

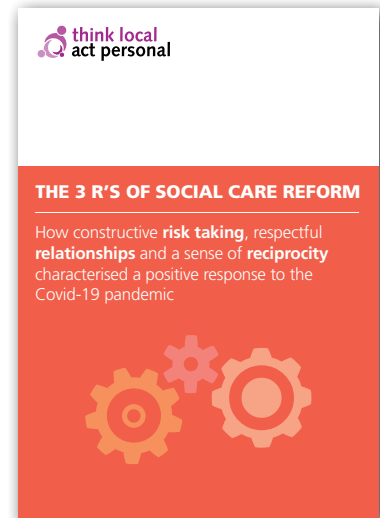
THE 3 R'S OF SOCIAL CARE REFORM

How constructive **risk taking**, respectful **relationships** and a sense of **reciprocity** characterised a positive response to the Covid-19 pandemic



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EXECUTIVE SUMMARY

What can the Covid-19 pandemic teach us about social care reform?

Since March 2020, TLAP has been talking to people across social care, and including those who draw on care and support, about their experiences during the pandemic. Whilst much has been challenging, many of these conversations also revealed positive responses to the pandemic, or examples where Covid-19 was an opportunity to innovate or accelerate towards a more personalised vision of social care.

This paper reflects on these conversations and identifies drivers of the promising examples of practice, marked by changes in behaviour and increased levels of trust. It suggests that positive **risk-taking**, mutually respectful and two-way **relationships** and a sense of **reciprocity** are key ingredients in characterising a positive response to the pandemic.

These behaviours and attitudes are brought to life in case studies that explore the impact of Covid-19 on self-directed support, commissioning, and the community response in different places in England. It highlights the value of co-production during the crisis, as a mechanism to quickly ascertain the challenges faced by people receiving care and support and in shaping a targeted response.

This paper will interest all those committed to reforming social care to become more personalised and closer to the original vision for transformation set out in *Putting People First*¹ and subsequently enshrined in the Care Act 2014.

¹Putting people first: a shared vision and commitment to the transformation of adult social care, Department of Health, 2007

1 | ACHIEVING BETTER IN SOCIAL CARE

This paper aims to harness learning from Covid-19 as part of thinking about social care reform.

Response to the Covid-19 pandemic has shown the best and worst of social care. Research and intelligence have revealed examples of poor experiences, including a reduction in choice and control for some people, increased burden placed on unpaid family carers and a disproportionate impact on groups drawing on social care including black and minority ethnic groups, people with learning disabilities and residents in care homes. In this way, Covid-19 has revealed some of the cracks in social care.

Yet this is not the full picture. There are also examples of innovation, where the imperative of responding to Covid-19 promoted new ways of working, liberated restrictive practices, and devolved more control to people who draw on care and support. The pandemic and the response to it showed the power of community action and to some degree raised the awareness of the important role of social care in society, albeit often still portrayed narrowly as only about older people in care homes.

Achieving better social care will in large part depend on changed attitudes and behaviours; these are examined through ideas of risk, relationships and reciprocity. Case studies throughout illustrate tangible examples of promising practice. Some relate specifically to these three themes whilst others are more general illustrations.

This paper draws upon the TLAP Insight Group report, [A Telling Experience](#)² and subsequent meetings with regional ADASS branches³ as well as interviews with people for the case studies. It also draws on some of the rich conversations from the [Social Care Future](#) Festival, the National Children and Adults Services Conference (NCASC), as well as the ‘fireside conversations’⁴ held with TLAP Partners, all at the end of 2020. Other useful resources include those produced by the [Social Care Innovation Network](#), a partnership between TLAP, [SCIE](#) and [Shared Lives Plus](#).

²A Telling experience: Understanding the impact of Covid-19 on people who access care and support – a rapid evidence review with recommendations, TLAP, October 2020

³TLAP convened meetings in all nine ADASS regions between September and November 2020.

⁴Six fireside conversations were held in December 2020 with TLAP Partners on a range of topics designed to inform TLAP’s future work programme

1.1 A bigger, bolder, braver view of social care

Whilst the Care Act has been a welcome piece of legislation, notably around setting the standard for personalised care and support, it has suffered from inconsistent implementation. There is a consensus building that we can and must do better.

The NCASC conference and Social Care Future Festival in late 2020 brought together people with a wide range of interests and perspectives to debate key issues in social care. What was striking was the extent of agreement that social care needs to change to serve people better. There is a clear sense of direction, with coalescence building around the Social Care Future vision:

“We all want to live in the place we call home with people and things that we love, in communities where we look out for one another, doing things that matter to us.”
– Social Care Future

To travel in the direction of a bigger, bolder and braver vision for social care will certainly require financial investment. This must be seen as a necessary, but insufficient, condition for bringing about greater personalisation. Our contention is that much of the change we want to see will be dependent on changed behaviours and attitudes.

