



Election Briefing

June 2024



IMPACT

Improving Adult Care Together



Economic
and Social
Research Council



The
Health
Foundation

IMPACT is the UK centre working to improve adult social care across the UK - by making a practical difference to services and people's lives. We know what works by using extensive evidence and working with people who draw on care and support and their families, front-line staff, providers, social care leaders and others.

Adult social care is currently facing a series of really difficult financial, service and workforce demands and issues, and with a General Election approaching there has never been a more important time to focus on these. However, social care is not just a set of 'services', it has the potential to support people to live a good life.

We hope this brief will be of interest to people in all four UK nations, but we recognise that the General Election will not directly affect social care policy in Wales, Northern Ireland and Scotland, where devolved administrations have powers for health and social care policy.

At this critical time, there are five key areas for action to improve adult social care, create a system that better meets people's needs and help us all lead the lives we choose. We are calling on all political parties to:



Enhance voice, choice and control



Ensure people stay healthy, connected and well at home



Create the workforce we need - now and in the future



Build on the strengths of people and communities



Make integration a reality - starting with the person

Why do we need to act?

- Social care is the largest single item of expenditure by local government (after education) and the public and politicians don't often know enough about what it does and its potential
- An estimated 1.6 million people aged 65 and over in England have unmet needs for care and support
- Adult social care is facing major workforce challenges: vacancies and turnover are high (close to record vacancy levels) across the UK, and pay and conditions are poor. Vacancy levels are likely to rise again, as on 4 April the government increased the minimum salary for the skilled worker visa from £26,200 to £38,700. In the first few months of this year there has been a sharp fall in the number of overseas health and care workers applying for visas
- A Social Care Wales' social care workforce survey found that just over a quarter (26%) feel it's 'quite' or 'very' likely that they'll leave the social care sector in the next 12 months, and 44% feel at least 'quite likely' to leave in the next five years. The most common reasons given for expecting to leave are pay (66%), feeling overworked (54%) and poor employment or working conditions (40%)
- Social care must work closely with health and with other sectors including housing, education, employment, and transport. The voluntary and community sectors are integral to the integration of health and social care, not an optional extra
- 1 in 5 people (20%) are currently giving unpaid support or care to someone. This means there are an estimated 10.6 million unpaid carers in the UK. However, nearly three-quarters of people (73%) who are providing, or have provided, unpaid care said they do not identify as, or call themselves carers
- The benefits system can be highly punitive for disabled people and family carers, and people do not receive enough information or money to be able to have the same rights as everyone else
- For years, Northern Ireland's health and social care system has been plagued by long waiting times to access social care packages, with the number of people waiting for a care package at home reported to have increased by over 60% between October 2021 and August 2022 alone
- Directors of Adult Social Care in England reported that 434,243 people were waiting for assessments, care packages, direct payments or reviews as of 31 March 2023
- In Scotland, in both 2022 and 2023, over a quarter of adults waited more than six weeks from first contact to completion of a community care assessment
- In England around 9700 fewer people used direct payments in 2022/23 than in 2015/16. Overall, just 26% of people (38% of working-age adults and 15% of older people) drawing on adult social care use direct payments, down from 28.1% in 2015/16

Enhance voice, choice and control

What's the problem?

People who draw on care and support need to have a much greater voice and have more choice and control over the care and support they receive (including what services they receive and how, when and where support is provided). Evidence suggests that progress has stalled, and in some cases, even reversed in recent years.

Very few people in the UK know about, or are able to access, ways of getting care and support that would help them have more choice and control. These include Individual Service Funds or co-operative models. There is evidence that IMPACT has produced showing that minority ethnic communities face significant barriers in accessing support to enable them to exercise choice and control.

What needs to happen?

Wherever people are - in their own homes, in hospitals, or residential settings - people need to make their own decisions, big and small, about their lives. The next government needs to work with people who draw on care and support and their families to co-produce ways of designing and planning their own care. Alongside this there needs to be accessible information to develop high-quality personalised care.

IMPACT's work

Groups across the UK have been working to increase choice and control for people with learning disabilities, including via individual service funds and co-operative models. Examples includes the story of Friends United Together in Swansea, who pooled their direct payments and formed a co-operative to control their own care and support, or the story of what is possible in Northern Ireland – watch the documentary of Owen's band The High End Dead here.

Scottish Care and Baillieston Community Care have created a 'care technologist' role to help home care staff use technology to enhance choice and control.

Colleagues in Leicester have undertaken detailed engagement with the city's diverse communities and deployed a series of trusted intermediaries to find ways to make direct payments more of a reality for people from black and minority ethnic communities.

- Network on choice and control throughout the UK
- Network on people with learning disabilities and autistic people leaving long stay hospitals
- Facilitator project on implementing technology in a care at-home service

Ensure people stay healthy, connected and well at home

What's the problem?

People have a right to lead good and independent lives at home.

Everyone knows that we need more preventative action, but it can be really difficult to achieve this in practice, in a system designed with crisis-focused, episodic approaches, in which stretched services have to prioritise meeting the most urgent needs. Policy in each of the four nations highlights the importance of prevention but it still feels a long way from the mainstream reality.

What needs to happen?

An ambitious innovation programme needs to be established to support small scale exemplars of innovation in early intervention and prevention to reach scale across the country.

IMPACT's work

IMPACT's has been working alongside both the East Midlands Association of Directors of Adult Social Services (EMADASS) and people with lived experience who have been co-producing better ways of managing waiting lists for Care Act Assessments, and looking to spread these approaches across the UK.

