

## HEALTH & SOCIAL CARE

# SUSTAINABLE SOLUTIONS TO THE CARE CRISIS



**“At the level of care systems, we aim to shape the debate about how care can be resourced, focusing on costs and contributions”**

**It is fair to say that social care is in crisis: a research programme at the University of Sheffield is considering the best ways forward, explains Professor Sue Yeandle**

**By Professor Sue Yeandle**

**P**olicymakers, practitioners and the public rarely agree, but it is now accepted that current arrangements for social care are ‘in crisis’. We see it for ourselves in the poor care regularly reported in the media and the courts. It is experienced, often in quiet desperation, in homes around the country. Many of our almost seven million carers are unsupported and under strain. ‘Crisis’ well describes the pressures in our care services, failings of our models of care support and consequences of local and national budgetary constraints. How can we get from ‘crisis of care’ to ‘sustainable’ care?

Our new research programme, ‘Sustainable Care: connecting people and systems’, based at the University of Sheffield, offers a unique opportunity to make a difference in a field where new thinking, and action, is greatly needed. Funded

by the ESRC - the Economic and Social Research Council - and developed with UK and international partners, it creates a major opportunity for new research on care and caring. The programme aims to show what sustainable care arrangements need to look like in the future. It is based on the premise that giving and receiving care is fundamental to life and that care needs are continuing to grow.

Sustainable care means arrangements which work for the long term, not just papering over the cracks. Our focus is on the systems, relationships and work of care. We hypothesise that, whether made privately by families, offered commercially, or publicly funded, care arrangements cannot be sustainable if they harm either the recipient or the provider of care. Nor will care be sustainable unless responsibility is shared. This builds on the idea that we need a new social contract for care, between individuals and families; organisations and businesses;

neighbourhoods and communities; and all the institutions of the local and national state. It also addresses the goals of the Care Act 2014 which made ‘wellbeing’ and ‘prevention’ central to statutory care responsibilities.

The current crisis stems from population ageing, increased longevity with care needs, the austerity which followed the global financial crisis and shortages, low pay and poor working conditions in paid care work.

We are studying under researched topics. How do paid care work and (unpaid) caring connect and interact and can this be improved? We know home care services are often poorly integrated with help from families and friends. How will future care arrangements be affected by diversity, mobility and new migration patterns? How the UK leaves the EU is crucial; many UK citizens are ageing in other EU states; our paid care workforce includes many EU workers; and past migrants to



► the UK are ageing, with family support needs, or relatives who might assist them, living elsewhere.

Can technology help? Technology offers solutions designed to protect, connect, inform and reassure people needing care and their families. What benefits and risks do these wearables, robots, monitoring systems, apps and inventions based on artificial intelligence bring - and for whom? Are better ways of supporting people living at home emerging? Can commercial or not-for-profit home care businesses emerge or adapt to provide the range, quality and volume of support needed? What makes them fail or succeed? And how are those who need or provide care affected?

Our approach centres on the practicalities and organisation of care, and on wellbeing, political economy, rights and ethics. It aims to promote serious new thinking about sustainable care and how lasting benefits, centred on wellbeing

principles, can be achieved. Working with partners on practical, scale-able and sustainable solutions, our programme is multidisciplinary, comparative and innovative.

At the level of care systems, we aim to shape the debate about how care can be resourced, focusing on costs and contributions. We will work with industry and designers to ensure innovation in care technologies is acceptable, useful and cost-effective and improves care coordination. At the level of care work and relationships, we will work with employers to transform workforce organisation; contribute to debate on 'care leave'; connect with designers, manufacturers and service providers on a new technology platform for people combining work and care; and identify practical solutions to the care needs of ageing migrants.

We have eight research teams, led by senior scholars in three universities, and a UK team of 12 postdoctoral researchers

and PhD students. Our three UKRI Innovation fellows will work directly with industry, exploring innovations in home care, care technologies in the home, and workplace support for employees with care responsibilities.

We will connect with policymakers, industry and practitioners and our international network in 16 countries, exchanging data, methods, policy ideas and personnel to really make a difference. We kick-start our approach this spring with seven 'Re-Imagining Care' Round Tables with external partners, as we prepare a submission to inform the 2018 Social Care Green Paper. We will report as our new findings emerge; respond to developments; join the debate on long term solutions; and publish on sustainable care in formats suitable for the widest possible audience.

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*Professor Sue Yeandle*