1.2 Changing behaviours

When looking at the behaviour and attitudes that underpin the positive changes that we saw during Covid-19, a good starting point is to look at notions of **risk, relationships** and **reciprocity**. By this we mean:

- A positive approach to risk-taking
- Strong, well-established and trusting relationships
- A sense of reciprocity amongst people and their communities

This report looks at self-directed support and safeguarding in relation to risk; commissioning and co-production in relation to relationships; and harnessing community action in relation to reciprocity. Examples of promising practice are given under each of the 3Rs. In reality, we know that these attitudes and behaviours naturally interlink and are not mutually exclusive, so other examples are included that provide a fuller, more rounded picture of the changes that took place.

Underpinning all of these behaviours and attitudes is the key ingredient of **trust** as an intangible but nonetheless critical component of driving positive change.

The examples of ‘promising practice’ are mainly, although not exclusively, drawn from councils which have come onto TLAP’s radar over the course of the last year through conversations and contacts rather than through any research-led sampling process. The council examples have not been validated by people with lived experience in those areas.

② | RISK: THE FIRST R

'Hazard, chance of or bad consequences,' – Oxford English Dictionary

2.1 Risk and self-directed support

Implementation of self-directed support, particularly direct payments, has varied across local authorities. To date, many people have experienced cumbersome processes and limits on what they can spend their budget on. Some of this has been driven by a concern that people won't spend the money on the right things, with associated fears around what council auditors will and won't accept, and sometimes concern over risk of reputational damage from negative media coverage.

The *Telling Experience* report found that mixed practice around self-directed support continued during Covid-19. Faced by the immediate crisis of the pandemic, councils had to act fast. Some responded by curbing choice and control as fears over safety led to more risk-averse practice. But there were also examples of innovative practice that reflected a shift in organisational willingness to take some risks which stretched beyond the established ways of working.

Speakers on [The Future of Direct Payments⁵ webinar](#) described some very positive experiences during Covid-19, where some councils adopted a more pro-active approach to self-directed support and enabled people with direct payments to take decisions to give themselves the best chance of staying safe and well. In these ways, the pandemic was a chance to think differently; to trial other approaches and build an evidence base of 'what works' to help promote further flexibility in self-directed support.

⁵Part of the Social Care Future Festival, November 2020

Increasing choice and control in Tower Hamlets – Case study

Real, a disabled people's led organisation that provides information and advice to the local authority on direct payments, approached the council with issues and concerns facing the people they represented as the first lockdown began in March 2020. The council responded quickly by co-producing communications to direct payment holders in the borough. A range of actions were agreed and rapidly implemented by the council. They included:

- making an additional 10% contingency payment to mitigate against additional and unforeseen costs of lockdown
- relaxing the rules to enable more family member support, paid for out of the DP budget
- meeting the cost of PPE and additional agency costs and allow taxi travel when necessary
- producing a letter for personal assistants to use when shopping and travelling on public transport
- collaboration with community groups to check on people most at risk and work to ensure that communication and support was culturally appropriate.

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There is finance and audit anxiety around direct payments. It is a balance between whose money it is, and who's accountable for it. But the vast majority of direct payment users arrange care responsibly and better than the council, so we should use the experience of Covid-19 to promote direct payments more widely.

– Denise Radley, Corporate Director Health, Adults and Community, London Borough of Tower Hamlets

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This led to learning around direct payments that could be fed back to different stakeholders in the local authority, particularly around finance and accountability.

Building on existing relationships between the local authority and user-led organisations meant that the council was able to quickly identify need and take calculated risks to respond to the crisis. This created a positive feedback loop across the local authority, creating momentum for more flexible approaches in future.

2.2 Risk and safeguarding

It is important to avoid the impression that Covid created a risk-free zone. Councils could not choose to abandon concerns about managing risk. Practitioners still needed to work with people and families to make difficult and complex decisions and councils' safeguarding duties remained. Once the lockdown took effect in March 2020, councils had practically overnight to dramatically change how they worked through a transfer to virtual and home working. How to maintain proper standards of professional practice was an issue for all. One example of a practical response to this was guidance and resources on 'defensible decision making' developed in the North East.

Supporting 'safe and defensible decisions' in the North East – Case study

Covid-19 created challenging working conditions for social workers and other practitioners, particularly in terms of assessing risk. Lockdown and social distancing required a swift and adaptive change to the way that assessments were conducted, including use of technology and telephony.

