IMPACT
Improving Adult Care Together

Economic
and Social
Research Council

The
Health
Foundation

IMPACT
Survey Report

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Acknowledgements

IMPACT ('Improving Adult Care Together') wishes to thank all the individuals across the UK who contributed their valuable time and knowledge by participating in our national survey.

IMPACT is grateful to people who draw on adult social care services, their carers, family members, adult social care workers, care providers, commissioners, researchers, national and local policymakers, regulators and many others who shared their views, experiences and insights. We are also very grateful to the many organisations and individuals who helped in commenting on drafts of the survey and who helped to disseminate it to their networks.

The image on the front of this report is taken from responses provided by one of our 'IMPACT Assemblies' to the question: what does good care look like?

Note: this is an internal document which we have produced to help with our planning and the design of IMPACT's delivery models and work programme. We will be drawing on these insights in various ways during 2022 and beyond. However, we also wanted to make the underlying data from the survey available to anyone who is interested, and in case this can help other people working on or thinking about these issues. NB – in a small number of diagrams we haven't set out the exact % of responses for some categories where this is very small and where additional labels would over-complicate/hinder understanding (e.g. Figures 14-15) – the overall layout/colour-coding summarises the overall spread of responses much better than adding extra and very detailed labels.

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Introduction

This national survey of the adult social care sector was conducted as part of a 'Co-design' phase for IMPACT, the new UK centre for implementing evidence in adult social care. The aim was to gain a better understanding of what constitutes evidence for different stakeholders, how evidence is currently used in adult social care (or not), how IMPACT should design its work programme, what topic areas to prioritise and how people like to communicate.

The survey aimed to capture and represent the views and opinions of all people who are involved with or connected to adult social care. We were particularly interested in hearing from:

- People who draw on care and support
- Carers
- People who work in social care (especially in 'front-line' care roles)
- People who don't usually get asked to contribute their views or whose voices are seldom heard

This report sets out the main findings from the survey. These will be used to develop IMPACT's design and 2022 work programme, its delivery models and its overall approach.

Methods

The survey was conducted by the IMPACT team using an online form created on 'Qualtrics' (web-based software that allows users to create and send out a survey, monitor response rates and collate results). We were interested in hearing from anyone involved with or connected to adult social care, particularly people who don't usually take part in such debates or whose voices are seldom heard. To maximise scope for different people to take part in ways that worked for them, we made sure that people could engage with us in different ways:

- The survey was available in an easy read version/large print version (designed for respondents with a learning disability and/or people with visual impairment)
- The survey was translated into Welsh and the five most common other languages (Polish, Bengali, Urdu, Punjabi and Gujarati)
- People could complete the survey by themselves or with support from someone else
- People could complete the survey as an individual or as part of a group (for example, a Chair could talk through the questions at an AGM, or a support worker could complete with a group of self-advocates with learning disabilities)
- People could contact us to ask for a hard copy or send in responses by email if this would work better for them

The survey was distributed online, via social media and in regular bulletins via the networks of IMPACT's Leadership Team and Consortium, and via adult social care stakeholders across the UK. A Lived Experience Engagement Lead also helped to promote the survey to user- and carer-led organisations and various national co-production networks. The survey was also promoted in individual stakeholder engagement meetings with over 100 social care organisations across the UK, and via sessions at a series of social care events and conferences.

The survey remained open between 3rd of June and 8th October 2021. The full text of the survey (in Word format, not exactly as it appeared when entered into Qualtrics) is included in Appendix A, but asked about:

- People's position within the adult social care sector, their geographical location and a number of protected characteristics
- Possible ways in which IMPACT should prioritise its work
- Possible topics that IMPACT could usefully explore
- What role evidence currently plays in shaping adult social care (if any)
- Ways of boosting the contribution of evidence/overcoming current barriers
- What constitutes valid evidence/whose voice should be heard during these debates
- How people like to communicate

The survey was primarily quantitative, asking people to state the importance of a series of possible answers/topics by ranking from 0 (not important at all) through to 5 (very important). However, several questions also enabled people to add their own priorities and ideas (for example, asking 'Are there other things that matter to you? *(Please specify and explain your answer)*'). Many people provided extended responses to these questions.

