**‘IMPACT-ing the future’: thinking about adult social care in the long-term**

**Background**

In April 2024, [**Scottish Care**](https://scottishcare.org/) and **IMPACT** co-hosted an online discussion from across IMPACT’s ‘[Assemblies’](https://impact.bham.ac.uk/our-people/impact-assemblies/).

There are five groups of people who draw on care and support, carers, front-line practitioners, providers, commissioners, researchers and national bodies, across each nation of the UK: Scotland, Wales, Northern Ireland, South and East England, North and West England.

We used techniques from the European School of Innovation and Design at Glasgow School of Art to help open conversations about the future of adult social care. More details are provided at the end of this summary.

This is the first time that Scottish Care has transferred such an innovative way of working online, and the first time they have run a discussion like this with such a **diverse** group of people from **all four nations of the UK**. This was also the first time IMPACT brought together all five assemblies, for one discussion.

**Why These Discussions Matter**

**Connecting Across Borders:** This dialogue connected individuals from all corners of the UK, fostering an exchange of insights and experiences that transcends geographic boundaries.

**Challenging the Status Quo:** We were encouraged to look beyond current services and imagine a future filled with possibilities.

**Guiding Future Work:** The insights gained will help shape the focus of IMPACT and Scottish Care’s future initiatives.

**Inspiring Change:** Together, we explored ways we can all contribute to making a real difference.

From these discussions, six key themes emerged. Each theme not only reflects our collective thoughts but also sets the stage for the transformative work ahead.

1. **Participation, recognition and equal voice**

In adult social care, fostering participation, recognition, and ensuring an equal voice for everyone is crucial. People drawing on care and support, families and carers should actively participate in decision-making processes. Recognition of their diverse needs and contributions is essential for promoting dignity and rights. This can be about individual care and support but can also be about getting involved in policy and politics – ‘speaking truth to power’.

**We heard:**

*‘[We need] equal trust in the knowledge of disabled people as self-advocates.’*

*‘People coming together in different ways - campaigners for independent living - modelled on civil rights movements. Change coming from outwith the system - notion of being an ally becoming more important.’*

*‘Most everyday people don’t care enough – they care about other issues… dog poo is a big issue…not social care. We need a national debate / covenant about this that isn’t driven by [party] politics.’*

*‘Young people protest and engage in different ways – less likely to vote but are engaged with the issues. Genuinely engaged in inequalities and exclusion but potentially don’t know much about social care – are they a group we need to engage with more?’*

**Looking Ahead:**

**Young people**, though often engaged in non-traditional ways, are passionate about creating a better future. Social care must find ways to connect with this energy, perhaps drawing inspiration from the youth climate movement, to ensure they are involved in shaping the future.

Lots of changes have happened from **outside social care**, led by people who draw on care and support and their allies gathering together to campaign for change and to design better ways of doing things. The campaigns for direct payments and for disability rights are two good examples. This might mean that future social care leaders need to look outside the sector as much as within, and that some of their role might be around **convening** groups of people who want change and **being an ally** to such movements.

1. **Personalisation, choice and control**

Choice and control over our care and support are fundamental rights. While adult social care has made strides in supporting these rights, much remains to be done. It is easy for us to promise greater control, but then to drift back into previous, more rigid approaches which don’t really make choice and control a reality.

**We heard**:

*‘Unpaid carers need to be equal partners in care decisions.’*

*‘Mental Health has become much more open / accepted through key figures being transparent and honest. Mental health recovery college is a positive movement.’*

*‘Needs to be work on ensuring people can choose where they live (somewhere that fits their needs/wants).’*

**Looking Ahead:**

Different generations may have **different expectations**. In future, people simply won’t accept some of the constraints and restrictions we have now. For example, future generations will look back in horror on the number of people with learning disabilities and autistic people in secure hospital settings – in the same way that we look back at the way we treated various groups of people needing care and support in the Victorian era.

We have to look outside social care and focus more on **citizenship** – it’s hard to have choice and control over the ‘social care’ part of your life if you don’t feel in control of your life more generally.

1. **Systems and connections**

The adult social care system is messy. No one fully understands it, and it is almost impossible to navigate, even if you know it well. Care and support needs to be properly resourced, but it also needs to be organised in a different way which builds better and more trusting relationships with people and communities, and which brings together all the different skills and resources that exist in local areas to make as big a difference as possible. Sometimes our current systems make this harder, by leaving us short of money, seeing individual services in isolation from each other and not recognising the need to invest in long-term relationships.

**We heard:**

*‘We are so driven by efficiency we are losing the plot!! How do we really care for people in a way that is meaningful?’*

*‘More joined up working in the local community... sharing resources within similar types of work, catchment areas.’*

*‘We have strategy, but no money to deliver.’*

*‘Whole person approach – life not care.’*

**Looking ahead:**

People increasingly do not live their lives according to the categories we create in our welfare systems. Real life is more complex and ‘messy’ than this. Future support will have to start with the **reality of people’s lives**, rather than the services and professions we’ve inherited. Working together in new ways will require **new skills** and **lots of support** – we can’t just assume that current professionals are skilled at working across boundaries or have the right relationships to join things up.

Everything is inter-linked, so social care needs to be part of **broader debates** and movements. (A good example might be climate change– which will affect everyone in social care, even if current thinking in the sector might be at an early stage).

1. **Equity and rights**

Equity and rights are key principles across many public services, yet achieving them remains a challenge in our unequal society. People have such different experiences and outcomes based on factors such as where they live, their financial circumstances and ethnicity – it just seems unfair. Adult social care is really committed to principles of social justice, and it could do more to challenge inequality. At present, many people feel that this is a real struggle and that they must fight for things that should be basic human rights.