To support social workers and other assessors to make good decisions when undertaking assessment and reviews under these conditions, a set of tools to support 'safe and defensible decisions' were developed under the auspices of North Eastern ADASS. These were produced collaboratively through three regional networks: operational heads of service, principal social workers and workforce leads, and the work signed off by these groups.

These resources were not intended to replace organisational risk assessments, but instead provide a series of guided questions and a tool which social workers and assessors could use to weigh up the balance of risk and record their decision accordingly. Application of the tool enabled front line managers to have assurance that there was broad consistency of decision making across their teams and services.

The feedback on the tools was very positive. The documents were shared with directors of children's services to see how they could be adapted for children's social work. The documents were presented at a Social Work England workshop in March 2021.

Other examples of promising practice

Co-producing an online safeguarding conference – Case study

The **North Lincolnshire Safeguarding Adults Board** (SAB) had planned to deliver a safeguarding conference in May 2020 at a local hotel. It was planned and facilitated by people with lived experience of safeguarding with the aim that professionals could learn from people on the receiving end of safeguarding interventions. The conference was deliberately titled 'Listen to me and hear my voice'.

Covid-19 put the plans on hold but it was soon agreed to move the conference online rather than lose momentum. Staying within the Covid guidelines the SAB worked with the participants, facilitating their involvement, meeting at local parks and outside spaces to agree the final content and film the presentations in their own words. People chose to be involved in several different ways, some were part of videos and photographs, whilst others helped with poster design posters and IT. Participants were supported to be involved, provided with appropriate technology, confidence building and training to ensure they had online access and were able to take part on the day in a way which suited them.

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I was over the moon, with the conference, really over the moon. I was happy that I was able to give the professionals information and leaflets about what they can do to help vulnerable adults like me. It was very important information.

– Derek

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“

The lived experiences were impactful and thought provoking, both on a personal, and professional level – combined with professional views made for excellent learning.

– Conference attendee

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The conference took place online with nearly 200 attendees and was a great success. Hearing the stories of the adults with lived experience helped professionals think about their practice in a different way. Feedback from participants was very positive.

Board members with lived experience also produced guidelines to give to safeguarding professionals, to ensure a longer legacy for the conference.

Increasing choice and control in Medway – Case study

In anticipation of the impending challenges of lockdown, Medway council's direct payments support team contacted every direct payment holder in the Medway area to check how they were coping. This was particularly important for those employing personal assistants and people without family and friends nearby to support them. As part of these 'welfare' calls, the team shared information on access to testing and employment concerns and provided people with a contact number should they have further concerns. Having a single point of contact with designated coordinators gave people the space to talk through their worries as well as access to the latest information.

Other actions taken by the council included:

- creating a pooled budget in a managed account and a designated post to a role to manage PPE costs, stock and distribution to direct payment holders.
- relaxing guidelines around usage of direct payments, particularly in terms of transport.
- linking with the local authority Public Health team and local organisations to identify individuals who needed food boxes.

The council had promoted flexible and innovative use of direct payments to meet individual needs before the pandemic began, but this period helped demonstrate the efficacy of their approach. Additionally, the single point of contact has enabled greater visibility of the key concerns and needs of direct payment holders which will help adapt the offer in future.

Diversifying care and support services in Central Bedfordshire – Case study

Central Bedfordshire council has a range of in-house services for older people and people with learning disabilities. Much of the provision was open throughout the week, with around 30-35 people attending each day. Many of the services felt traditional and before Covid, work was taking place to explore diversifying the day service offer. In March 2020 the decision was taken to suspend all the services at short notice. The council was concerned that the closure of these services meant that there were people and carers who needed respite and who were not receiving support. Using a cohort of staff who had been re-deployed an alternative outreach service was quickly got up and running that continues.

Feedback from the service was very positive, with weekly 1-2-1 visits to people's homes being well received. However, there was still concern that this was only weekly, whereby people would have accessed day provision on a more regular basis. In order to provide additional support for people and carers - felt to be at most risk of breakdown without regular respite support - and in line with national guidance, the council re-opened some day provision. This followed an extensive risk assessment of each building and putting in place measures to keep people safe.

“

We've been thinking, what's the offer? Covid was a chance to throw it up in the air.... And all the time, we're joined up working with customers and carers, taking a strength-based approach with those.

– Stuart Tripcony, Operations Manager, Central Bedfordshire Council

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For other people, a virtual day centre was started, both for older people and people with learning disabilities, providing a total of 21 hours per week. Initial work was required to address issues around IT and online accessibility, but now largely overcome. A wide range of activities take place including keep fit, cookery and interactive storytelling. The sessions proved to be really popular, both for the content and for building friendship groups.