The survey was preceded by clear information explaining the purpose of the survey, that participation was voluntary, that participants would not be identifiable and what the results will be used for. We didn't want to put people off by insisting that they complete all questions, so people could choose which questions they wanted to answer. This means that not all questions have been completed by all respondents, so where relevant we make clear the sample size. The number of responses that have been analysed for each question is, therefore, lower than the total number of survey responses received.

The data collected from respondents were analysed using descriptive statistics and frequency counts, as well as a process of thematic analysis for the qualitative data provided by respondents in open-ended or free text questions.

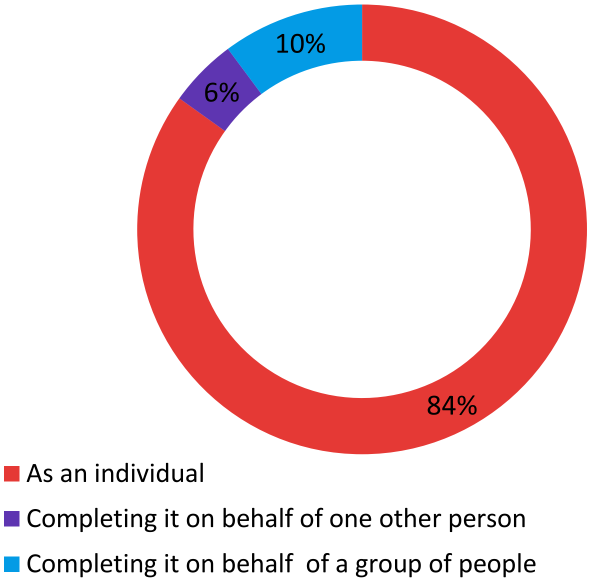
While we have data for each question which can be broken down by the different nations of the UK, and by people's role and position within the social care system, **key themes were remarkably consistent across all groups and locations**. As a result, we do not break each question down in this way (this would lead to lots of extra charts with large amounts of detail, but essentially repeating the same overall messages), choosing instead to highlight any minor differences of emphasis in the main text.

Who took part?

Altogether, **2,165** people took part in the survey, suggesting high levels of engagement with IMPACT in a very difficult external policy context. **We believe that this is one of the largest surveys on such issues that may ever have been undertaken in adult social care**.

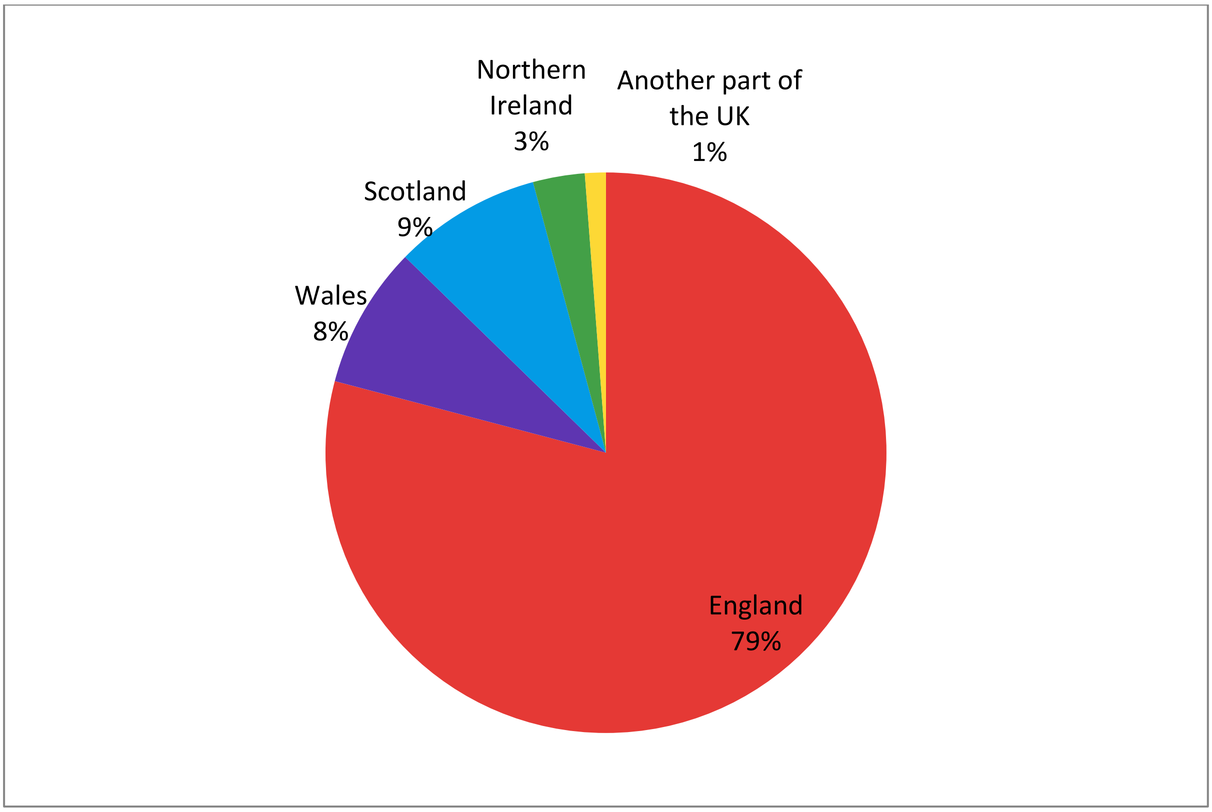
2,096 people completed the standard online survey. Of these 9 people completed in Welsh, 5 in Bengali and 3 in Polish. Sixty-nine people completed the easy read version. While most people (1,357, 84%) completed the survey as individuals, 163 (10%) completed it on behalf of a group of people and 99 (6%) completed it on behalf of another person.

