement and actively listening to people with lived experience, with them being at the heart of practice development. Focusing on leadership, communication, and collaboration building stronger partnerships, can create an environment where adult social care practice enables people to live the lives they want.

Evidence of Sustained Improvement 2015–2025

Since 2015 the Practice Review programme has provided a unique, structured, and developmental lens through which adult social care practice across the West Midlands has been examined.

The programme has provided continuous insight into how the Care Act 2014 has been implemented. It has tracked the transition from assessment and case management under the NHS and Community Care Act (1990) through to early compliance with the new Act. It then moved into a deeper focus on embedding strengths-based practice, and ensuring the person's voice and identity are central in assessments and support planning. The programme has also highlighted the importance of working with people with lived experience in co-production. More recently it has supported preparation for the Care Quality Commission's assurance framework inspections.

The Practice Review programme has demonstrated an ongoing trajectory of sustained improvement, both in terms of practice quality, and in the systems and conditions that enable safe and effective adult social care.

The first phase of the programme was instrumental in identifying the challenges and opportunities of implementing the Care Act 2014, and through learning together ensuring implementation established sound foundations. Early case file audits revealed that, while local authorities had begun the shift towards person-centred, strengths-based approaches, barriers such as bureaucratic assessments, underdeveloped community engagement and inconsistent application of legal frameworks limited progress. A key outcome was the recognition that the Principal Social Worker role was a key driver of practice leadership and cultural change. Local authorities that embedded and empowered this role saw stronger alignment between vision and practice, improved visibility of professional leadership, and greater confidence in adopting the principles of the Care Act 2014.

The recommendations in reports laid the groundwork: the need for coherent quality assurance frameworks, stronger supervision practices, streamlined IT systems, and a workforce strategy that supported reflective practice and resilience. While the reports highlighted individual areas for improvement, they also established a clear baseline for systematic improvement across all authorities

The second phase saw the transition from 'case file audits' to full Practice Reviews, expanding the methodology to include the host Principal Social Worker as part of the review team, frontline managers focus groups and broader practitioner engagement. This evolution deepened understanding and allowed for a more triangulated picture of practice. Across the reviews there was growing evidence of cultural and practice transformation. Strengths-based practice was increasingly embedded into everyday work through training, practice frameworks, and reflective supervision, enabling practitioners to move away from deficit-based and risk-averse models. Reports noted the emergence of greater professional autonomy, positive risk-taking, and inclusive practice that recognised cultural and individual identity.

The Covid-19 pandemic tested both local authority and practitioner resilience, but also accelerated innovation. Hybrid working models, digital platforms, and stronger community partnerships were rapidly adopted. Practice Reviews during this period highlighted the sector's adaptability, with practitioners finding new ways to engage with people, carers, and communities in shaping support. Reports also highlighted strengthened collaboration with health partners, a clearer focus on mental health transformation, and an increasing recognition of the role of carers.

By the end of phase two, local authorities had demonstrated progress in aligning strategic vision with frontline delivery. The region moved closer to a more consistent strengths-based model, supported by enhanced quality assurance, workforce development, and co-production mechanisms. Although challenges such as documentation, systems, workloads, and variable consistency remained.

The third phase focused on supporting local authorities' preparation for Care Quality Commission assurance, with an emphasis on both strengths-based practice and equality, diversity, and inclusion. Importantly, this phase extended participation to people with lived experience, embedding co-production much more deeply into the practice review process. Across the reviews there was strong evidence of sustained improvement. Local authorities had developed clearer frameworks, simplified processes, and there was a more reflective supervision culture. Practitioners reported greater trust and autonomy, alongside stronger organisational support for professional curiosity and defensible decision-making. Quality assurance processes were more systematic, with an emphasis on combining audits, feedback from people with lived experience, and organisational learning into single coherent frameworks.