The learning is helping to shape thinking around the future of day centre provision. Questions that need to be resolved include whether the virtual support should be rolled out wider, and how best to respond to challenges as people come out of lockdown with changing needs, particularly from carers who have previously relied on day-long services to allow them to access their own work. There are also concerns over carer fatigue. The council anticipates that this will lead to a mixture of face-to-face services and on-line support, building on feedback from those have received care and support over this period.

③ | RELATIONSHIPS: THE SECOND R

‘What one person or thing has to do with another, kind of connection or correspondence or contrast or feeling that prevails between persons or things.’ – Oxford English Dictionary

3.1 Relationships and commissioning

At its worse, social care has a transactional approach tilted towards adherence to systems, process and procedures. Disproportionate effort is too often directed to determining people’s eligibility for support and then, for those who do manage to get through the gate, a largely service-based approach to care and support planning.

In many places, standard time and task-commissioned services remain the norm, leaving little flexibility for innovation to flourish. This situation often originates from long standing adversarial ‘commissioner-provider’ relationships, driven by the twin imperatives of keeping costs down and managing demand. Stepping outside these relationships has proven difficult. For example, Individual Service Funds (ISF), allowing providers greater flexibility to agree with people how care and support is provided, are still only used by relatively few councils.

In responding to the pandemic, we heard about relationships improving - based on a shared response to a crisis driven by the desire of organisations and the people working in them to do the best for and by people. We heard of agreements reached with the local NHS and other partners practically overnight, where there had been previously been sticky issues. We also heard how councils mobilised all of their resources in a genuine corporate effort, which has led to greater understanding of the role and value of adult social care within councils.

There were examples of commissioners adopting a more partnership and collaborative type approach. This allowed greater flexibility and gave providers the opportunity to work with more autonomy and share risk.

Greater flexibility for home care providers in Leeds – Case study

Prior to Covid-19, Leeds City Council's adult social care department was exploring an alternative service offer, to move away from a time and task approach towards a more flexible and person-centred form of support. The Community Wellbeing Teams pilot is being trialled with two trusted providers. These providers have a dedicated staff team, trained in strengths-based approaches, working with a group of citizens to provide this flexible approach. One aim is to enable providers to agree small adjustments to care where necessary, to avoid having to draw upon social workers' capacity to sign off.

When the pandemic hit, social work teams, like everyone, were affected by sickness and the need to self-isolate, leading to squeezed resources. Responding to this, the council agreed that home care providers could have greater leeway to adjust the support according to need (and within certain parameters) without having to refer back to a social worker. This approach eased capacity pressures and 'broke the ice' in changing relationships with providers, who felt more professionally valued through the process.

In this way, Covid-19 accelerated work to redefine roles and responsibilities in the pathway from assessment through to the provision of support. Whilst some of the detail of the new approach is still being worked through, it is an opportunity to develop the partnerships with providers to enable better quality person-centred care and support in future, the aim being to share the learning with other providers and then to gradually expand the pilot to include other providers across the city.

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The idea is to make it that people's care is more flexible around what they want to do in their lives and support their needs. It's not about X-amount of hours and it's not about having to go back to the social worker to agree small adjustments, like half an hour.

– Cath Roff, Director of Adults and Health, Leeds City Council

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3.2 Relationships and co-production

‘When you as an individual are involved as an equal partner in designing the support and services you receive. Co-production recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care.’ – TLAP care and support jargon buster

As an immediate response to the pandemic, an array of national groups were established by the Department of Health and Social Care (DHSC) to produce guidance and support for the sector. Some were characterised by difficult conversations over issues such as the supply and distribution of personal protection equipment and funding to meet the extra costs of Covid. Early on, direct payment holders and their personal assistants felt largely invisible in this national response. However, from a tricky beginning some important shifts occurred.

People with lived experience from **TLAP’s National Co-Production Advisory Group** (NCAG) were invited to join some of the groups and the Minister of State for Social Care initiated a regular meeting with people lived experience. Feedback on policy and guidance was invited, and whilst the timescales for responding were often very short, this felt like progress. People with lived experience also became more closely involved with the All Party Parliamentary Group (APPG) for adult social care. This involvement has strengthened so that Sally Percival and Isaac Samuels, leaders of NCAG, now co-chair the APPG.

Co-production at a national level: Reimagining self-directed support group – Case study

As the national lockdown came into force the DHSC worked with the care and support sector to produce guidance for the different forms of social care provision (care homes, home care and supported living). The final guidance was on direct payments, where there was limited opportunity to provide feedback. Subsequently, the DHSC worked very closely with TLAP and **Skills for Care** to produce a supplement in the form of questions and answers, which led to a second version of the guidance being developed.

