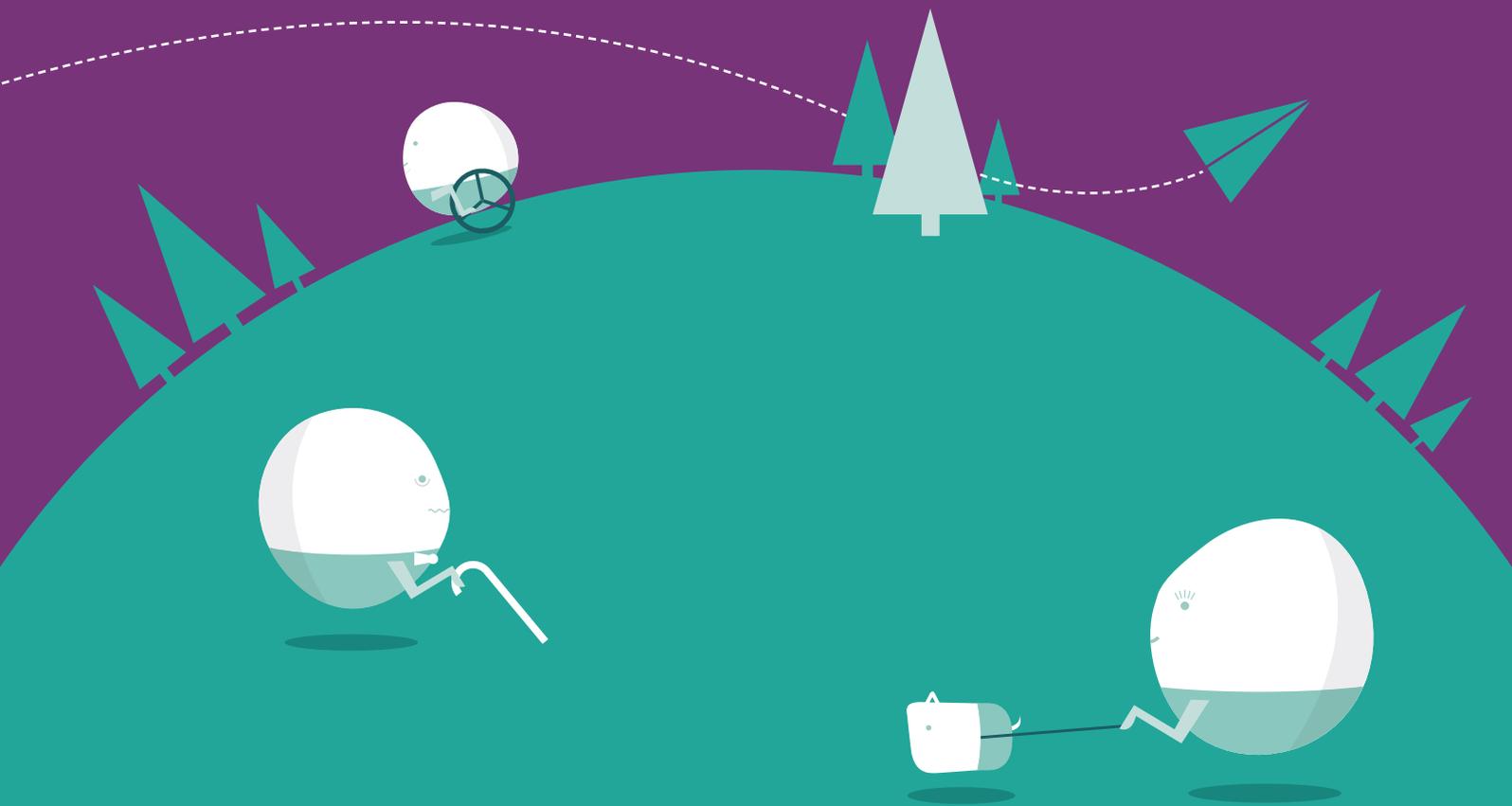


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Youniverse

A future care system
formed around the person



THE FULL REPORT



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EXECUTIVE SUMMARY

In April 2017, Younifi partnered with global market research consultancy firm Sapio to seek public opinion on today's adult social care system and aspirations for it in the future.

The survey covered 2,000 people from around the UK, from the ages of 18 upwards. Respondents were split into three groups: those who receive care, those who care for family or friends, and members of the general public with an interest in what care would be like for them in the future should they need to use it.

The group already involved in care included both those who are council funded and those who pay for their own care.

From the research, six key themes emerged...



There is huge demand for a new model of care

People are frustrated by inadequacies in the system, in particular insufficient money for care and individual needs not being fully understood. They want to see more than basic care provision, citing wider wellbeing goals as key desired outcomes. To solve the problems, we need to broaden perceptions about what counts as care and to replace current restrictive processes with a community-based model focussed on health and wellbeing. This model must give everyone equal ability to choose and equal access to solutions and support.



