

Research Summary / August 2024



# Social care and prevention

## INTRODUCTION

This document outlines work either in progress or already published around the theme of 'social care and prevention' in the ESRC [Centre for Care](#) and from the ESRC [Sustainable Care Programme](#). Please follow the links to read more.

Discussions about prevention often focus on health, neglecting the role that social care can play in promoting people's wellbeing and independence, as well as reducing or delaying the need for care and support from higher cost, more intensive services such as the NHS.

Long-term investment in social care is urgently needed, not only to enable people to thrive but also to ensure the sustainability of the NHS. In the words of a recent [report of the House of Lords Adult Social Care Committee](#):

"A sustainable adult social care service is an indispensable partner to the health service."

## PREVENTION AS A CORE PRINCIPLE IN THE CARE ACT 2014

The [Care Act 2014](#) placed a responsibility on local authorities in England to prevent the development of needs for care and support for both adults and unpaid carers, including those who do not yet have any care and support needs.

However, there is widespread consensus that this responsibility has not been implemented, and has failed to make a tangible difference to the lives of people who draw on care and support.

## PREVENTION IN CARE POLICY ACROSS THE FOUR NATIONS OF THE UK

Investing in prevention has been a central ambition of policy in all four UK nations (Needham & Hall, 2023).

Prevention remains poorly defined, with little progress made in specifying how success can be measured, given the counterfactuals involved.

The [relevant statutory guidance](#) notes that "there is no single definition for what constitutes preventative activity". This lack of shared understanding makes it challenging to agree what good practice looks like.

In a context of shrinking local authority budgets, Needham and Hall (2023) find that the focus has been on providing services for people with existing needs, with the prevention agenda struggling to develop momentum or articulate clear policies.

This highlights a fundamental paradox: although prevention is likely to save resources in the long term, it is not prioritised when budgets are tight (Tew *et al.*, 2014).

## PREVENTION AND UNPAID CARERS

The Care Act also introduced legal rights to assessment and support for unpaid carers, recognising the impact their caring responsibilities can have on their employment, personal finances, relationships, and mental and physical wellbeing.

A preventative approach for carers aims to support them to maintain relationships, activities and employment outside their caring role. This includes a wide range of policies and support, such as flexible working practices, paid carer's leave, the availability of respite and short breaks and – most importantly – access to social care for the person they care for.

Evidence shows that cuts to local authority budgets have undermined the potential of the Care Act to improve carers' wellbeing (Zhang *et al.*, 2021). The number of carers' assessments has fallen, and there has been a reduction in carer-related local authority expenditure since the introduction of the Act (Marczak *et al.*, 2021). This strongly suggests that carers are not able to access the support they need.

In the context of recent pressures on the NHS to discharge patients regardless of whether appropriate social care support is in place, the Centre for Care is concerned that current policy choices rely far too heavily on unpaid carers, at the expense of their health and wellbeing (Keating, McGregor & Yeandle, 2021).

Poorer health and emotional burnout among carers is likely to result in greater need for NHS resources (Zhang & Bennett, 2024).

## PREVENTION AND THE ROLE OF DIGITAL TECHNOLOGY IN CARE

Technology is increasingly advocated as being the key to enhancing wellbeing, personalising care, and preventing or delaying the onset of care and support needs. Product developers claim that their devices and systems can make a significant contribution to preventing health and care needs.

To assess these claims, it is essential to:

clarify exactly what prevention entails;

make better use of existing knowledge to understand prevention;

identify related factors that underpin effective prevention and how these can be addressed.

### 1). Unpacking 'prevention'

It is essential to unpack how prevention relates

to factors such as the escalation of care needs, entry into residential care, 'carer burnout', and the 'upstream, midstream or downstream' nature of technology measures (Coote, 2021).

Technology in adult social care has traditionally focused on 'mid-stream' prevention, aiming to mitigate harm that has already occurred (Coote, 2021). 'Telecare' packages, such as user-worn pendant alarms or environmental sensors, trigger an alert to 'emergency responders' (unpaid carers, neighbours or formal/emergency services). These devices are typically installed at a point of crisis (e.g. hospital discharge) to 'manage risks' and allow people to return to or remain in their own homes (Hamblin, Yeandle & Fry, 2017).

While local authorities have adopted a broader approach to the use of technology in care in recent years (Wright, 2021), due in part to the ongoing analogue to digital switchover, areas of focus are contested. The switchover will also render some existing telecare devices unreliable (Hamblin, 2022).

At times, the commissioning and design of devices does not take account of the aspirations of people who receive care and support (Hamblin, 2017), or their network of support including both unpaid carers and care workers (Yeandle, 2014; Steils *et al.* 2021).

It is essential that policy is developed in partnership with people who draw on care and support and those who care for them, so that technology can be harnessed to achieve the outcomes that matter most to people (Hamblin & Yeandle, 2017).

## 2. 'Understanding prevention'

There is a tension between policy enthusiasm for the contribution technology makes to prevention, versus the evidence which underpins this.

For example, the 2022 White Paper '[People at the Heart of Care](#)' set a target of March 2024 for 1 in 5 residential care homes to have falls prevention and acoustic monitoring technology (which typically involves a sound detecting device) in place, and the funding announced in DHSC's 2022 '[Plan for digital health and social care](#)' may increase deployment of such devices. However, studies of preventative technologies tend to be small-scale local authority or developer-led pilot projects. It is difficult to advance collective, sector-wide knowledge of the forms of digital technologies that work through isolated pilot projects, a difficulty referred to as 'pilotitis' (Wright *et al.* 2021). Projects are rarely scaled up with adequate timeframes or levels of funding or timeframes.

Greater attention should be paid to the contextual factors that mediate outcomes, and to the scalability of services, e.g. whether devices are used as expected or directed; confusion and uncertainty about how to use technology or who to ask for advice; unclear or incorrect information provided with the device; the impact of previous experiences; and relationships with the person's caring network (Hamblin, 2017).

## 3. 'Underpinning prevention'

Technology requires additional 'wraparound' services to be effective. These are needed even when devices function mechanically, generate a response and produce accurate data for analysis.

For example, acoustic monitoring sensors records data that can be analysed to reveal changes in behaviour that may suggest a fall is imminent, yet without appropriate preventative services such as primary care responses, physiotherapy/ occupational therapies or home adaptations, falls are still likely to occur.

The Centre's research shows that without adequate investment in assessment, installation, maintenance and ongoing support to use the technology in place, devices often do not 'work' for the person receiving care or for local authority and other care providers (Hamblin, 2022).



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## ABOUT THE RESEARCH

The Centre for Care is a collaboration between the universities of Sheffield, Birmingham, Kent and Oxford, the London School of Hygiene & Tropical Medicine, the Office for National Statistics, Carers UK, the National Children's Bureau and the Social Care Institute for Excellence. Working with care sector partners and leading international teams, it addresses the urgent need for new, accessible evidence on care. Led by Centre Director Kate Hamblin and Deputy Director Nathan Hughes, its research aims to make a positive difference in how care is experienced and provided in the UK and internationally.

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