Social Care Workshop

Moving towards successful social care for older people in the UK: where are we now? Where are we going?

Discussions at British Academy and Wellcome
health policy workshops on 18 and 25 January 2022

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Contents

Introduction and context

Background

This event formed part of a series of workshops, organised by the British Academy and Wellcome, which aim to create a space to explore the importance of the humanities and social sciences for health policy and how to develop their full potential contribution. The intention was to develop, expand and consider possible challenges to the ways that existing health policy is framed, and to begin to set an agenda for health-related research and policy that would be more inclusive of knowledge from the humanities and social sciences.

Workshop format

The format of the workshops reported here (which were held virtually) comprised brief keynote talks by experts, which prompted small group and plenary discussion amongst all the participants. The participants (totalling about 30 people at each meeting) were invited by the British Academy to take part, and they represented a range of different viewpoints, including academic researchers, representatives from various governmental planning and policy agencies, non-governmental agencies and private enterprises. The 'Chatham House Rule' applied at these workshops, so that, while this report aims to represent the general messages emerging from the presentations and discussion, specific inputs to the debate are not attributed to individuals nor their organisations (except for brief summaries of keynote talks made by invited speakers). This summary provides a note of the discussion and where references to other work arose in the discussion they are given here, however a full list of references on the topics that were covered is not included.

Focus of the workshops

Ensuring the provision of sufficient high-quality social care for older people has long presented a challenge to policymakers and service providers across the UK. Social care has been the subject of many inquiries, and there have been many attempts to improve or reform provision. However, it has proved extremely difficult to achieve successful changes in the funding of social care provision, and social care continues to often be viewed as low status and less deserving of attention than other areas of health care.

The workshops explored where there is scope for further insights from humanities and social sciences research to inform social care policy:

- How can the social sciences and humanities shed light on the low status of social care, and help to improve both its status and provision?

- Where is there potential for stronger links to be made between research, policy and other stakeholders, in order to successfully provide high-quality social care for older people in the coming years?

- Both paid and unpaid carers are vital to the delivery of social care, and the workshop explored how their voices can help shape a successful social care system.

- Finally, participants considered the role of technology in the delivery of care for older people.

Introductory keynote talks by leading experts from academic institutions, governmental and non-governmental organisations helped to prompt an exchange of information and ideas amongst all the participants, in small discussion groups and in plenary debates. Below we summarise the main points arising from each of the two workshops.

Workshop 1: Where are we now?

This workshop covered the historical evolution of social care in the UK, and looked at the stigma sometimes associated with it. Aspects considered included:

- How can participants in this discussion help address the stigma that sometimes exists in relation to social care?

- What can we learn from the diverse models of social care that exist across the UK? What works well in social care across the different parts of the UK?

- What can the various stakeholders (policymakers, NGOs, researchers etc) do both individually and collectively to ensure social care across the UK is fit for purpose in the future?

- What are the next steps needed to develop research and policy?

Introductory talks

The discussion was prompted by introductory talks by invited speakers. The main points raised by speakers were as follows:

Pat Thane FBA, Visiting Professor, Birkbeck, University of London, provided an overview of the UK's social care system from post-war to the present day. In 1948 local authorities were required, for the first time, to provide residential care and community services for older people. However, this care was not integrated with the NHS, and was less well funded. The ongoing poor state of residential care was revealed by research by Townsend in the 1950s, and research also showed that families provided more care than official services. In the 1970s social service departments were established in each local authority, and were required to determine needs, and to provide comprehensive social care and support for family carers. Yet there was still underfunding, means-testing, and a lack of integration with the NHS. Then, Thatcher's 1979-1990 government cut local authority funding, privatised and 'outsourced' care services which deteriorated, and increased pressure on family care. A 1988 report by Sir Roy Griffiths, appointed to reform the NHS, stated that 'community care is a poor relation; everybody's distant relative but nobody's baby'. Following the 1997 election Labour increased funding for care services, but by much less than their substantial increase of NHS funding. A 2009 House of Lords committee investigating social care was highly critical of services and the stress put on family carers, stressed 'the low priority given to social care by successive governments', and noted that 'pervading the whole system of social care is a persistent ageism'. Recent years have seen many promises in relation to social care, but little action taken, with services declining even further due to the impacts of 'austerity' and the COVID-19 pandemic.