To support this work TLAP convened a group of direct payment holders and organisations that support the delivery of direct payments around a shared purpose. Through focussed meetings, the group tackled the issues around PPE, vaccination and testing, furlough and insurance. The whole process was championed by the DHSC civil servant who listened and responded to the co-produced approach, and who later shaped the personal assistant strand of the DHSC Winter Plan. The end result was guidance which was relevant and accessible to direct payment holders.

“

What I like about this group is it raises the voices of people who rely on health and social care, straight to the heart of the system and then you see the action straight away.

– Reimagining Social Care participant

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The group still meets regularly and is now concentrating on improving the management and delivery of direct payments. The lessons from the Covid experience are that the law in the form of the Care Act does not need to change, more that the push needs to be to ‘do the Care Act right’.

The group has played a major role in taking this learning forward through co-producing a resource on **Direct Payments: Working or Not Working?** It is contributing to a joint project between TLAP, the **Local Government Association** and **ADASS** to reduce unnecessary process and improve efficiency in the oversight of direct payments (forthcoming).

Other examples of good co-production at a local level enabled a quick response to issues (and helped translate national policy and guidance into local action). The Making it Real board in Telford and Wrekin led a range of initiatives in response to the pandemic, and has now established a more influential role across the council. This example, and others in this paper, suggests that areas with strong co-production infrastructure and relationships with people with lived experience were well placed to respond to the crisis, relative to others.

Co-production at a local level: Making it Real board, Telford and Wrekin – Case study

Telford and Wrekin council was an early adopter of **TLAP's Making it Real** approach and set up a **Making it Real Board**, which included people with lived experience. Before the pandemic, they met monthly and discussed different aspects of service delivery, from paperwork to hospital discharge. With the onset of Covid-19, a decision was made to pause the board whilst the local authority grappled with the crisis.

The board re-grouped in August 2020. Board members described the impact of the pandemic on them and those around them, particularly in terms of shielding and their isolation from friends and family. They were frustrated that the board had been paused, especially given the challenges they had faced. With a push to get members online, the board decided to meet monthly, to re-engage and learn from the experience.

Since then, the board has explored choice and control in the context of direct payments, and worked to support personal assistants with care badges and relevant information around PPE. They have tested out activities in a 'virtual house' as part of an Independent Living Centre. The board has also drawn up an adult social care charter and delivered staff training around it:

Additionally, the Making it Real board developed a set of co-production values to outline how people expect to treat each other and be treated, and to encourage others to join, to ensure ongoing challenge and vibrancy. Formalisation of the board's principles and processes also reflects its growing influence on the wider corporate council and the customer service strategy.

Relationships between the council and Making it Real board were undoubtedly challenged as the board was halted during the first six months of lockdown. The commitment to re-start it, plus the openness between local authority and board members, has helped shape an informed and effective response to Covid-19.

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During lockdown the board made a powerful video about the charter and what it means to them. They delivered a staff session on it which reminds us all why we're here and ensure that people with lived experience are at the forefront of our work.

– Sarah Dillon, Director of adult social care, Telford and Wrekin Council

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It's made us appreciate co-production and partnership much more than before. My background has always been about co-production but this experience has given us a deeper understanding of the impact of Covid upon people's lives.

– Sarah Dillon

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Other examples of promising practice

Commissioning in Somerset – Case study

Concerned for the safety and wellbeing of people drawing on care and support services, Somerset council worked with providers to identify different forms of support and services, re-deploying staff who would otherwise be furloughed as day centres closed.

Similar conversations took place with providers of services for people with dementia. One organisation went online, and another (with permission) stood in people’s gardens and did activities through their windows. **Somerset’s talking café** network moved online, offering a different topic every day; a move that would have been difficult to trial were it not for the impetus of the pandemic. Positive experiences – of both from those who delivered and accessed services – mean that a hybrid approach is likely to be offered in future.

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Rather than shutting services and furloughing staff, we said to providers we’ll keep paying you and you repurpose your staff to be in contact with these people and try and find a different way to support them. OK, you can’t provide five days per week day care, but can you touch base 1-2-1 once per week and talk to them outside and do it differently?

– Tim Baverstock, Deputy Director Adult Social Care, Somerset County Council

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We’d spent the last three or four years building a different relationship with providers... I think that helped [our response to Covid-19]. If we had a purely financial transactional relationship, it would have been really difficult to work through that. But let’s not give the council all the credit – it wasn’t just the council promoting the change, it was our providers saying what can we do to help? How can we do this differently? They didn’t want to stop supporting the people they wanted to help. I’m not sure we would have got that if we hadn’t been on the roadmap we’ve been on.