The last 4 reviews focused on equality, diversity and inclusion. They revealed some progress, but also areas requiring further development. While practitioners were starting to be increasingly engaged in conversations about identity, diversity and inclusion, there remained a lack of consistent and confident implementation in day-to-day practice and more training and organisational guidance was required. Local authorities, recognised the importance of developing cultural competence, diversifying leadership, and ensuring policies translated into everyday practice.

All of this shows that the programme has matured into a powerful tool for both practice reflection and organisational preparation, directly aligning with national inspection expectations, while retaining its primary focus on practice and practice improvement. Taken together, the evidence across all three phases demonstrates learning and sustained improvement in four key areas:

Workforce Development and Resilience

Reports consistently highlighted improvements in workforce support, from structured supervision and reflective practice to career development and retention strategies. Covid-19 brought a sharper focus on wellbeing, hybrid working, and staff resilience, all of which remain embedded as essential enablers of sustainable practice.

Quality Assurance and Learning and development

Local authorities moved from fragmented or absent auditing systems at the beginning towards a more coherent quality assurance framework. Increasingly, these are integrating practitioner feedback, supervision, and the views of people with lived experience, driving continuous improvement and accountability.

Collaboration, Co-Production and Inclusion

The inclusion of people with lived experience in phase three marked a significant milestone. Alongside stronger community engagement and partnership with health, the reviews showed progress towards an adult social care system that is becoming inclusive, co-produced, and responsive to diverse needs.

Cultural Change and Practice Leadership (maturity and trust over time)

The programme was a catalyst supporting a region-wide shift from service-led, deficit-focused models to person-centred, strengths-based approaches. The Principal Social Worker role evolved with the Practice Review Programme into a visible and strategic driver of cultural change, ensuring that professional leadership shaped both organisational direction and frontline delivery.

In practical terms, one of the earliest challenges for me was keeping Principal Social Workers engaged and focused. At first, Practice Reviews were often seen as an additional task rather than a core element of the Principal Social Worker role. Over time, however, that has changed significantly. All of the current Principal Social Workers are now fully engaged and recognise the practice review process as a key part of their responsibilities.

This shift has taken time, but it has largely come about because Principal Social Workers have experienced the benefits of the approach for themselves, for their organisations, and for the region as a whole. In the early years, it could be difficult to secure participation from two Principal Social Workers, and I sometimes had to work hard to persuade them to become involved and to ‘help me out’. Today, the picture is very different, and Principal Social Workers are enthusiastic participants, valuing the opportunity for shared learning and professional reflection.

In the beginning, there appeared to be a little reticence and scepticism from some Directors and senior managers about ‘outsiders’ examining practice. There was also a struggle for acceptance and validity with recommendations sometimes challenged, and with requests made for statements to be removed or ‘softened’. With time that has changed dramatically, and Directors across the region are fully supportive of Practice Reviews and, in my experience, consistently implement the recommendations, generally in full.

This change reflects the level of trust that has developed over 10 years, alongside the knowledge, expertise and professional credibility of Principal Social Workers. They are now held in high esteem because of their understanding of current adult social practice, their clarity about what good practice looks like, and their ability to identify where improvement is required.

The process itself has also matured. Initially, verbal feedback was provided to Directors and senior managers at the end of the two days on site. When Practice Reviews moved to a virtual format during Covid 19, that approach became unworkable. Even with a proposed move to more hybrid working, I consider that it is important for Principal Social Workers to have time to reflect on what has been found before providing written feedback. In fact, no Director has requested early feedback for several years, which I believe demonstrates confidence in the rigour of the process.

Practice Reviews have never been about local authorities showcasing only their best work. As trust has grown, they have increasingly provided an opportunity to explore more deeply the areas that Directors and Principal Social Workers are concerned about, allowing for honest reflection and thorough investigation.

One of the most important outcomes has been the way the programme has fostered collaborative working across the region. The now bi-monthly Principal Social Worker network meetings, once seen as a ‘nice to do’, are viewed as essential, supporting shared learning, strengthening practice locally, improving regional consistency, and keeping Principal Social Workers connected to emerging and good practice.