Levels of knowledge and understanding of social care are low

Even of those already involved in care, very few count themselves as 'very knowledgeable' about the social care system. Local authorities are failing to reach a large proportion of those seeking information, with the NHS and friends and family being more commonly used as sources of information. By adopting new community based-approaches, councils can move away from this unsuccessful gatekeeper role and instead become knowledge-sharing facilitators, helping people find and use information, make connections, and tap into the wisdom of the crowd.



People want to be in control of their own care destinies, able to tailor care to their needs

A clear majority of people want to be helped to help themselves. They don't want to be taken through a process, but do want to be able to access advice and support when they need it. Currently, far too few people feel they get enough support in managing their care. Local authorities must find ways to balance a hands-off approach with fulfilling their safeguarding responsibilities, enable everyone to access best value services, and keep administrative systems simple without losing sight of spending.



There's an appetite for innovative approaches and new technology

Most people are open to new ideas for care and are willing to use technology in a wide variety of ways to help them both manage their care and to improve health and wellbeing. Local authorities often don't believe their demographic will engage with technology, but the facts suggest otherwise - and it's only by harnessing the potential of technology that we will be able to create a sustainable, affordable and effective care model for the future.



Poor visibility within the system is holding back progress

Most people are still in the dark about what the council is spending on their care, and many worry about a lack of communication in general. Important information isn't being shared between professionals, despite care recipients wanting this to happen. Greater transparency will help give individuals more control and enable more tailored care, as well as delivering better value for money and providing councils with data for strategic planning.



Few people trust local authorities to be able to deliver high quality care

Nearly three-quarters of respondents said they had low or no trust in their local authority to ensure they receive the correct quality and type of care. This is partly due to negative media coverage around standards and funding, but is also part of a wider pattern of distrust of large organisations. This situation is unlikely to change, making it even more important for councils to stop being gatekeepers for support services and instead facilitate direct connections.

The findings highlight huge challenges for local authorities, but also opportunities. With increasing pressure on resources and the introduction of the Care Act requirements for councils to support those paying for their own care as well as those who are council funded, local authorities need bold aspirations for change. We hope the data and comments here will give food for thought and prompt the fresh approaches so desperately needed.

CURRENT CARE RECIPIENTS ISSUES TODAY

The key priority: demand for a new model

What the research tells us

The strongest single message coming out of our research is that there's a huge demand for a new model to meet care needs. Only **32%** of care recipients in the survey and **25%** of carers are very satisfied with the care provided, and around **three-quarters** of both groups think currently-available care options are not meeting their needs as well as they could.

The most common frustration cited by survey respondents is lack of money for care (**39%** of care recipients and **35%** of carers). Other common frustrations include service providers not understanding the person's needs (**36%** of care recipients, **24%** of carers), and being treated like a number not a person (**33%** of care recipients, **30%** of carers).

Though personalisation is a common term in social care, we found that only **41%** of cared-for people and **34%** of carers say services are tailored 'highly' or 'quite a lot'

to their needs. Around **two-thirds** of all respondents said they want a more tailored approach, and over a quarter said there are not enough care options available.

The survey shows that people have high aspirations for what care could give them. When we asked care recipients what they would like care services to provide, beyond basic care, **57%** said they wanted 'a sense of purpose'. The second most common response was 'health' at **50%**, while around **40%** said they wanted exercise, interests, conversation and companionship.

Is current care provision delivering these wider benefits? The research suggests not. **47%** of people felt that they needed more help in relation to improving their health and wellbeing, **45%** in relation to improving quality of life, and **44%** in relation to improving self-esteem and self-worth.

The Younifi perspective

It's clear that people see care services as having the potential to help them achieve wider wellbeing outcomes - but that this potential is, in many cases, far from being realised.

Are there enough care options available? Social workers often say yes, but how much is this perception of choice hampered by limited imagination as to what else might be possible? The feeling of being responsible for public money can also get in the way: the ideal solution for an individual might not seem the obvious one to the public, and there's an understandable fear of negative publicity.

The problem is compounded by the processes typically followed within local authorities. Those who can fund their own care are often simply referred to website information portals. It's assumed they can take responsibility for their own care. They are offered little, if any, ongoing support or advice. Left to fend for themselves, they may well struggle to make informed decisions or to manage their care needs successfully.

Those without the money to pay are assessed and become part of 'the system'. Though this brings them more support, it can often also mean less autonomy for the individual.

Essentially, we have a two-tier system where those who need financial help are treated as less able to make their own decisions than those who can self-fund. When people aren't able to make their own decisions, wellbeing outcomes will inevitably suffer. And once people are in the system, there's often no point at which they can get put back into a place of autonomy where they can genuinely decide for themselves what care will best meet their needs.