Alan Walker FBA, Professor of Social Policy and Social Gerontology, University of Sheffield, described adult social care in the UK as being in a parlous condition. Explanations for this include deep rooted ageism which has led to a long-term low status of social care. The vexed question of funding for social care can be linked to its status as the poor relation of the welfare state. Also, neo-liberal ideology posits caring as belonging to the private domain, with a reliance on self-care and family care, with public expenditure on social care being viewed as a last resort. Care relies strongly on social relations, and unpaid care in particular is bound up with emotional and physical ties, and ideas of reciprocity. Social care is often constructed as 'women's work', with assumptions made in policy about people (especially women's) willingness to provide care. A socio-economic consequence of this is that some women, and older women in particular, face disadvantage in the labour market. Alan noted that older people themselves are providing the most care, and that over 85s have a larger proportion of carers than any other age group. Also, caring often entails mental and physical costs. From a comparative perspective it was noted that the low status of social care is not universal across developed countries, and that the UK invests below the OECD average. The implications for practice are that people do not receive the care that they need - "the crisis in social care takes place quietly behind closed doors". Additionally, inadequate funding serves to stifle innovation in social care.

In breakout group discussions following these introductory talks, participants considered the following questions:

- Thinking about the knowledge and experience you bring to this workshop - from your perspective what do you think currently works well in social care across the different parts of the UK?
- What doesn't work well currently?
- What are the priorities for improvement?

The key points made during discussion of these questions are summarised below.

Workforce and careers

There is a need for improved remuneration and adequate pay, more opportunities for progression, and improved retention of staff. There is currently little opportunity for progression, and there is also a need for training to be more suitable for multi-national staff. The social care workforce should be developed along professional lines, and development should make use of value-based approaches. Participants noted that it is important to develop parity of esteem between health care and social care workers. Sometimes the voices of social care workers are not heard or are not fully respected by other professionals.

Rhetoric, perception, attitudes

Participants commented that perceptions, attitudes and beliefs around social care need to change. Culture change is essential in order to address how the social care workforce is perceived. But there is currently a lack of research to adequately address this. It was commented that the wider dialogue around social care needs to change so that it is no longer seen as a last resort when all other options have failed.

Models

A key area regarded as needing improvement was the complexity of the current system. Also, the fact that existing models are finance led, with policy often

developed on the basis of cost effectiveness, rather than being quality led, was highlighted as something that needs to change. A move towards a model that enables people to make decisions about their own care needs was seen as an example of good policy and something that should be encouraged.

Evidence and data

Participants noted that there is a lack of evidence, and to some extent a lack of consensus across stakeholders, about what works well in social care. There is a dearth of evidence including lived experience and more widely there is a need to gather better data of experiences in care.

Sharing learnings

There is limited sharing of knowledge throughout the social care system. This is partly as the system incentivises providers to compete against other providers, rather than the encouraging or enabling of sharing best practice.

Sally Warren, Director of Policy, The King's Fund, provided an overview of the current governance of adult social care in England. There is an extremely complex picture consisting of numerous stakeholders, with many relationships and interlinkages between them (see diagram in Annex A). There are some key challenges of this complex social care landscape:

- The diversity of players involved can be a strength as well as a challenge
- Leadership is more fragmented and distributed, which means that coordination and collaboration is often informal
- Different players in the landscape have different research and evidence needs: this raises questions of how to prioritise, and how to build momentum
- The scale of the knowledge and research gap: where to start?