**We heard:**

*‘Currently - you have to justify everything. Need information to make choices and*  *influence/win the battle.’*

*‘Rather than fight against a social worker, we want to fight alongside each other and have equal power.’*

*‘Think about specific populations involved and their views and how they are offered, maximise the benefits.’*

**Looking ahead:**

We need to move away from a system which is based on narrow definitions of need towards something that is broader and more **rights-based**.

‘Treating everyone the same’ just means that current inequalities continue. We may have to work very differently with some groups of people to make sure that everyone can **achieve the same outcomes**.

1. **Changing work roles**

Working in care is more than just a job—it’s a career that offers the chance to make a real difference in people’s lives. However, to attract and retain the best talent, the sector must evolve, offering better support, pay, and career progression.

***We heard:***

*‘Social care needs to be recognised as a professional body, they are delivering important work that workforce development needs to be highlighted, importance of recruiting care workers, ensuring the value of it.’*

*‘Lack of staff – no one to deliver.’*

**Looking ahead:**

People will increasingly work alongside people from very different backgrounds. This will mean that we need new skills in terms of **teamworking**, and more **flexible** roles that cut across traditional professions and organisational boundaries. This means regulation may need to change significantly and we will need to rethinking training, professional development, and career pathways to meet the demands of a changing landscape.

Care professionals will need lots of practical and technical skills – but they need the right values and human qualities to build good relationships. **Recruiting for values** as well as prior experience and practical skills will be key to building a workforce that can foster strong relationships and deliver high-quality care.

1. **Technology and people**

Technology presents both opportunities and challenges. While technological advancements can enhance efficiency and transform the way we do things, there is a risk that some groups who are less comfortable using technology could be excluded (‘the digital divide’). Technology should also enhance our lives, rather than replacing human contact and relationships. Often, it’s about everyday technology, as well as innovations that are designed specifically for adult social care. Harnessing the benefits of technology will also mean that we all need new knowledge and skills.

**We heard:**

*‘AI is so huge.... it is so new and people will be scared.... we have to understand that.’*

*‘[There are] issues with AI, not always talking to a real person.’*

*‘We like some examples i.e. Inclusion London's chatbot for disability-related*  *expenditure. Technology can be more flexible to people and meet their needs.’*

*‘There has to be training, tech will change the future but we need to be prepared for that.’*

**Looking ahead:**

There is a major challenge as to how current and future staff acquire the **skills and knowledge** to embrace new technology, and guard against some of the dangers. Sometimes we feel a bit scared of and baffled by new technology – so we all need support to better understand what’s possible and help new technology to be designed well. Scottish Care has been testing ‘care technologist’ roles, including through a [joint project with IMPACT](https://impact.bham.ac.uk/our-projects/facilitators/personalisation-care-technology-implementation/) – but we will need more work on new knowledge, new skills and new roles.

We have to work out which things technology can do quicker and better, and which things have to be about **human contact and relationships**. Technology is part of the solution, but it can’t solve everything.

**Conclusion**

While none of these themes are entirely new, considering them in the context of the future allows us to reflect on where these trends might lead us. It challenges us to think about how we can work together to shape a better future for adult social care.

With the right support and conversations, all of us can be part of these debates - through our different communities, networks and relationships. Ultimately, we can either be a ‘policy victim’ (waiting for stuff to happen to us) or a ‘policy entrepreneur’ (helping to shape things in a positive and exciting direction).

There might also be particular implications for organisations like Scottish Care, who have to work with social care as it is in the here and now, whilst also helping to shape what it might be like in the future.

We’re really grateful to everyone who is part of IMPACT’s Assemblies. Scottish Care and IMPACT are committed to this ongoing work. [Stay connected with us](https://impact.bham.ac.uk/contact-us-2/) as we continue to explore these vital issues and work towards a future where adult social care is more just, equitable, and empowering for all.

**Appendix 1: Scottish Care and IMPACT thinking about the long-term future of adult social care**

IMPACT is the UK centre for implementing evidence in adult social care. Its work is supported and challenged by five ‘IMPACT Assemblies’ (one each in Northern Ireland, Scotland and Wales, and two England). Each are made up of 30-35 people, including a mix of people who draw on care and support, carers, front-line practitioners, providers, commissioners, researchers and national bodies.

In Spring 2024, IMPACT brought together all five of its Assemblies for an online meeting (rather than each Assembly meeting separately, as usual). This was partly to share our experiences across different nations – but also to think about the long-term future of social care, and what this means for IMPACT and for all of us.

In 2018, Scottish Care worked with the European School of Innovation and Design at Glasgow School of Art to explore the future of social care. The work used flashcards from a Finnish organisation called Sitra and led to new roles in social care such as the Care Technologist (which was also an early IMPACT project).

More information can be found here:

•     <https://futurehealthandwellbeing.org/future-of-care-at-home>

•     <https://scottishcare.org/the-care-technologist-project/>

•     <https://impact.bham.ac.uk/2022/12/15/technology-care-2022/>

Five years on lots of things have changed across the world, and Sitra has released an updated set of cards. With IMPACT thinking about its long-term work plan, the Spring of 2024 seemed a good time to re-run this initial work, thinking even further into the future.

This was a brand new experience for all of us. While Scottish Care have done lots of work on these issues already, this was the first time the exercise had been moved online rather than running face-to-face. It was also the first time we’d worked with such a diverse group of people from all four nations of the UK.

IMPACT and Scottish Care will be both be doing further thinking to take forward the key themes from the Assembly – but this briefing provides a summary of the main initial topics and discussions.