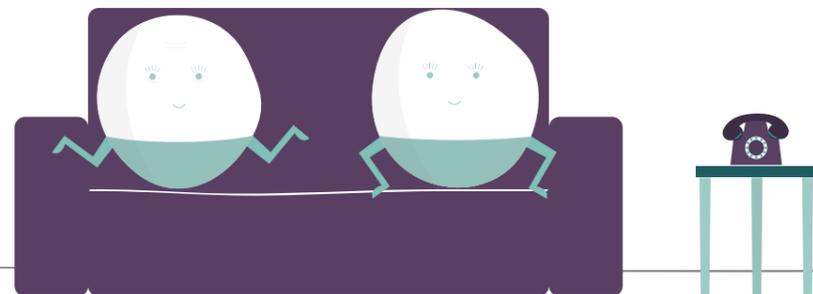
Alongside this, ongoing divisions between social care and health mean local authorities typically manage people based on the needs they had when assessed (often when they were at crisis point), rather than helping them get better. A council might buy a home care package, for example, or organise a mobility scooter, but not consider an exercise programme to increase strength and mobility so the individual can manage independently and be both healthier and happier.

Action to be taken

It's time to think more widely about what counts as care. With austerity continuing to bite, how can we proactively help individuals meet their goals, and give them a better life?

We need to change the culture both within local authorities and the wider public, and move beyond the current limited perspectives as to what care solutions look like.

To be sustainable into the future, any new model of care must be resilient and responsive to new requirements. It must provide value for money, and be capable of being replicated across the country, but with flexibility to support local organisational variances. It must allow individuals to make connections, and find shared solutions to shared problems. And it must offer a consistent experience to all, no matter how they are funded.



CURRENT CARE RECIPIENTS ISSUES TODAY

Knowledge is power: how do you improve people's knowledge of the system?

What the research tells us

Our research highlights a significant knowledge gap among both social care customers and the general public. Even of those already involved in care, few count themselves as very knowledgeable about the social care system – just **7%** of the cared-for, and **12%** of carers. **38%** of cared-for respondents count themselves as having little or no knowledge of the system.

Of respondents not yet involved in care, **60%** admitted having low or no knowledge of the system, and only **2%** said they were very knowledgeable.

So where do people go when they want to find out more?

According to the survey, people are consulting a broad range of sources of information, including social media, community groups and charities.

The source the largest number of people said they would use is, however, the primary healthcare

system. **91%** of cared-for respondents and **90%** of carers say they use GPs or district nurses for advice, with **25%** of cared-for respondents saying they always use this source.

The next most popular information sources for those already involved with care came out as friends, family, and peers. **85%** of cared-for respondents and **87%** of carers will ask people they know, to varying degrees. **72%** of cared-for people will ask people in a similar situation, and **80%** wanted more freedom to 'ask questions of others like me'. Recognising that this works both ways, **76%** wanted the opportunity to share experiences and support others.

More people would consult third party websites (**70%** of both care recipients and carers) than would look for information from their local authority (**58%** of care recipients, **68%** of carers).

The Younifi perspective

We should all be concerned that levels of knowledge about the care system are so low. It's very likely this lack of knowledge explains some of the frustrations people feel: how can anyone get the best out of the system if they don't understand how it works and what's possible?

Greater knowledge could deliver better outcomes, by helping people make more informed and suitable decisions.

In addition, with greater knowledge, people would be able to access appropriate support at an earlier stage. This would reduce the number of people reaching crisis point, keep them independent for longer, and avoid costs.

The breadth of information sources available brings both positives and negatives. Though there is a vast amount of advice available, it's often difficult to find what you want.

It's also a concern that quite so many people are choosing to talk to GPs for advice and information on health and care issues. While some of these GP visits

will of course be completely appropriate, the popularity of GPs as a source of advice suggests that people are talking to GPs about wider care topics as well as specific medical issues. With ever-increasing pressure on GP time, there's an urgent need to make it easier for people to find out information from other sources.

Efforts by councils to provide this information, however, are clearly not working: they are failing to reach a large proportion of those seeking information and advice. Though local authorities have traditionally tried to be the fount of all knowledge regarding care, the public don't see them in this role. Simply providing a directory of services isn't enough. To avoid people suffering information overload, we need to find ways to make that information targeted, meaningful and usable.

On the other hand, the popularity of talking to peers shows the value of person-to-person knowledge sharing and discussion. After all, who is the real expert – a council customer service centre worker, or someone who has been through similar experiences as you and found good solutions?