Ann-Marie Gray, Professor of Social Policy, Ulster University, outlined the challenges facing the adult social care system in Northern Ireland. Despite having had an integrated health and social care system in NI since the 1970s, the potential benefits of this have not been fully realised. Whilst an integrated system has allowed for a lot of initiatives, particularly locally, there is a lot of variation in standards of care geographically. It is worth nothing that where there have been effective pilots, these have not always led to successful roll outs more widely. Understanding social care policy requires an appreciation and awareness of the broader social policy landscape. There is an urgent need for legislative reform in NI, where there is some very outdated social policy legislation, which in some cases has not been updated since 1990. An opportunity exists to join up the skills agenda/employment policy with the need to develop a skilled workforce in the care sector and the suggested creation of a modern apprenticeship in social care. A larger reform agenda is needed, but to be successful it must involve reform on a number of levels. The example of NI shows that structural integration of health and social care systems is not the panacea; and that this is particularly true when there are such stark inequalities between health care and social care.

In breakout group discussions following these introductory talks, participants considered the following question:

- Please consider the roles of the various stakeholders (policymakers, NGOs, researchers etc). How might these stakeholders (both individually and collectively) ensure that social care across the UK is fit for purpose in the future?

The key points made during discussion of these questions are summarised below.

Funding

Participants stated that chronic under-funding was the primary aspect to address, and that this was a pre-requisite before other aspects can be adequately improved. It was remarked that we 'get the social care system that we pay for – and currently we are simply not allocating enough'. This is particularly important as it was felt that there are some 'quick wins' to be had within social care if additional resources were made available. The policy focus should move away from the short termism of political thinking towards a longer-term view. There is a need for central government to acknowledge and to be realistic regarding the capacity of local authorities.

Need for improved information and data

There is a lack of even basic accurate information, for example on how many people live in residential homes, and on social care workforce numbers. Therefore, the true picture is not really known. However, it was also noted that if more accurate information was available, this may lead to increased pressure for policymakers and others to respond to this. Other points highlighted by participants included the need for sharing of learnings from health care where good practice exists, and for greater evidence-based practice.

Lived experience

Participants noted that there is a need for connecting researchers with practitioners working in social care, and to recipients of care, to a much greater extent than happens at present. Building in both practice experience and lived experience into decision making and other policy-related activities is vital. It was noted that the starting point for social care policy should be the people who draw on social care.

Geographies

The importance of regional differences and nuances was noted, both in terms of policy and priorities. It was also suggested that there is significant scope for more work to be done to examine international comparisons.

Life-course approach

Participants noted that there is sometimes an assumption that as life expectancy increases, people are experiencing a good quality of health for longer, but that this is not necessarily true. There has been little emphasis on life-course needs, and life-long factors need to be considered in social care provision and delivery. A shift needs to take place so that rather than thinking purely in terms of care needs, consideration is also given to what enables people to live as independently as possible, for as long as possible.

Co-production and language

In terms of co-production there is a need to bridge the gap between people drawing on social care services, practitioners, providers and policy makers, and also for different stakeholders to come together to speak with one voice where possible. However, caution was raised as to how to undertake co-production when there isn't always the necessary trust between different groups, and how to build up meaningful, sustainable partnerships when funding for initiatives can be withdrawn. In relation to language participants stated that there is a need to work towards greater consensus around language and terminology relating to social care that is accessible, appropriate, that lands well, and that engages diverse communities. However, it was noted that it is very difficult to achieve 'one voice' in the adult social care sector.

Concluding comments

Discussions closed with a summary of key points and thoughts on the priorities going forward. It was noted that the social care system has been undervalued, under-resourced and treated as a 'second class citizen' for decades. This was linked to under-valuing women's work and thinking of care as a family matter, rather than recognising it as a skilled and complex job. It was noted that the people who need social care and the people who provide social care are both undervalued.

The complexity of the system was highlighted, and that this complexity can adversely affect the delivery of good social care, as well as the implementation of improvements in the system. It was noted that there is a lack of appetite to champion the social care sector amongst government, and that whilst ministers frequently highlight the NHS and vocally advocate for it, they do not advocate for social care in the same way. The need for a whole-systems approach was emphasised as was the reform of career structures. Throughout, there was emphasis placed on the urgent need for culture change across society, in policy spheres, and in public consciousness.

