#socialcarefuture

# LIVING IN THE PLACE WE CALL HOME: REPORT

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This report provides a summary of the key themes to emerge from the *Social Care Future Living in a place we call home* event, which took place on 14th December 2021. The event was divided into two separate streams which ran concurrently, *'Living well in your original home'*, and *'Living well in another kind of accommodation with support''*. At the request of Social Care Future, two researchers from Manchester Metropolitan University attended the event, each observing a different stream. This report presents the key common themes which ran across both streams. This report is supplemented by two summary documents of the streams.

## Method:

This report was compiled by drawing upon the following sources: The researchers' notes and observations collected during the event, the recorded text chats from all Zoom sessions, Jamboards compiled for each stream, and a word cloud produced by attendees during the meeting. Data for each stream was first analysed individually. Thereafter, the summaries from the two streams were analysed together to identify the key common themes and key areas emerging across the streams. In this report we first introduce two dimensions of home and then discuss the Six Key Areas identified by attendees as central to fostering an ideal "place called home".

## Findings

### Two dimensions to a good home

The event began by exploring what the ideal place called home looks like for people. From the discussion it emerged that "home" has both a practical dimension and an emotional dimension.

### Emotional dimension

The event highlighted how central the emotional element of home is to people, which is reflected in the word cloud generated collectively by attendees.


The event highlighted that people want to experience love, happiness, positive relationships, and connection in their homes. Participants felt that social care should play a large role in

providing, fostering and facilitating these emotional aspects of home through the way they deliver services. Below are some quotes to illustrate this expectation:

*"Social care should be providing connection, not just focused on service delivery"*

*"[Within social care] there should be a standard of love not a standard of care"*

*"Social care are not always so comfortable talking about emotions and love"*

*"It is a challenge for us to think about feeling loved"*

### Practical dimension

Home was simultaneously conceptualised in practical terms. For example, one participant said, *"I want home to be a place set up for me",* highlighting the need for the physical space of the home to be comfortable, practical, to cater for individual needs and foster and facilitate independence. People wanted choice and control, and diverse options to suit their individual practical and physical needs. The following list documents the practical aspects believed to contribute to an ideal place called home as identified by attendees:

- Diversity in housing options to reflect the fact everyone is different and do not all want the same things.
- People have a choice about where they live and who they live with. They are also provided with relevant and up to date information to ensure they are informed about the different options available to them.
- Allows for independence, spontaneity and reflects what works for the individual (set up to suit their needs).
- Does not isolate or segregate people and is conducive to experiencing a sense of belonging and contributing within the local community.
- Support from people who understand the challenges faced and respect you as humans, not an object, task, case or process.
- Being in control of one's space and how you spend your time in your house (having pets, playing music, inviting friends over, not living by other people's standards etc).

As the above discussion demonstrates, there are numerous requirements related to the *practical* and *emotional* dimensions of home, both of which must be satisfied in order for ideal versions of home to be realised. The practical and emotional needs and considerations are also evident throughout the Six Key Areas discussed in the following section. These key areas of focus reflect how attendees believe we can move towards everyone living in their ideal place called home. In presenting the six areas, we will discuss the current situation and challenges as articulated by attendees, followed by the ideal situation they envisioned, and finally the practical suggestions and comments people had for reaching these ideals.

## Six key areas of focus

### 1. Commissioning

**The current situation and challenges**

Participants highlighted the following current challenges and blocks to achieving the ideal place called home:

- Risk averse commissioning: Commissioners are risk averse and fearful of blame and therefore do not embrace innovative services. It was noted that they are too focused on KPIs.
- Commissioners are unapproachable and inaccessible to most people who draw on social care.
- The fragmented and complex nature of the current care model of care: Participants noted that wrap-around and integrated models of care that are easy to navigate were necessary. One participant noted that the existence of a job called "system navigators" is evidence of this.
- Lack of choice and availability of different options for care tailored to people's specific needs and preferences, particularly LBGT and BAME communities, and other minoritsed communities.

**What people want it to look like**

- Commissioning in social care will be characterised by innovative commissioners who are not risk averse. Commissioners will commission flexibly, collaboratively, and creatively and will commission for learning and exploration rather than purely for outcomes.
- Commissioners will embrace diversity and will be willing spend money differently to enable people to have real choice in the ways they are supported. Alternatively, they will give people control over their individual finances to do what works well for them with it.
- Commissioning alternatives will be available: Commission care and services on a co-operative basis. Explore home share options and promote co-operative housing solutions.
- There will be a strategic approach of coproduction.