Action to be taken

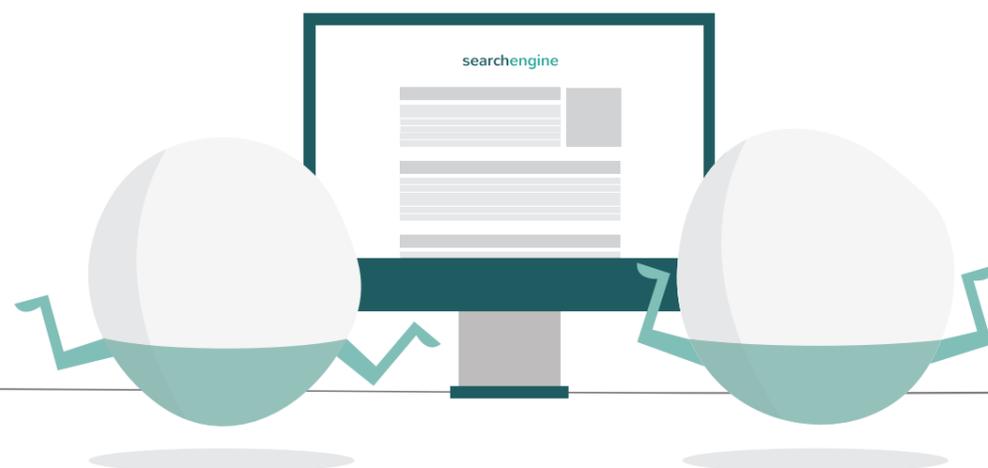
With the digital age, there are huge opportunities to re-think what knowledge is of value and how that knowledge can be best shared. Rather than acting as the custodians of knowledge, could local authorities instead become knowledge-sharing facilitators? There's a need to pursue imaginative approaches; to go beyond providing static directories that rely on users knowing what they are looking for and e-marketplaces that steer people towards significant spend rather than educating them about cheaper community alternatives.

Above all, we must make it easy for people to both access and use information. They must be able to find what they are looking for quickly, to store information that's of value to them, and to act on what they find. In this way, we can improve knowledge of the system without adding to the burden on over-stretched social and primary care teams.

Better knowledge sharing will also then lead to more informed customer buying behaviours, stimulating a more open and competitive market.

New approaches should tie into the local community, connecting both organisations and individuals, and creating a wider understanding of care issues and options. By actively promoting preventative, lower cost community-based offerings, we can reduce costs on traditional services. We can also help people remain active and valued members of the community, so providing that vital sense of purpose.

These new approaches should also offer opportunities to harness 'expert by experience' ideas, to tap into the wisdom of the crowd. The more we can strengthen these personal connections, the more self-reliant people can be. On top of this, by treating care recipients as experts with knowledge worth sharing, we show they are both valued and wanted, contributing towards overall health and wellbeing.



CURRENT CARE RECIPIENTS ISSUES TODAY

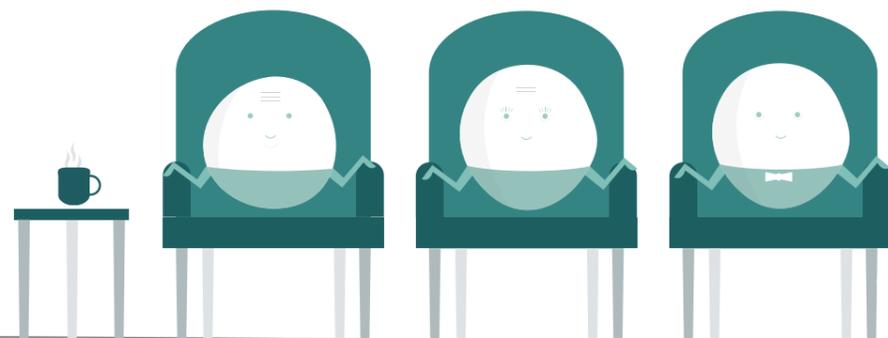
Transparency: what difference could open processes and information access make?

What the research tells us

While some areas of knowledge are merely hard to find, some can be completely invisible. We found, for example, that **74%** of cared-for people who aren't self-funded said they had 'no idea and couldn't even guess' how much their care cost. Only **7%** knew the figure precisely. The situation was better amongst carers, but **40%** still said they had no idea and only **26%** reported having a 'fairly accurate' or precise understanding of costs.

Moving beyond specific care costs, **26%** of cared-for respondents worry that their family won't be kept informed about issues to do with their care. This suggests many have already experienced problems arising from a lack of transparent communication.

This lack of transparency can also be found in the other direction, with important knowledge about individuals being unavailable to care professionals. **79%** of cared-for people and **71%** of carers said key information needed to be more openly shared across a person's support network of social care professionals, care providers, and others deemed appropriate by the person to join up care efforts. Given this opacity, it's perhaps not surprising that **36%** of cared-for respondents say people don't know them or understand their needs.



The Younifi perspective

Historically, a paternalistic culture within care has, often with the best of intentions, left those receiving care and their families in the dark about key information. This is improving, but it's clear the pace of change is slow. Reasons for this are complex, but include bureaucratic processes that create barriers and staff who continue to resist change.