– Tim Baverstock

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The relationship between the local authority and providers was credited for the flexible response to Covid-19, which had moved from a transactional relationship to an ‘open book’ and collaborative relationship in supporting and caring for people.

The council also worked collaboratively with the local VCSE, investing in the strong network of community agents to run the majority of food distribution networks. They helped grow the market of micro-providers and personal assistants in the first three-four months of the pandemic from 400 to 700 to increase options to support people in their own home. This network will be included in the longer-term choice and care strategy in future.

Co-producing Tier 2 easy-read guidance with Together All Are Able – Case study

Together All Are Able (TAAA) is a small organisation on the Wirral run by and for disabled people. As the Wirral went into Tier 2 of local lockdown in September 2020, TAAA realised there was no easy read version of the tier system which explained the rules around what people were and were not allowed to do at that stage of the pandemic. They reached out to Wirral Mencap with a view to producing easy read guidance together with their members.

TAAA members and Wirral Mencap arranged a series of meetings to co-produce the easy read guidance. Using the Pathways Tier 2 video as a guide, the group worked hard to shape the language and find the right words. As well as sharing the guidance with the council and Wirral commissioners, it went out widely amongst members and through their networks, and received good feedback.

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For feedback from our members, we got simply 'this is great'! If it makes a difference and it helps people understand the rules then that's a good use of our time.

– Vicky Forfar, TAAA director and NCAG member

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The process also improved TAAA's relationship with **Wirral Mencap**, bringing their organisations closer together and creating a good working relationship.

Supporting organisational change in Somerset – Case study

Somerset currently has two tiers of local government, with the county council formally responsible for social care, and four district councils. Consultation is currently being undertaken to establish a single unitary authority or two unitary authorities on the Somerset footprint.

The pandemic revealed a whole swathe of the population which the councils knew existed (and some they didn't) but hadn't reached before. This included individuals on the shielding list and those who were arranging their own support or being supported informally. This cohort needed contact, both for reassurance and to be linked with their community for wider forms of support.

The situation gave the districts and county council an opportunity to work together more closely, to support people in the community through a coordinated response. This included setting up a single point of contact which helped ensure a joined-up response across the councils and with the voluntary, community and social enterprise sector.

Another step towards integration was the flexible use of the workforce within councils. Some staff were redeployed into different roles, often taking place out of the office and in the community. This increased confidence and understanding that the workforce could be used in a tactical and flexible way as required.

The experience of the councils coming together in response to the pandemic has provided useful learning should the decision be reached to form a single council or two for Somerset with district functions alongside County Council ones.

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There was no place for barriers during Covid-19. People in a community needed support and it didn't matter which body was able to provide that. [The response to Covid-19] swept away thresholds and red tape from an adult social care perspective the districts and county worked together.

– Tim Baverstock, Deputy Director, Adult Social Care, Somerset County Council

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4 | RECIPROCITY: THE THIRD R

'Mutual; principle or practice of give-and-take.' – Oxford English Dictionary

Covid-19 saw communities come together through the mushrooming of mutual aid groups, exponential rise in volunteering, and people helping neighbours. Whilst TLAP's *Telling Experience* report highlighted that some people with care and support needs felt isolated and left alone, there can be no doubt that in many places people and communities stood up for each other.

When exploring the power of people to deliver solutions during the pandemic, ADASS North West noted:

"COVID-19 has also highlighted the need to build people's personal resilience and capability. It has shone a light on the need for connectiveness to a community, and the importance of placing social and non-medical needs alongside medical needs."
– North West Covid Lessons Learnt highlight report, ADASS North West

Much of this community response was spontaneous, informal and ad hoc. Some areas had structures in place pre-pandemic that provided a foundation to build on the surge in offers of support. Other areas quickly developed an infrastructure to support this community effort. At the Social Care Future session on **Commissioning Social Care and Local Economies**, asset-based working in Leeds was highlighted whereby people receiving support are increasingly being seen as co-workers and re-builders of the local economy. This was described as 'moving beyond co-production and towards being citizen led'.

The lasting legacy of the community response to Covid-19 has rippled beyond the practical tasks delivered by local people during the first lockdown. Many support structures, including Facebook groups and informal street WhatsApp groups still exist and generate community activity and discussion. Whilst litter picking groups and community gardening might seem miles from formal social care, they are worth noting as indicative of more resilient, connected communities that can be drawn upon in future.

In areas which already had strong relationships with community organisations, reciprocity was felt through delivering win-win objectives with partners. For example, in Slough strong relationships with local community organisations meant that the local authority could help shape a response to meet the needs of specific groups, and then rely on the groups to share key messages in return.