Our work in Moray, Scotland, discovered what people felt worked best for them in reducing loneliness in rural areas, where people were often missing intergenerational connections or activities they could access.

- Demonstrator on co-producing better ways to manage and respond to waiting lists
- Demonstrator on Asset-Based Approaches in Northern Ireland
- Facilitator on community alternatives to hospital in a mental health crisis
- Facilitator on tackling loneliness in rural areas
- Network on social care in rural areas
- Facilitator on helping older people to plan for older/older/preventive home visits

Create the workforce we need - now and in the future

What's the problem?

The social care workforce is currently understaffed, it can be poorly paid and many workers experience poor working conditions. Recruitment of caring and values-driven people into the sector is one of the greatest challenges we face.

There are many problems we need to overcome. Firstly, social care is too often seen in negative/crisis-laden terms (so we need to re-frame the importance of care and relationships) which puts people off joining the workforce.

Secondly, we may sometimes have recruited into social care in quite traditional ways, which means we are not attracting new people to the workforce or keeping the right people. Finally, when people have joined the sector, we often don't support them well enough or pay them well enough.

What needs to happen?

There needs to be a national shift in the narrative about adult social care. Values-based recruitment can only be successful if the people being recruited are valued, and the work that they do is valued. The system is failing - not the staff. Fair pay, genuine recognition for their work, and opportunities to develop and progress would encourage a lot more people to work and stay working in social care.

IMPACT's work

Groups across the UK have been working to recruit from a values-based perspective but it was also clear that the term "values-based recruitment" wasn't widely understood. This Network produced a [series of interesting resources](#) to show people and organisations how this works in practice. In London, we have been working to [test approaches of getting more men into social care](#).

In Scotland our Demonstrator project worked to look at ways of [improving the wellbeing of personal assistants](#) so that they could have a good work/life balance, develop professionally in their roles and enjoy positive wellbeing at work.

- [Our Network on values-based recruitment](#)
- [Our Demonstrator on improving the well-being of personal assistants](#)
- [Our Facilitator on recruiting more men into social care](#)
- [Our Network on care workforce well-being](#)

Build on the strengths of people and communities

What's the problem?

Public services have sometimes been based on what people can't do, rather than on the skills, strengths and relationships people draw on to live their lives. Progress has been made towards building better services including person-centred planning, family group conferencing or outcome-focussed approaches and there is more work to be done. In policy and academic circles, approaches which build on the strengths of people and their communities are often referred to as asset-based approaches, and feedback from people with lived experience suggests we should adopt more accessible language when referring to these approaches.

What needs to happen?

A national programme should be created that supports local authorities and statutory partners to develop a network of community-based hubs which adopt a community development approach. These should include activity-based funding to support voluntary and community organisations and which have empathetic and well-connected link workers or coordinators.

IMPACT's work

Our work in Northern Ireland investigated how asset-based approaches can be implemented and sustained working alongside [IMPACTAgewell®](#), supporting older adults in the community. Tackling loneliness as well as properly resourcing and coordinating the voluntary and community sector was vital to the success of the approach.

- [Our Demonstrator on Asset-based approaches in Mid & East Antrim](#)

Make integration a reality - starting with the person

What's the problem?

Integration between health and social care has been much promoted as an answer to many of the challenges we face in both sectors including the fragmented nature of services, and the lack of joined-up support provided to people. Progress has often been limited. Previous attempts to integrate have become unstuck because they have overly focused on structural and organisational changes as the solution, rather than starting with the person being supported and their specific and often complex needs and aspirations.

There continue to be people who are stuck in hospital who do not need to be there, and it is essential that, once and for all, this problem is addressed.

What needs to happen?

The next government should make sure that plans and guidance given to 'integrated care systems' treat social care as an equal partner in setting priorities and implementing them, ensuring there is no competition for staff and resources.

A statutory obligation should be imposed on local NHS organisations and local authorities to support people out of long-stay hospitals to live good lives in their local community.

IMPACT's work

Groups across the UK have been finding ways to support people with learning disabilities and/or autistic people to leave long-stay hospitals and lead more ordinary lives in the community. Increasingly, they've been working to stop people going into hospital in the first place.

- [Our Facilitator on community alternatives to hospital in a mental health crisis](#)
- [Our Demonstrator on asset-based approaches](#)
- [Our Demonstrator on integrated neighbourhood teams](#)

Background

IMPACT is the £15 million UK centre for implementing evidence in adult social care. It is funded by the Economic and Social Research Council (ESRC) and the Health Foundation, and has a Leadership Team made up of 14 individuals, led by Professor Jon Glasby at the University of Birmingham. This team includes academics, people who draw on care and support, and policy and practice partners. IMPACT also has involved a broader consortium of key stakeholders from across both, the sector, and the four nations of the UK.

IMPACT believes that 'good support isn't just about 'services' – it's about having a life.'

We believe how we design and deliver adult social care can be improved by drawing on evidence of what works. 'Evidence' should include different types of research evidence, as well as the lived experience of people using services and their carers, and the practice knowledge of social care staff. There is a significant lack of evidence in adult social care, when compared to health – and as we shift towards a model of evidence-based health care there is a chance to make a similar move in the adult social care sector. IMPACT is of critical importance as it tests out the reality of what works in practice.

We are calling upon all political parties to ensure that adult social care is a central part of every manifesto. Over the next five years and beyond, whichever party forms the next Government must do much more.



impact.bham.ac.uk/



IMPACT

Improving Adult Care Together



Economic
and Social
Research Council