Yet we know that when you trust people with information, good things happen. Evidence from elsewhere shows there are people on direct payments meeting their needs without spending all the money they are given. They understand funds are limited, are resourceful in how they spend the funding and how they meet their needs, and choose the solutions they believe will be most effective for them as individuals. This in turn is likely to improve outcomes, as people can more easily choose where the money goes and make changes if they find a particular option isn't working for them.

As well as delivering better value for money and enabling more tailored care, this visibility is putting the individual in control, again helping to improve self-esteem and reduce both actual and perceived dependency.

It's important to remember that giving people control doesn't mean cutting off support. Some will continue to need regular input, others may want only the occasional piece of advice. But by providing the visibility that allows those who are able and willing to take control for themselves to do so, it's possible to free up more time for targeted support.

In terms of sharing information about individuals, it's understandable that care professionals are cautious. But, provided permission is in place, why would you not want to share details if this helps join up services and improve your quality of care?

Action to be taken

The default position must be one of trust and empowerment. There have been a series of initiatives aimed at improving transparency and putting care recipients and their families in control. The time for this being an option for the few is surely over - this should be the default offering for all people and actioned as a priority.

We must also become better at sharing data amongst care professionals and providers. Though technical, cultural and accountability barriers can still make it difficult to share full medical or care records, it's entirely possible to share information on day-to-day needs, activities, what's working and what isn't. This is what people tell us they see as being 'joined up'.

By putting today's technology to good use, we can give people the joined-up care they rightly want. At the same time, we can allow staff to pro-actively intervene and provide support exactly where it's needed whilst adopting a lighter touch approach for those who are managing just fine.

It's also vital to look at how data can help meet strategic as well as operational goals. Directors must have transparency of care-related spend regardless of how the funding is handled, and of end-to-end pathways. Commissioners should be using information to shape markets effectively to meet local demand. This way, we will start to see fewer decisions led by assumptions and gut feel, and more fuelled by hard evidence.

FUTURE CARE RECIPIENTS ISSUES TOMORROW

The reputation equation: why this is a big part of making the system work

What the research tells us

For any model of care to be successful, it needs to be trusted. But when we asked people how much trust they have/would have in a range of people/organisations to ensure they received the correct quality and type of care, the answers reveal worrying levels of distrust.

Central government came out as the least trusted organisation amongst people not yet in the care system, with local authorities a close second. A massive **83%** gave either low or no trust ratings to central government, whilst for local authorities, the figure was **72%**. It's important to note that low or no-trust ratings amongst those already being cared-for are almost as high (**71%**). Trust doesn't increase with contact.

Both care providers and the NHS also fare poorly in the trust ratings.

A similar picture emerges from responses to the question 'If you or a close family member or friend were in need of care, what do you feel would be your main concerns or worries?'. **Three-quarters** said they would be worried about the quality of care, **a third** said they would be concerned about whether the care would be right for their needs, and **29%** said they would worry that they wouldn't be told what was happening.

Responses from current care recipients indicate that generally, people trust other people they know much more than they trust 'the system': **77%** said they had high or total trust in friends and family to ensure they received the correct quality and type of care.

The Younifi perspective

Trust is hard won, and easily lost. In the face of media coverage about problems in the care system, even those organisations doing good work are struggling to establish or maintain a reputation for quality. The public is constantly exposed to stories about local authorities screwing prices down and working with ruthless organisations delivering poor quality care via unqualified, overworked and uncaring staff. It's hardly surprising that people are wary of approaching their council for support.

It's also important to see the reputation problem in the wider context. In the face of a constant stream of unfavourable revelations over recent years, people have fewer and fewer reasons to trust large organisations - whether private or public.

Coming back to the care context, we've already discussed how lack of knowledge can contribute to people not getting help at an early stage and result in more individuals entering the 'system' only once they reach crisis. The reputation issue multiplies this effect. Even if people know where to go for help, they won't want to.

Is the situation likely to change? It's hard to see how. So, given the low level of trust in local authorities as a source of support, why do we continue to make them the gatekeepers for services and advice?