Overall, the Practice Review programme has developed exponentially over a decade and is now embedded in the psyche of Directors and Principal Social Workers. At times, that has required a dogged determination from myself to keep people engaged, but it has paid dividends.

Principal Social Workers have massively developed their skills and influence. Looking back to when the role was first introduced, the difference is remarkable. Principal Social Workers are now confident practice leaders within their own authorities and across the region, making a significant contribution both locally and nationally.

The Views of Principal Social Workers

Perhaps the strongest endorsement of the Practice Review Programme comes from the Principal Social Workers themselves. Over the past decade, they have not only participated in reviews but have also experienced what it means to be reviewed, and to learn openly and honestly with peers. Their reflections demonstrate the professional confidence, collective identity and collaborative working that now characterises adult social care practice across the West Midlands.

Principal Social Workers are clear that Practice Reviews are not a replacement for regulation, but something fundamentally different, and that has its own purpose and value.

“I think they absolutely need to continue. I don’t think they’re instead of CQC, and I certainly don’t think we should just be reliant on CQC and inspections.”

Several of the Principal Social Workers have already stated that they want their local authority to have their review early in phase four.

What comes through strongly from my discussions with Principal Social Workers is that the real benefit lies in the relationships, the shared learning, and the professional support that cannot be replicated through an inspection model.

“Everyone knows I’m very pro-practice reviews. I think for me the added value is building relationships between the Principal Social Workers and the learning from each other — you’re not going to get that from CQC inspections. The practice reviews for me are about what is good social work; what is our standard regionally and how can we learn from and support each other.”

There is also recognition of the longevity and maturity of the model, and also a sense of pride in what has been created over ten years and a model that is now well established, respected, and embedded.

“I mean they’re great aren’t they. We’ve been around a lot longer than CQC, we’ve been doing this for 10 years. There’s a great continuity there and there’s a great model, it’s well regarded and it’s embedded. It’s a case of taking it forward and enhancing it.”

Several Principal Social Workers reflected upon how the programme has directly strengthened practice improvement and organisational readiness for external assurance.

“I’ve really enjoyed being part of practice reviews, but also being reviewed and learning from that. And it saved our bacon I think when CQC came, because we had the practice framework ready to go, which was a big piece of learning.”

The value of being able to visit local authorities in person (which since the pandemic has not taken place), and the depth of engagement that comes from that was also strongly emphasised.

“There’s such a tangible difference between meeting people and interactions online. You can’t pick up on body language when somebody disagrees. It was so different meeting in person and it was enjoyable.”

Above all, there is a shared sense that the programme has become part of the region’s professional DNA, and something that strengthens practice leaders and sustains improvement. Perhaps the most moving comment was the recognition of how important the programme has been for them in these demanding roles.

“I wouldn’t still be here if it wasn’t for the Practice Review Programme.”

For me, the reflections and comments from Principal Social Workers demonstrate that the programme has improved adult social care practice, systems and processes. However, they also capture something that is difficult to measure and cannot be quantified in performance frameworks or inspection reports, but is impossible to ignore.

Practice reviews have helped to create a strong, confident and cohesive group of Principal Social Workers across the West Midlands. They have helped to strengthen professional identity, resilience and collective leadership. In addition, they have supported professional growth, strengthened practice leadership, and provided a safe environment where local authorities can look honestly at practice, learn together, and improve. That cultural shift towards openness, trust and shared responsibility for practice improvement may be its most significant achievement.

Summary and next steps

The WM ADASS Practice Review Programme has provided a sustained momentum for improvement over the past decade and is a regionally distinctive commitment to strengthening adult social care practice.