'One Slough' Community Response – Case study

Slough has a good history of joint working, relationships, and partnership between the local authority, community, voluntary and social enterprise sector (VCSE) and faith groups. Co-production is embedded within this approach, with a strong co-production network and regular meetings for people who use services and family carers alongside senior leaders from adult social care and the local NHS. The Slough Wellbeing board has a sub-group which brings together Adults Health and Care partnership with the VCSE and co-production network for monthly meetings. These structures and relationships were well established before the pandemic.

With lockdown there was a period of adjustment as meetings moved on-line. There were shorter, more frequent catch-ups on the big issues during a rapid period of change:

The partnership between the council and the VCSE worked to identify how best they could support people who were shielding and clinically vulnerable. This took the form of a **One Slough** Community response, which meant that they could quickly establish a plan, allocate roles, agree key messages and avoid delay and duplication.

The strength of relationships within the partnership meant that the local authority had a greater insight into the specific needs facing groups and to help tailor an appropriate response. For example, the first wave of boxes of food had meat in them, making them unsuitable for a proportion of the local people. Relationships with local groups helped identify the problem and solution. Similarly, relationships with community leaders were critical for disseminating key messages around testing and vaccinations.

To support communications with diverse communities, Slough instigated a call out for volunteers to act as Covid Champions. Managed through the VCSE sector, and supported by the One Slough Community approach, these champions have successfully taken messages about testing and the vaccines back to their community. Slough hopes to capitalise on the positive energy and the number of people who have come forward to volunteer in future.

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Having the voice of people that use services alongside the Director and the clinical leads was really beneficial for us. Not only hearing about the difference in the statutory services but hearing the voice of people who used services and what was happening to them [which] grounded the work we were doing in Slough.

– Alan Sinclair, Director Adults and Communities, Slough Borough Council

Slough is an area with a very high BAME population. The council can do lots of comms, but actually the best impact was local community leaders having those conversations directly with local people.

– Alan Sinclair

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Other examples of promising practice

The community response in Leeds – Case study

As the country went into lockdown in 2020, many people who were shielding or self-isolating struggled with food and shopping, picking up prescriptions or drawing on care and support. With a background in the voluntary sector, the Director of Adults and Health for Leeds City Council agreed to chair a group bringing together the local authority and the voluntary sector to respond to those in crisis. 12 days later they had in partnership set up a welfare offer.

The voluntary sector network, which included organisations for older people, set up a number of hubs for coordinating voluntary effort on the ground, with council officers embedded within the response. Call handling was done by the council’s contact centre that channelled requests to neighbourhood food coordinators or to various voluntary organisations for prescription collecting and shopping.

Driven by the ‘blitz spirit’ of the first lockdown, and further facilitated by the scale of people on furlough, over nine and half thousand residents signed up to volunteer. Leeds drew upon their established asset-based community development principles and practice to help shape the response. They identified three tiers of volunteer, from those working with those most at risk, those running errands for a middle tier, to a final tier focussing on neighbourliness. **Voluntary Action Leeds** undertook induction training and CRB checks and distributed ID and security badges to volunteers working with those most at risk. Many local residents also took other forms of action such as setting up street WhatsApp groups, which lie well beyond the council’s remit but indicate longer term community resilience.

The council plans to draw upon this community spirit and neighbourliness when tackling the epidemic of loneliness, isolation and mental health challenges which have been exacerbated during Covid-19. This will form part of their mission that everybody with care and support needs in Leeds has got three good friends.

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We were really well placed to respond rapidly in partnership, and we used our strengths in both sectors to come together. There was some infrastructure the council could offer and then the reach of those community organisations, trusted by their communities, that were able to deliver their help on the ground. We had more volunteers than we had issues to deal with!

– Cath Roff, Director of Adults and Health, Leeds City Council

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Getting the vaccine to people with learning disabilities in Kent – Case study

The **Kent Learning Disability Partnership board** met in December 2020, initially to review the accessibility of guidance around Covid-19 vaccines. They found some easy read information from Learning Disability England which they put out on various social media platforms to ensure as many people as possible had access to the information and understood the key messages.

During the Partnership Board meeting, they discussed how people with learning disabilities were in group 3 of the vaccine roll out despite the higher risk Covid-19 has posed for them. Given this, the board decided to start a local campaign to get people with learning disabilities moved into a higher level of the vaccine programme.

A senior commissioner at Kent County Council on the board wrote to Kent and Medway CCG asking for people with learning disabilities to be prioritised and that GP surgeries should encourage people with learning disabilities to come forward. The Board met again and agreed to do another push, and the commissioner wrote to Kent and Medway CCG for a second time. Whilst things slowly improved, advocates were asked to support people to get onto the lists and attend vaccine appointments. The combination of people on the Partnership Board, including wider networks with other learning disabled people's organisations, meant that this happened more quickly than if it had been a single organisational push.