Workshop 2: Where are we going?

This workshop aimed to build on the previous discussion in Workshop 1 by exploring the care workforce, family and community aspects of care, and the interaction between paid and unpaid care. Discussions covered:

- The care workforce is often undervalued (and underpaid) – how can those working in care be fairly valued and rewarded?
- How should policy account for and work with the role of families and communities in the provision of care?
- What role could technology play in the provision of social care in the coming years, and what are the associated opportunities, limitations, and challenges?
- How does policymaking need to develop to take account of the role that technologies can play in social care?

Questions considered and general themes raised

Discussion in this meeting was prompted by introductory talks given by invited experts, and the opening points made were as follows:

Sally Warren, Director of Policy, The King's Fund, gave an overview of the current landscape of social care in the UK and the immediate priorities, before then presenting future ideas for change. It was noted that demography is one of the key challenges to consider: is our social care system fit for the future and if not, what needs to change? There are three aspects that need to be examined as part of addressing this question:

Where we are now and recovery from COVID-19:

- Workforce: how to help the workforce recover, including wellbeing and dealing with trauma, but also how to recruit and retain staff in a challenging economic climate
- Providers: capacity issues, how to make sure providers have stable funding and are able to increase capacity
- NHS: waiting lists and assessments

Programme of reform:

- Consumer strength: improved information, addressing of complaints system, transparency
- Different models of care: housing with care, role of technology in supporting people receiving care and also supporting those working in care, self-directed care
- Workforce: careers and progression

- Joined-up care: how the NHS and social care systems work together when an individual needs them to. But also recognising that it can be equally as important to have joined-up housing and social care systems

How to achieve reform:

- This requires a cultural change as much as a technical change
- Public engagement with the issue is essential, across different ages and communities
- Data and evidence are currently lacking around understanding what people want from the system

Margaret Dangoor, Research Involvement Manager, Care Policy & Evaluation Centre, London School of Economics, firstly focused on those working in social care. She argued that care workers should be regulated, as they routinely work independently and they are increasingly required to carry out complex tasks requiring knowledge and competence. Regulation could also provide a training and career structure and would help to raise the status of care workers. It is crucial to consider the role of family members in carrying out unpaid care, and policymakers must acknowledge the diversity and ability of families who provide care, carers' loss to the employment market, the personal effects of giving up employment to care, and the longer-term effects on pensions, physical and mental health. Technology should be integrated into the social care system and not be seen as 'something apart'. In terms of policy, practice and research, often the evidence already exists about what needs to be done. The issues to address are the resources available to support social care, innovation based on research, the ability for long-term planning and the need for joint-party political commitment.

In light of these introductory talks, participants considered the following questions to guide the discussion:

- What might you do that will make a difference to policy and practice? This might be policy engagement, or engagement with other key stakeholders

- What mechanisms might best enable practice and practitioners in social care to effectively influence policy?

The following points arose in discussion of these questions:

- The regulation and registration of care workers and care providers to create agreed standards across the sector was noted as being of central importance. There should be stronger mechanisms throughout the sector to enable good practice to be shared, disseminated, and built upon.

- Consideration needs to be given to how evaluation, whether formal or informal, can be factored in to inform policy development.

- Stakeholders within social care have different mandates and so influencing and engaging with policy can often be fragmented and uncoordinated.

- Stronger engagement with providers and stakeholders can lead to more meaningful consultation. Also engaging and educating the wider public, and so starting a national conversation on social care, should be encouraged.

- There was recognition of the challenge of setting a framework for policy, that is both overarching and also flexible enough to be adapted at local levels.