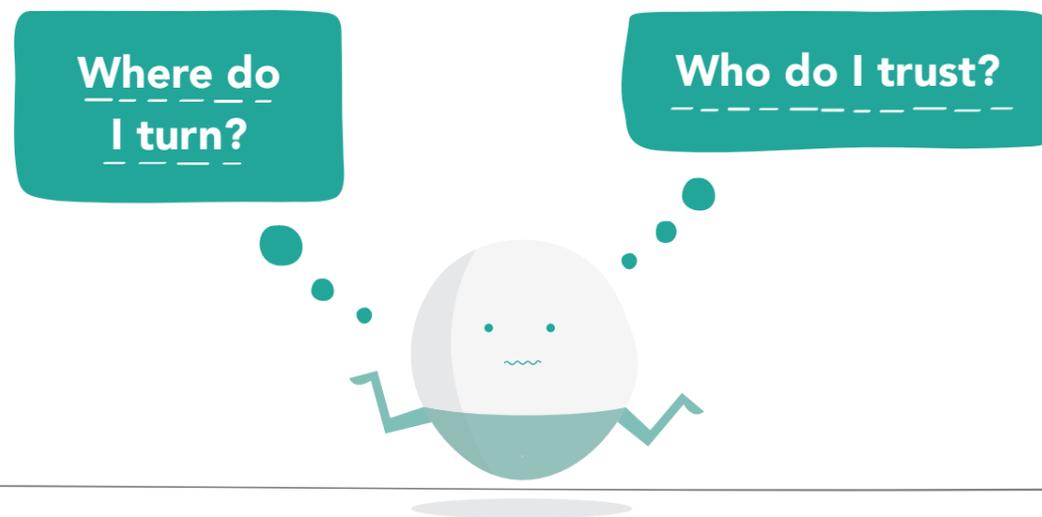
Action to be taken

The lack of trust the public have in councils as sources of support for care reinforces the need for local authorities to move away from the gatekeeper role and instead become knowledge-sharing facilitators, as highlighted earlier.

Without councils as the public face of the care system, there is a huge opportunity to re-invent how people engage with care.

As facilitators, councils could provide the means to bring individuals and sources of support together directly, using technology to help broker solutions and cut the number of individuals needing local authority involvement. To succeed, it will be important to interpret the idea of sources of support in the widest possible sense, encouraging community input, involvement and connections.

This greater community input will in turn engender trust and ownership amongst users, solving the reputation equation, enabling people to find appropriate support, and reducing the numbers reaching crisis point.



FUTURE CARE RECIPIENTS ISSUES TOMORROW

What does care access and control need to look like in future?

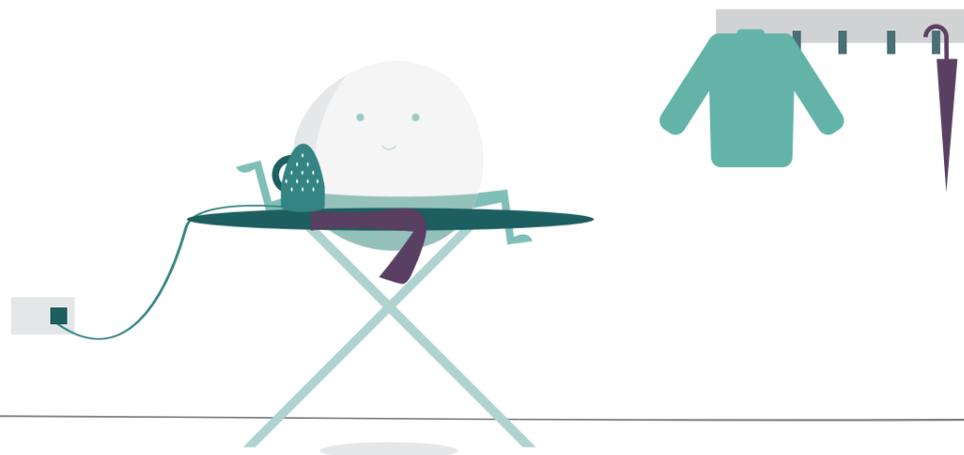
What the research tells us

We asked people who they would want to be in charge of managing and controlling their care, should they need it in future. **52%** stated they would want to take charge themselves, and **37%** said they would want close family or friends to be in control. Only **6%** gave their local authority as a preference. Following on from this, **45%** said they would want complete freedom to spend care funds as they chose, and **42%** said they would want some freedom.

We also asked who people thought should be ultimately responsible for ensuring people receive the care they need. The top response was family and friends, with **29%** of people choosing this option. The next most commonly-chosen option was 'the person themselves', at **21%**. **17%** thought central government should have responsibility, and **14%** thought it should be down to local authorities.

Questions about where people wanted to receive care revealed an overwhelming preference for support to stay independent at home. **89%** of people said they would feel comfortable or very comfortable about staying in their own home with support, and only **14%** said they felt the same about going into a care home.

It's worth looking at this desire for independence amongst those not yet involved in care alongside the responses from current care recipients and carers. Of this group, **70%** of cared-for people and **67%** of carers said they needed more support from experts in managing care. Only **53%** of care recipients had high or total trust in themselves in terms of ensuring they received the correct quality and type of care, and **21%** of care recipients say they are left to make their own decisions too much.



The Younifi perspective

These results show clearly that most people want to be in control of care and accept that they as individuals or their family and friends are responsible for ensuring the right care is provided.

Few are keen on handing ownership of care to the state. They don't want to be put into a process, but do want to be able to access help when they need it.

This poses several challenges for local authorities.