It began by identifying barriers and laying the foundations for implementing the Care Act 2014. It then moved on to embedding cultural and practice change, and more recently to supporting local authorities' readiness for external assurance by the regulator. It has also deepened the regional commitment to inclusion and co-production. I feel privileged to have led the programme, and to have worked with so many brilliant, dedicated and committed Principal Social Workers over the past 10 years.

Practice reviews have operated both as a stand-alone process and also as an integral part of the wider Peer Challenge Programme. They have always identified where local authorities can improve adult social care practice, and in my opinion have provided excellent value for a relatively small amount of resource over a sustained period of time.

The evidence demonstrates a region that is stronger, more reflective, firmly grounded in strengths-based and inclusive practice, and better prepared for the future than it was in 2015. This would not have been achieved without substantial external investment, that may, or may not, have been successful. The programme has also developed numerous strong, confident and accomplished practice leaders across the region, something that is a positive outlier nationally.

The Practice Review Programme was established shortly after the introduction of the Principal Social Worker role. In my view it's no coincidence that the progress seen in practice leadership aligns with these changes. Both the Practice Review programme and the regional network have played a central role in shaping the Principal Social Worker post, clarifying expectations, strengthening leadership and amplifying individual and collective influence.

Principal Social Workers have also been instrumental in driving learning and development in their own local authorities and across the region. As a result, the adult social care workforce is better equipped to deliver strengths based, outcome focused approaches, and a more consistent practice culture has emerged both locally and regionally. It has also supported Principal Social Workers with their own career development, with some successful in securing Assistant Director jobs. In my view, Principal Social Workers in the region are exceptionally well placed to become outstanding Directors of Adult Social Services in the future.

I am pleased to have contributed from the outset, working alongside Lyn Romeo, Chief Social Worker, in 2013 as the first Chair of the National Principal Social Workers network, raising the importance of recruiting to and developing the Principal Social Worker role and national and regional networks. The profile and confidence of Principal Social Workers has grown significantly, supported by the Chief Social Worker and the National Network.

The role of the Principal Social Worker is critical to on-going regional improvement. The commitment from local authorities to learn from one another, be open and transparent, and take a hard look at practice is something that can only be done in a safe environment. The relationship with the Care Quality Commission is a fundamentally different model from peer-led improvement. Unlike regulation, it provides a depth of understanding an inspection alone cannot achieve.

Principal Social Workers play a vital role in influencing policy and ensuring that policy and practice are effectively connected, so the national direction is grounded in the realities of frontline work and peoples lived experiences.

The future of the Care Quality Commission and assurance is unknown, whereas the region can drive its own future and continue its quest for improvement, as it has done for the past decade. Practice reviews are now embedded in the region's DNA, enabling honest dialogue in a non-threatening setting, where local authorities do not have to show their best work, but are prepared for focus to be on areas they consider may require improvement. Discussions take place about what good practice looks like, where it may be stuck, and how policy translates into meaningful, person-centred ways of working.

There is now the opportunity to position practice reviews more clearly within the wider regional improvement programme (Peer Challenge, Regional Networks, the Data Hub and focus on Co-Production). Together, the regional improvement programme can crucially support local authorities to tackle the key issues and challenges over the next decade. Regulation has its place, but understanding a local authority's story and implementing improvements, in my opinion, is better understood regionally and has as much, if not more impact.

Moving forward to the next phase of practice reviews can be defined into three key areas:

- Better engagement with people with lived experience, both within the programme and within local authorities
- Continued assurance about practice (deeper dives), practice improvement and embedding change
- Developing practice competence and confidence in working with equality, diversity and inclusion

As Peter Hay's analysis highlighted, the role of people with lived experience should be strengthened by placing them at the heart of the programme, and drawing more directly on their experiences of care and support to inform quality assurance. This also presents an opportunity for local authorities to develop this work beyond practice reviews. Local authorities are already taking steps to engage more people with lived experience in

conversations about care and support, contributing to a co-produced and triangulated approach to quality assurance.