Participants then heard from two further speakers:

Saul Albert, Lecturer in Social Science (Social Psychology), Loughborough University, outlined the opportunities, challenges and limitations of assistive technologies, in particular practical AI, in home care settings for older people. He noted that a flaw is that affordable consumer technologies such as smart speakers that can be used as assistive technologies often design-in an idealised model of the able-bodied, independent, individualised user. This can create practical challenges in day-to-day care. Moreover, there is still little empirical evidence to show that smart homecare systems support the health and wellbeing of elderly and disabled people. Additionally, consideration should be given to questioning what sort of independence we are talking about when using assistive technologies in adult homecare, and the centrality of interdependence. Some potential benefits of making consumer technologies more accessible are that these are cheap, mass-produced, modular devices that allow for bottom-up customisation and innovation. This means that individuals can configure their own systems to identify and promote empowering uses of these systems. Limitations exist when the model of independence is the only priority. One challenge is to develop systems on the basis of better models of ability, disability and agency that acknowledge how we are all interdependent and how the interconnected relational autonomy of homecare settings provides a situation where we are all assistants for and with one another – personal, virtual, and disabled alike.

Rosie Read, Principal Lecturer, Sociology and Social Anthropology, Bournemouth University, discussed the ways in which the social care system relies upon a wide variety of care workers – encompassing professionally and non-professionally registered staff as well as family and volunteers. Future research should continue to scrutinise the pay and conditions of all care workers, and to question whether expectations of unwaged family carers is fair and equitable. The implementation of the 2014 Care Act, with its endorsement of co-production and asset-based approaches to designing and delivering social care services, is making the contributions of volunteers, community groups and service users themselves increasingly important in the daily maintenance of social care provisions and services. Research should examine the sustainability and equity of these arrangements, and ask whether they produce good outcomes for people who receive and give care. In seeking to include the voices of different stakeholders in the social care system, research must go further in recognising the complexity of lived experience. Individuals may speak from more than one care work role, for example an individual may provide both paid and unpaid care, or may both receive and provide care.

In light of these talks, participants considered the following questions to guide their next discussion:

- Focusing on research, what steps need to happen to bring about the changes needed to social care? For example, is there new research, or new ways of doing research on social care, that are required?
- Does research need to be disseminated or articulated differently?
- How might any barriers or challenges to research in social care be overcome?

The following points arose in discussion of these questions:

Co-production

Participants emphasised the importance of co-production in research, and the need for this to feature more in social care research. However, it was noted that co-production is difficult, time-consuming, laborious, and that it can be emotionally draining. Currently competition between providers undermines collaboration and co-production/co-design. It was also remarked that there can be little incentive for private providers to allow workers to be involved in co-production activities, or to take part in research. It was suggested that this was partly linked to the low status of social care, and the lack of respect for the sector and workforce.

Incentives

The issue of research fatigue amongst those being researched was highlighted, with the importance stressed of finding ways of involving stakeholders that allow them to see that their involvement will have an impact. It was remarked that below the level of qualified social workers, there is little incentive for social care workers to become involved in research. There is a need to develop capacity in social care to participate in research. Research could be built into social care progression (the example of nursing was suggested as a potential template). One suggestion made was to create a pool of researchers who are also service users which would allow for creating clearer and more transparent structures through which people can be involved in research.

Communication

Participants noted the need for research to be disseminated and articulated in a way that is accessible to wider audiences.

Longitudinal understanding

There are difficulties in tracking how care needs are (or are not) met over time, which is essential in order to build a full picture of the landscape. It was also noted that the amount of flux in the social care workforce creates challenges with regards to undertaking longitudinal research in social care.

Data

The availability of data was raised as a key challenge to researching social care. In particular, the fact that there is no national framework or infrastructure around data collection in social care, as compared to the NHS.

Gaps

A greater focus on the 'consumer' perspective in relation to social care was highlighted as a gap that would benefit from further research. A further research opportunity identified was to assess public engagement and understanding of public health statistics during the Covid pandemic and to investigate whether this could hold lessons for social care statistics.

Research and policy

Participants noted that there is much good research on social care already in existence, and that a crucial challenge is that this research is not always effective in terms of influencing policy and practice. One difficulty is that long-term lessons are apparent, but it is difficult – particularly for politicians - to engage with long-term learnings when social care is such a politically charged issue.