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We all agreed that something's got to change as why were people with a learning disability in Level 3? [We said] let's push to move people in Level 3 into Level 1 as so many people were dying.

– Steven Chapman, expert by experience, co-chair of Kent Learning Disability and Executive Board, member of the Kent Learning Disability Partnership Board and NCAG

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5 KEY MESSAGES TO INFORM AND INSPIRE SOCIAL CARE REFORM

Self-directed support and risk

In the area of self-directed support, particularly direct payments, we did not come across much, if anything, that suggests that enabling people to have greater flexibility to manage their own support put them at greater risk. Indeed, the opposite seems to be the case. However, and this is important, this is most definitely not a case of letting go. What seems to work is pro-active two-way communication and allowing people the space to make their own decisions by ensuring they have the information and support they need, as and when they need it. That is pretty much the original recipe for successful direct payments, but one that still works.

It is suggested that councils should take a hard look at their policy, systems, processes and practice for self-directed support and all forms of personal budgets to be sure that they enable authentic choice and control. The TLAP publication [Direct Payments: working or not working](#) and forthcoming work on improving efficiency in the oversight of direct payments are resources that can help with this. Any such review must engage with people with lived experience, if we are to get serious about self-directed support.

Commissioning and relationships

There is a growing recognition and acceptance that 'time and task' commissioning has had its day and is no longer fit for purpose. The emphasis should now be on a big push for asset-based collaborative commissioning based on whole place, whole person informed by the Care Act's wellbeing duty. Co-production with people and providers (with a broad view of who counts as a provider) is the essential lubricant.

Co-production and relationships

Those places that had good structures for co-production and engagement with people accessing care and support found that these were a helpful part of their armoury in responding to the pandemic. The imposition of the lockdown and social distancing necessitated clear communication in fast changing circumstances and rapid change to the support that could be offered. The examples here suggest those councils that kept going with co-production (or re-started after the initial shock of the onset of the pandemic) felt this was the right decision and has cemented their commitment to continue working in this way. This suggests there needs to be sustained investment in cash and kind, at national, regional and local levels to strengthen co-production, so that it becomes the generally accepted way of working.

Community mobilisation and reciprocity

The pandemic has seen people and communities come together to look out for each other. As in the case of co-production, where councils were already invested in this community minded approach, there was a good foundation for harnessing this spontaneous community action without overcontrolling it. All councils will have responded to wrap some infrastructure and support around this community mobilisation. As we move into recovery, there are challenges and opportunities to build on this. Councils (and not just the social care part of councils) have got used to acting on a much more local level (the hyper local) which has brought a richer and more detailed appreciation of assets and needs. This should provide a platform to push forward with community-based support.

At local and national level there is an opportunity to redefine the relationship and boundaries between state intervention and citizen action. In relation to social care, it will be important to find a middle way to avoid leaving communities to get on with it, or stifling community mobilisation by seeking to control it. Care will also need to be taken to ensure that we do not unintentionally re-invent a 'gift model', leading to a sharp divide between those citizens who give help and those dependent on receiving it. Additionally, it is vital that no-one is left behind. Community mobilisation should be a springboard for tackling inequalities.

In all these areas the speed of progress will partly depend on being prepared to share and learn from each other: between organisations and places, always drawing on the insights and experience of people who draw on care and support and unpaid carers.

5.1 Conclusion

Covid-19 has heralded a period of unprecedented crisis. With that crisis came great challenge, requiring an entire re-think of how to provide care and support to those in most need in a safe, appropriate and equitable way. Whilst the gaps in provision are well documented, with significant learning around what needs to change in future, this paper focusses on attitudes and behaviours that underpin the shoots of promising practice.

With positive risk taking, strong relationships and building upon a sense of reciprocity, the examples in this paper touch upon different points of adult social care as part of a more personalised vision of care and support. They also ripple beyond into the wider local response to the pandemic, highlighting the role of strong, resilient, connected communities.

We are grateful to those who have shared their stories over this period and hope that this paper helps continue the conversation around how to move closer to the high-quality personalised care and support as enshrined in the Care Act and the drive to further reform.



TLAP would like to thank everyone who contributed to this report and provided case studies.

Think Local Act Personal is an alliance of over 50 national social care, health and housing partners committed to improving the delivery of personalised, community-based care and support. It brings together people who use services and family carers, central and local government, provider bodies and other key groups to work together to ensure people live better lives.

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