

# 'Turning the welfare state upside down?' Developing a new adult social care offer<sup>1</sup>

Summary Briefing for Council Overview & Scrutiny Committee  
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## Challenges

- The paper sets out a number of key challenges facing Adult Social Care, commenting “in the early twenty-first century, adult social care faces a complex mix of changing demography, rising need and public expectations...if we do nothing – the costs of adult social care would double within twenty years.”
- The paper outlines that both national and local policy has tended to respond in two separate but inter-linked approaches. These are:
  - **Personalisation:** “The promotion of greater choice and control for people eligible for state-funded adult social care. Over time, however, the eligibility criteria for such services has tended to become much tighter, so that many Councils are now providing much more intensive support to smaller number of individuals...”
  - **Prevention:** “The creation of a more preventative, universal ‘offer’ for all people with social care needs...so that people have as much support as possible to remain healthy and independent, have access to meaningful information when making decisions about future needs and know where to go when they need help.”
- The paper comments that the current financial context “could lead to a concentration of very scarce resource on those most in need and a relative neglect of more universal, low-level support.” It also warns that this approach “could easily prove counter-productive if people with low-level needs are unsupported until they have a crisis in their health and then become eligible for significant input from formal services.”

## Research

- The paper’s research provides analysis of how local authorities present their social care ‘offer’, identifying the following three themes as emergent across all authorities: the language of independence, choice and control; the Council versus community role; and transformation of social care (pages 8-13).
- The paper outlines the four main themes that emerged as having potential to develop a new approach to adult social care, these are: building on social capital and community resources; social care as a form of social and economic investment; the relationship with the NHS; and the relationship between local and national (pages 14-27).

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<sup>1</sup> Glasby et al, ‘Turning the welfare state upside down?’ Developing a new adult social care offer (Health Services Management Centre, University of Birmingham; August 2013)

## Building on social capital and community resources

- The paper collates a number of views on social capital based on interviews. It is acknowledged by many participants that previous efforts had been made to embed social capital, while also acknowledging “that starting with social capital and wrapping services around what people and communities can already do for themselves was not only the right thing to do, but could also deliver better outcomes for the same money (and may even actively save money).”
- Surrey’s approach to building on social capital is highlighted as an example of good practice (page 17). It outlines the ways in which Surrey is working to build a more asset-based approach. The detail of this is expanded further in the Adult Social Care Select Committee report from 24 October 2013.
- The paper highlights that social capital should not be considered a ‘quick fix’ and identifies the following key issues as needing to be considered:
  - The need for a fundamental cultural shift towards a more asset-based approach, particularly for front-line workers.
  - The need to adequately test the practice and implementation of any new approach.
  - The requirement for long-term strategic investment in order to understand what community resources were available.
  - The requirement to invest in local agencies that already understand and engage with local communities.
  - The need to understand that short-term efficiency savings could impact on long-term strategic benefits: “For example, when finances are tight, it can be tempting to make savings by reducing community worker roles or closing neighbourhood offices – yet these are some of the very things that might help.”
  - The tension that can exist between strategic commissioning and operations.
  - The fact that: “different individuals and communities have access to different levels of social capital, so any attempt to draw more fully on such resources must make sure that it does not disadvantage already vulnerable people yet further.”
  - The need to make the case for change with stakeholders: “there is a danger that any changes could be seen as a form of cuts – rather than an attempt to create a social care system that is more fit for purpose in terms of how we live other aspects of our lives in the early twenty-first century.”
  - The lack of robust evidence: “While [some participants] felt that focusing on social capital was the right thing to do, they also emphasised that this remains unproven until an authority invests in a new way of working for long enough and at sufficient scale to generate evidence about what impact such an approach can have.”

## Conclusions

- The paper recognises that meeting the current and future challenges for adult social care “is complex, time-consuming and resource intensive – and that such a rebalancing would need a sustained, long-term commitment and significant cultural change.”
- It then suggests the following key elements as potential to embed this change:
  - “Working with current staff to ensure that they focus on social capital and community resources rather than on deficits and limitations.”
  - “Changes to social work education and workforce development so that future practitioners are trained in new ways with a more explicit community development focus.”
  - “Paying attention to the practical impact of new models so that they are not only intellectually coherent – but also really work in practice and do not bring unintended consequences.”
  - “Viewing social care spending as a form of social and economic investment, rather than as ‘dead money’.”
  - “Linking social care reform to economic development and encouraging new providers to pioneer more asset-based approaches.”
  - “Investing time and money in understanding local communities and how best to engage them. ‘Doing to’ local people is not consistent with nurturing social capital and would be counter-productive.”
  - “ If necessary, reversing previous changes that have centralised support or taken resources away from working with local communities.”
  - “Working with NHS partners to explore joint funding arrangements and to develop new approaches to identifying and supporting people with complex needs at risk of multiple hospital admissions.”
  - “Remaining mindful of the emerging national settlement while at the same time contributing new local approaches to national debates.”

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