Concluding comments

Discussions were brought to a close with a discussion focused on thoughts on future priorities. One focus was how social care can integrate technology and how this both presents opportunities and challenges. Participants noted that involving the social care workforce in the adoption and roll-out of any technology would be vital.

Another area discussed was how to evidence the effectiveness of initiatives that are taking place, and the fact that this can be hampered by the lack of national datasets and linked data upon which to draw.

It was also noted that there can be little incentive for private providers to allow workers to be involved in co-production activities, or to take part in research. It was suggested that this was partly linked to the low status of social care, and the lack of respect for the sector and workforce. The importance of getting users and practitioners engaged in research in the future to ensure it is more robust and relevant was also flagged, and also the importance of being able to communicate research to users.

A wider point raised was the need to kickstart a much-needed 'national conversation' on social care, and for this to involve the widest range of stakeholders possible. Finally, it was highlighted that there is a need for research on specifically how the COVID-19 context has had implications on every aspect of social care.

Annex A

Stakeholders within the social care system in England (from Sally Warren's presentation)
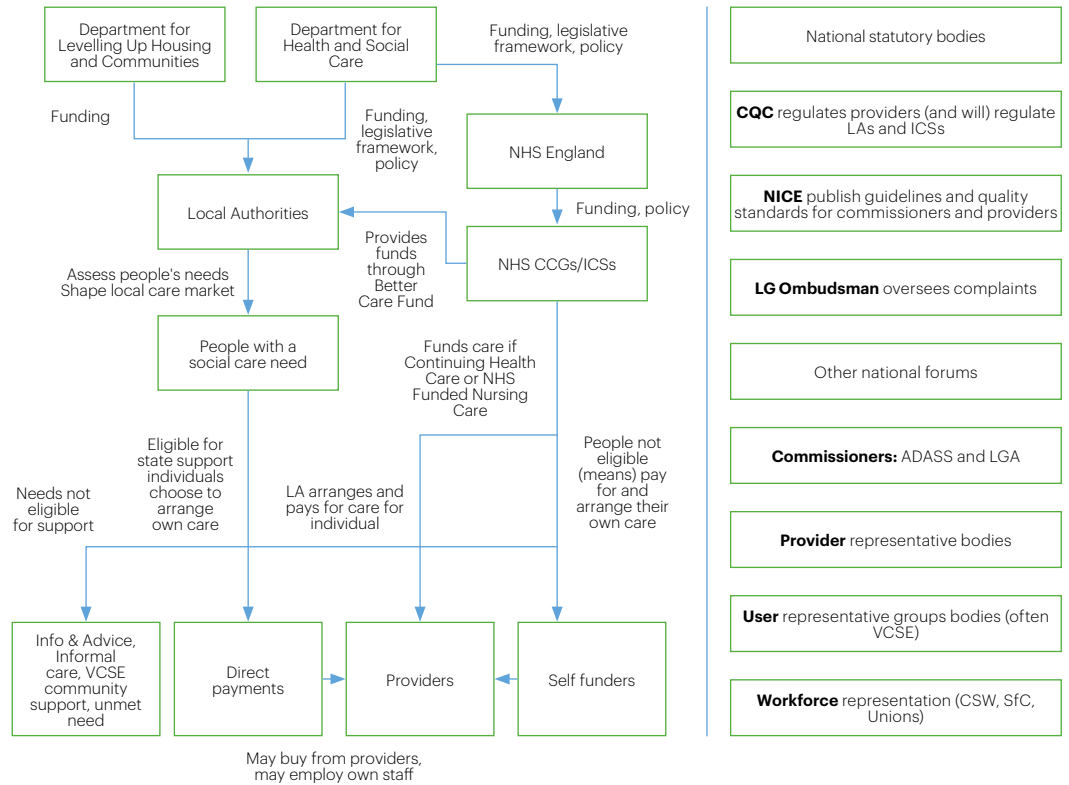
List of participants