**How we can get there**

- Commissioners and people who draw on social care need to have opportunities to meet and talk, share ideas and experiences so they can understand different perspectives and challenges on both sides e.g., through tea and chat sessions.
- Working with ADASS to influence commissioners.

## 2. Regulation and the role of CQC

**The current situation and challenges**

Participants highlighted the following current challenges and blocks to achieving the ideal place called home:

- CQC is seen as inaccessible.
- The CQC's work is seen as completing a tick-box exercise, rather than working to genuinely understand the context they are inspecting.

**What we want it to look like**

Ideally attendees want the CQC to be an organisation which shares good practice and is a trail blazer for good services.

- CQC will understand the context they are inspecting.
- CQC will have a role in fostering better representations of social care.
- CQC will emphasise and identify not-for-profit services.

**Practical solution**

- To become more accessible, CQC should ensure they 'write for the lay person'. They should also provide better information and advice for self-funders and have a list of not-for-profit services so people can easily find these (and rule out any for-profit services) when looking for potential services.

## 3. Representations of social care and sharing good practice

**The current situation and challenges**

Participants highlighted the following current challenges and blocks to achieving the ideal place called home:

- The majority of representations of social care are negative, limiting and stereotyped.
- Language: Negative language surrounding requiring care, living in a care home, and providing care is most often used.
- Imagery: Stereotyped imagery such as *"old wrinkly hands"* is repeatedly used in and by the media to represent social care.
- Lack of positive representations in the media: There is little opportunity to share good practice as the media tends to focus on negative news and scandals rather than positive stories and news pertaining to social care. Therefore, good care and support remains fragmented and in isolated pockets with people not knowing about it and unable to learn from it.

**What people want it to look like**

- Ideally there will be diverse and accurate representations of what social care is, who draws on it and who provides it.
- There will be representations that suggest that people who draw on social care can lead full and active lives and that those providing care can enjoy fulfilling jobs.
- Media and journalists will use positive language and images as a default rather than as an exception.
- Providers will share good practice and learn from each other.
- Good practice will be celebrated and publicised.

**Practical solutions**

- Using positive language: If individual people change the language they use to talk about care and support this will collectively shift how social care is represented.
- Working closely with and forming strong collaborations with journalists.
- In order to promote positive representations of care and disability within the media, Social Care Future could host an annual journalist award for journalists who contribute to these positive representations. This will acknowledge journalists who *"breaking the mould and showing people living in their communities and having fun".*
- Produce and make available online open-access resource achieves that people can access images, videos etc. represent social care more positively. For example, see The Centre for Aging Better's Resource.
- Attendees suggested that we should flood stock image sites with positive aging and social care-related images.
- In order to generate these recourses, Social Care Future could run a photo competition.
- A Social Care Future Forum could be developed as a space to share good practice.

## 4. Value based care and relationship-centred support

**The current situation and challenges**

A clear theme to emerge from the event was that people's experiences of loneliness and isolation are exacerbated by short visits from care workers which focus on tasks rather than emotional support and connection.

Support staff, often due to task-on-time work, do not have the time to offer connection and sense of support, but rather rush in and out of visits. Due to this structure of care, along with having too few hours of support funded, many people spoke about lacking the support necessary to facilitate full and active lives. As one participant said, *"services are funded to help people exist not thrive".*

**What people want it to look like**

- Support will be relationship-centred with support staff having time to complete the tasks and build relationships.
- There will be an emphasis on love and connection in social care.
- Staff will have flexible conditions enabling them to respond to their clients and get satisfaction from their jobs.

**Practical solutions**

- Recruit widely: Recruit people from all backgrounds/professions/industries and train them up. One participant said, *"Reach out to new audiences of people who may not have considered social care as a career in the past".*
- Values base recruitment: Basing recruitment on values and attitude rather than experience.
- Attendees highlighted that training can be provided if the right values are present in the person. One participant said, "*We can teach the rest, but you can't teach people values they have to feel it in their heart".*
- Train staff and then reward for that training.
- Make working in social care more desirable: Make conditions right for people working in social care by ending task-on-time payment and offering good remuneration for the work they do.
- Involve people who draw on support in recruiting the type of people they would like to support them.
- There should be a shift in professional boundaries policy to facilitate love and connection being incorporated into care. One participant suggested that *"we need to re-write the professional boundaries policy to reflect love".*

## 5. Fostering connections and communities

**The current situation and challenges**

Participants highlighted the following current challenges and blocks to achieving the ideal place called home:

- People can feel isolated in their homes. This is exacerbated for people in areas where there are fewer services and community groups and poor transport links.
- People feel excluded from their local community when local businesses and organisations are inaccessible and unable to accommodate disabled people working and volunteering.
- Digital exclusion is a problem for some people however, conversely a reliance on technology can also contribute to isolation as it removes opportunities for connection and human interaction (e.g., technology removing the need for support visits or GP consultations taking place over the telephone/online).