With the Care Quality Commission having completed inspections of all 14 West Midlands local authorities, the region is well placed to evolve its Practice Review programme. This can align with the new assurance context both regionally and nationally, but offer something markedly different, retaining its peer-led, reflective, and practice improvement-focused ethos.

There is an opportunity to sharpen the focus of the programme by targeting areas of concern identified through both the programme itself and Care Quality Assurance inspection reports. The next phase offers the chance to deepen work in areas where practice can be improved.

The last 4 reviews identified the need for further work on equality, diversity and inclusion, an area that has been further intensified by the current national and local context. In response the Principal Social Workers network is developing work to support practitioners, building their confidence and capability in exploring a person's identity, and understanding the impact of racism and other forms of discrimination.

Adult social care practitioners continue to face considerable challenges, particularly in light of recent unrest and the discrimination many have experienced themselves. The Principal Social Workers network has made an important contribution to this agenda, supporting practitioners and advancing the conversation within local authorities.

The value of visiting local authorities in-person cannot be under-estimated. For the next phase of the programme, it is proposed that a hybrid approach is adopted, combining online and in-person elements. This will support richer evidence gathering and more direct engagement with practitioners and people with lived experience. This approach was evidenced in the first two phases on the Practice Review programme prior to the pandemic, when meeting practitioners and managers in person proved invaluable, and enabled more meaningful interactions than remote-only reviews.

There is the potential to engage directly with people who have received care and support, rather than relying solely on telephone conversations. While this presents logistical challenges, the benefits of more direct engagement are clear. There is also an opportunity to expand the involvement of people with lived experience by speaking directly with those who have accessed care and support, and involving them in conversations with practitioners and managers.

It is proposed that changes are made to the way Principal Social Workers audit case records, moving away from 'auditing in the dark' towards a more collaborative model. This would involve meeting with practitioners to examine and discuss case records together. This approach is already being used in some local authorities in the region and is seen as beneficial for reflective practice, professional development and improved triangulation. It also enables Principal Social Workers to read case records alongside colleagues, supporting more effective cross working.

The Practice Review programme has, to some extent, engaged with Occupational Therapists, through examining case records and their involvement in practice reviews. However, it is proposed that this involvement increases to better reflect the multi-disciplinary nature of practice, and to respond to the challenges highlighted by the Care Quality Commission's expectations regarding Occupational Therapy. This is particularly important in local authorities where Occupational Therapists are employed by the NHS.

As I come to the end of writing this paper, I've realised that, for me, it has always been about a personal commitment to continually improving adult social care practice. I began my career as a qualified social worker in a generic team in Chelmsley Wood, Solihull in 1984. Since then, I have held a range of practice, management and leadership roles, culminating in my position as Deputy Director for Children's and Adult Services in Coventry. Now, 42 years on, as my career draws to a close, this work has provided a valuable opportunity to reflect, not only on a decade of practice reviews, but on my career as a whole. In many ways, it feels as though my professional and personal journey has come full circle.

In my view, this paper confirms that the Practice Review Programme, led by Principal Social Workers, has matured into a powerful tool for reflection, professional development and organisational improvement. It aligns with national policy and external assurance expectations, while retaining something even more important: a clear focus on practice, learning and continuous improvement within a safe and trusted peer-led environment.

Above all, the programme should remain grounded in the realities of people's lives. It should support local authorities to look beyond performance dashboards, and understand what good adult social care looks like in practice, day to day in people's homes, relationships and lived experiences. It should continue to explore with people the quality of care and support they receive to live "gloriously ordinary lives", and how practice can respond to those lived realities.

The past decade has shown what can be achieved when local authorities learn and improve together. Regulation has its place, but the depth of understanding, professional trust and shared commitment that come from peer-led improvement is different.

The region has driven its own improvement journey over the past decade and is well placed to continue that progress into the next.

Finally, practice leadership in adult social care is more than important, it is essential.