First, how do councils balance a hands-off approach with their safeguarding responsibilities under the Social Care Act? Everyone, no matter how their care is funded, should have equal access to information, advice and support. But the more we transfer ownership of care to individuals, the more complicated it is for councils to have visibility and intervene when appropriate. And as we've seen, many care recipients even now feel they aren't getting enough help in making decisions or sufficient support from experts.

Second, how can we ensure that people managing their own care (whether council or self-funded) get best value? Currently, people in this situation are often caught between a rock and a hard place if they need to source services from mainstream providers. Though they have nominal freedom of choice, they can't access the rates negotiated by the local authority. This can mean the market has nothing to offer them at the price they can afford. If they do buy services at the higher private rates, they nevertheless get exactly the same level of care as those funded by the council, whom they are effectively subsidising as a result.

Third, how can we make administrative systems simple but not lose sight of spending? Taking control of your own or a family member's care shouldn't mean taking on an admin burden, or becoming a bookkeeper. Handing over such admin tasks can even leave people open to abuse, with unscrupulous organisations or individual fraudsters invoicing for non-existent goods or services in the hope the recipient won't remember what they bought.

Action to be taken

If we are to create a fair and equitable system in which individuals can manage their own care successfully, we must stop treating people according to their ability to pay. Wherever the money for their care is coming from, we must allow people to make their own decisions. At the same time, we must find affordable ways to provide appropriate levels of support for all, and ensure everyone gets equal value from the money they spend.

It might seem counter-intuitive to suggest that a light touch approach can be the answer. But fulfilling safeguarding and other responsibilities doesn't always have to involve resource-heavy casework. The goal should be to enable as many people as possible to find and manage their own solutions whilst targeting face-to-face help more accurately and effectively. Spending less time on assessment then gives more time for support and advocacy, improving overall outcomes. This comes back again to the idea of local authorities as knowledge-sharing facilitators, creating more connected communities.

The freedom for people to make their own spending decisions must be supported by a commitment to ensuring equal value for money, no matter where funds come from. To achieve this means making it possible for everyone needing services to tap into council contracts and make use of council buying power.

Flexibility around financial administration is also key, as is simplicity. Some people will need a third party to administer their finances on their behalf. This third party could be the council, but could also be a separate organisation. Whether administration is handled by the individual, their immediate carer or by a third party, systems must be streamlined and easy to use. Laborious paper-based processes can today be replaced by easy-to-use technology that gives a way to connect individuals with providers up-front and then back to the local authority for payment.

FUTURE CARE RECIPIENTS ISSUES TOMORROW

The appetite for innovation: how the care system must respond

What the research tells us

The research looked at a number of different topics related to innovation and allowed us to compare the attitudes of those not yet involved in care with those already receiving care.

We asked first about attitudes to robotics, giving people a series of suggestions. The most popular suggestions for those not involved with care were those related to physical needs: using robotics to improve safety, help people get around, and meet needs such as lifting. **61%**, **60%** and **59%** of those not yet involved in care said yes to the use of robotics in these contexts, **18%**, **19%** and **19%** said maybe. Current care recipients were a little more cautious, but even so, the vast majority were open to the idea, with 'yes' and 'maybe' responses totalling **80%**, **81%** and **75%** respectively.

Other ideas included using robots to provide companionship or give motivation, with **49%** and **52%** or pre-care respondents and **66%** and **75%** of current care recipients saying yes or maybe. **67%** of the pre-care group and **80%** of cared-for people said yes or maybe to the idea of using robots for therapeutic purposes, such as reducing stress.

Further questions covered other uses of technology. Here, we gave people a scale ranging from 1 – would not use, to 5 – would definitely use.

The technologies those not involved in care were most open to were the use of monitors to check whether they are warm, and eating, drinking and moving normally,

and the use of devices to monitor vital signs remotely. For both of these, **70%** of respondents chose a rating of either 4 or 5, and only **6%** gave a rating of 1. The idea of technology to help find, arrange and manage care more easily was also popular, with **63%** choosing a rating of 4 or 5 and only **7%** saying they would not use it.

Respondents already receiving care were again more cautious, but still showed a widespread openness to new technology. **90%**, for example, were open to the idea of using technology to help find, arrange and manage care; **87%** to using vital signs devices, **83%** to using activity monitors, and **79%** to using mobile apps.

In general, **39%** of current care recipients said they would welcome new types of care and try them with open arms, and **38%** said they would be interested though would wait to see what others thought.

Questions to those already involved in care also shed light on attitudes to innovative ideas around sharing services. When asked how open they were to the idea of sharing services with a view to either saving money, exchanging information, sharing skills and interests, or having more social interaction, around **60%** of people responded either 'I'd consider it' or 'I'm very open to it'. Yet only between **2%** and **4%** of people said were already doing it. In addition, **78%** of cared-for people and **83%** of carers were interested in the idea of developing their own care services others could benefit from.