**What people want it to look like**

- The local community will be accessible and welcoming to everyone, appreciating and valuing what everyone has to offer. There will be plenty of opportunities for disabled people to contribute and have a role within their local community and a sense of connection and belonging will be fostered.
- Technology will be affordable and accessible. People will be able to use it to enhance their lives whilst maintaining a balance between virtual and in-person events, to suit them on an individual basis.

**Practical solutions**

- Providers can link up with smaller community led services in a mutually beneficial way to embed themselves in the local community and foster a sense of belonging for the people they support. For example, one attendee gave the example of a care home in Bromley joining the local time bank which transformed the experiences of people living there as they were able to give as well as receive.
- Local volunteer services to move beyond traditional befriending services to connect people based on mutual interests.
- People who want to do so should have opportunities to access the right training and equipment to enable them to be confident using the internet and benefit from platforms such as Zoom (However, it is important to note that this should be on an individual basis whilst being mindful not to replace opportunities for face-to-face connections and isolate people further).

## 6. Cultural and structural shifts

**The current situation and challenges**

Participants highlighted the following current challenges and blocks to achieving the ideal place called home

- A number of broader cultural and systemic issues were identified by attendees. There was a belief the medical model still dominates social care, and a deficit approach is often adopted with a strengths-based approach failing to work in practice. For example, one person commented *"there is a real deficit feel across health and social care"* whilst another noted *"assessment is mostly about deficit, when things are going realyl, really well they cut your care".*
- People felt the current structure and priorities within services results in profit and economies of scale being central leading to bed-based, institutional services.

- Power lies with professionals rather than those who draw on social care. This is exacerbated by the lack of information about the different options available to people to support them to make informed decisions and not enough focus on supported decision making. The Mental Capacity Act has failed to bring about change with people not being supported to live adult lives and there was a belief that there was too many rules and control of disabled people.
- People live with a sense of instability as their current situation feels fragile and could change at any time, with the changes beyond their control.

**What people want it to look like**

- The original values of independent living will be championed, with services coproduced, less fragmented with all providers (e.g., housing and social care providers) working together for common goals.
- People will have access to wrap-around and integrated models of care where there is an acknowledgement that personalised care spans across both health and social care.
- People will have choices in their health care as well as social care, with a recognition that good healthcare is vital to keeping people at home and in their community.
- An aspirational approach will be adopted where people's aspirations are taken into consideration, and it is worked out how best to meet these.
- There will be a focus on not-for-profit organisations within social care rather than for-profit.

**Practical solutions**

- Public services should receive training on listening to people who draw on social care to enable them to understand the position people are in as well as training on hidden disabilities and the impact of mental ill health. Similarly, all services need to be disability aware and consult on how to make themselves more accessible and easier to navigate. For example, housing repair teams and utility companies should have accessible forms, webchats and easy read information.
- A whole life course approach needs to be considered when planning services to support people to prepare and adapt for growing older, as one attendee commented *"why should you have to leave the place where people know you?"*
- Providers need to be given confidence to challenge and push for change rather than bidding on current opportunities and contributing to the maintenance of the current systemic issues. They need to be given support to get together and work upwards and outwards and be at the forefront of change rather than viewing the system as insurmountable and impossible to change.
- People who draw on social care to have access to clear and accessible information about the different options available to them.
- People should be given direct numbers of the relevant professionals within health and social care that they can contact for advice and help.

## Conclusion

This report outlines the Six Key Areas of focus that emerged from attendees' contributions at the Social Care Future *Living in a place we call home* event. These are areas where people noted problems, recognised that change needed to happen, and were able to articulate some practical solutions. From looking at the data, it is apparent that attendees felt particularly close to some topics for example, recruiting for value-based care and relationship-centred support and representations of social care and sharing good practice. In these areas they were able to offer many practical solutions. On the other hand, whilst attendees felt areas such as commissioning and CQC needed urgent change, they were less able to articulate practical solutions to facilitate change and their suggestions more abstract. This is perhaps a reflection of the hierarchical nature of these structures and the implications thereof.

Attendees described the ideal home as comprising of both practical and emotional dimensions, which together offer a stable and enabling environment where people feel in control, and where they experience love and connection, make valuable contributions, and can thrive. Attendees were clear about what the personal experience within the home could look and feel like to them. They were also clear on how it should be represented and look like to others. For everyone to have access to their ideal place called home we need to look beyond the walls of individual homes, as structural and cultural shifts, such as how social care is imagined and represented, are crucial.