Name	Organisation and role
Nadra Ahmed	Chair National Care Association
Dr Saul Albert	Lecturer in Social Science (Social Psychology) Loughborough University
Dr Jayne Astbury	Research Associate The University of Manchester
Anita Astle MBE	Managing Director Wren Hall Nursing Home
James Barber	ASC Reform Strategy Department of Health and Social Care
Lilian Barratt	Senior Policy Adviser The British Academy
Rhiannon Bearne	Inclusive Economic Adviser North of Tyne Combined Authority
Nicola Berkley	Senior Policy Adviser The British Academy
Professor Alison Bowes	Dean of the Faculty of Social Sciences University of Stirling
Helen Boyle	NW Programme Director Association of Directors of Adult Social Services
Thomas Bray	Senior Research Manager Wellcome
Dr Nadia Brookes	Senior Research Fellow University of Kent
Gavin Brookes	UKRI Future Lead Fellow Centre for Ageing Research, Lancaster University
Professor Mary Daly FBA	Professor of Sociology and Social Policy The University of Oxford
Margaret Dangoor	Research Involvement Manager, Care Policy & Evaluation Centre London School of Economics

Caroline Deane	Workforce Policy & Practice Lead Scottish Care
Eve Forrest	Lead on Funding for Ageing Research ESRC
Dr Stephen Gibb	HR and Organization Development School of Business and Creative Industries University of the West of Scotland
Joanne Goddard	Senior Research Portfolio Manager (Health and Human Behaviour) ESRC
Sarah Golding	Researcher Led Engagement Specialist Wellcome
Professor Ann-Marie Gray	Professor of Social Policy Ulster University
Sally Greenbrook	Policy Manager British Geriatrics Society
Professor Emily Grundy FBA	Professor of Population Science University of Essex (workshop chair and co-organiser)
Professor Barbara Hanratty	Deputy Director of Policy Research Unit (Newcastle) Newcastle University
Helen Harrison	Senior Policy Officer Independent Age
Dr Molly Morgan Jones	Director of Policy The British Academy
Hogeun Lim	Visiting Researcher Oxford Institute of Population Ageing
Jane McDermott	Healthy Ageing Research Group Policy Research Unit - Older People and Frailty University of Manchester
Professor Michael Murphy FBA	Emeritus Professor of Demography London School of Economics
Jessica Nightingale	Head of ASRC Reform Engagement Department of Health and Social Care
Alexandra Paz	Policy Assistant The British Academy
Professor Mo Ray	Professor of Health and Social Care Integration University of Lincoln

Dr Rosie Read	Principal Lecturer, Social Anthropology Bournemouth University
Professor Paul Rodgers	Professor of Design, Manufacturing and Engineering Management University of Strathclyde
Paul Rooney	Professional Adviser Northern Ireland Social Care Council
Deborah Rozansky	Head of Policy, Research & Information Social Care Institute for Excellence
Trina Skevington	Operations Director Armscars Ltd
Dr James Squires	Interim Head of Policy Academy of Medical Sciences
Dr Obert Tawodzera	Research Fellow, Department of Social Work & Social Care University of Birmingham
Professor Anthea Tinker	Professor of Social Gerontology Kings College London
Professor Pat Thane FBA	Visiting Professor Birkbeck, University of London
Dr Joanna Thornborough	Senior Policy Adviser The British Academy
Brogan Turner	Inclusive Economy Assistant North of Tyne Combined Authority
Professor Alan Walker FBA	Professor of Social Policy and Social Gerontology University of Sheffield
Sally Warren	Director of Policy The King's Fund
Dr Jiawei Wu	Post Doctorate Researcher University of Essex
Professor Athina Vlachatoni	Professor of Gerontology and Social Policy, Centre for Research and Ageing Southampton University

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About Wellcome

Wellcome exists to improve health by helping great ideas to thrive. We support researchers, we take on big health challenges, we campaign for better science, and we help everyone get involved with science and health research.

Wellcome believes in the intrinsic value of open ended 'discovery research' that extends and improves knowledge, including knowledge about health in its social, cultural, and political contexts. We believe that the knowledge created by humanities and social science research can play an essential role in improving human health.

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