The Younifi perspective

The research shows that most people are more than willing to try new ideas and experiment with new concepts. The fact more people said they would 'welcome alternative ideas that would offer more freedom and enjoyment with open arms' than any other response should be a wake-up call to all care providers.

When we talk to both senior managers and frontline teams in local authorities, we often hear them argue that their particular population isn't technology-engaged. Yet in our survey, over three-quarters of both cared-for and carer respondents showed medium to high propensity for adopting technology if offered. There is also wider evidence that technology is reaching an ever-wider demographic.

To give just one example. Data from January 2017¹ shows that 3.4 million people in the UK aged 65+ use Facebook. That's nearly a third of the 11.8 million over 65s in the UK. Technology has become part of their lives, and they aren't going to abandon it as they get older.

When making these judgements, are council staff simply looking at their in-house case management systems and deciding the people they look after wouldn't be able to cope with such systems? That may well be the case. But it shouldn't matter. The consumer technologies we use every day mean that it's possible to create practical systems well within the grasp of most care users or the family and friends who care for them.

Everyone is aware of the need for change in the way we manage care services. Without innovation, we're in trouble.

Yet with money tight, local authority staff are required to make a business case for every new initiative. Though on the surface this makes sense, in practice it often means nothing happens. Few proposed changes can demonstrate the quick return on investment typically demanded by councils led by short term political imperatives. Uncertainty about future central government policy compounds the reluctance to make radical decisions. Too often, all we see are baby steps.

Action to be taken

In looking at the future of care, we need to develop bigger aspirations. Councils must give equal attention to the risks of not making change as to the risks of moving forward, and not assume that no change is the default or even safe option. These new aspirations must include a wider range of options both for care delivery and for how we support people to access and manage care.

To achieve these aspirations will take both bold decisions and a commitment to exploiting technology to its full potential to help people meet both their care and wider social needs.

A little creative thinking goes a long way. Where there is a culture of looking for opportunities to do things differently rather than being tied down by familiar processes, service users, care teams and council budgets all benefit. When you do introduce new technology, ask what else it could do. Could you, for example use door monitors that detect if a dementia sufferer is wandering to also tell you they've only been to the loo twice? If so, you've a good chance of preventing a dehydration-related fall and avoiding an emergency.

Finally, when developing new initiatives, it's essential to create staff buy-in. After all, if council teams aren't enthusiastic about new ideas, there's little chance the public will be.

¹ <https://www.statista.com/statistics/507417/number-of-facebook-users-in-the-united-kingdom-uk-by-age-and-gender>

Conclusion

The research shows what most involved in care already accept: that current models aren't working for those who use them and that there's a need for radical change.

This is nothing new. Back in 2007, the government's Putting People First protocol outlined the idea of a model providing 'a single community-based support system focussed on the health and wellbeing of the local population, binding together local Government, primary care, community based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/training'. Yes, it was an ambitious goal, but we're now 10 years on. Surely, we should be far closer to reaching it than we are?

We see pockets of good, even brilliant practice. You no longer have to take a leap of faith to do things differently - the evidence for this new broader-based community approach is out there. Forward thinking authorities are acting, recognising that the combined pressures of austerity budgets, increasing customer needs and Social Care Act requirements mean there's more risk in staying with the status quo than in making change. More need to follow in their footsteps.

The model we should be working towards is one that:

- Focuses on individuals' needs, choices and what they want to achieve
- Offers an easy, flexible and transparent means of accessing information advice and services
- Supports guided self-management, autonomous and informed decision making
- And at the same time, provides best value, whether the care is publicly or privately funded

Our goal must be to help people live a good life, rather than simply to provide a 'care package'; to let every individual decide what they want to achieve and provide support that helps them achieve it.

This means accepting that the state and statutory agencies will have a different but not lesser role: more active and enabling, and less controlling. Whilst formal support services will still of course play their part, greater use of community initiatives and grassroots resource sharing will both help give people the tailored support they need and also keep costs down. By connecting people to other individuals and to resources already around them in their community, we can also reduce social isolation and help overall wellbeing.

Paternalistic council cultures still pose an obstacle to change. These legacy attitudes must be tackled.

It's no longer acceptable for staff to assume a paternalistic role simply because the local authority has financial responsibility for an individual's care. It's equally not acceptable to expect that those who can pay for their own care should do so without advice and support.

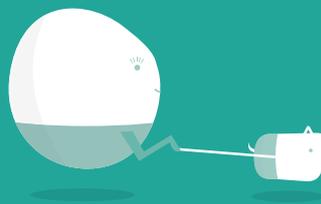
Alongside this, councils must review their approach to technology. It's becoming ever clearer that most people are willing and able to incorporate new technologies into both their care management and their day-to-day activities.

Yes, there is a lot to do. But change is no longer optional. And with high aspirations and bold decisions, it is possible for local authorities to transform the way care is provided, facilitating a model of high quality, personalised and affordable care that keeps people supported, safe, and happy.

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