Figure 1: How people completed the survey (n=1,619)



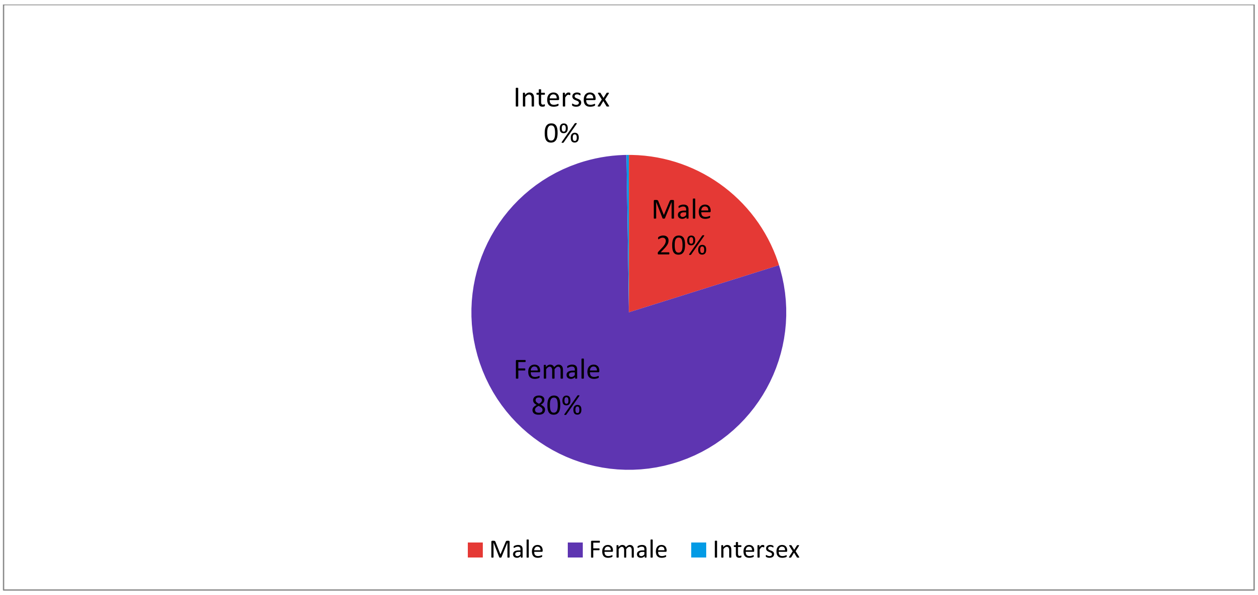
In terms of national location, the largest number of participants (1,269, 79%) were from England, 137 (9%) were from Scotland, 132 (8%) were from Wales, 51 (3%) were from Northern Ireland and 20 (1%) were from organisations who indicated they cover the whole of the UK or based in other locations (such as the Channel Islands). This is **broadly similar to the overall distribution of the UK population** (England = 84.3%, Scotland = 8.1%, Wales = 4.7%, Northern Ireland = 2.8%; see ONS, 2021), but with a higher response rate per head of population in Wales and a slightly lower response rate in England.

Figure 2: Response rate by nation (n=1,609)



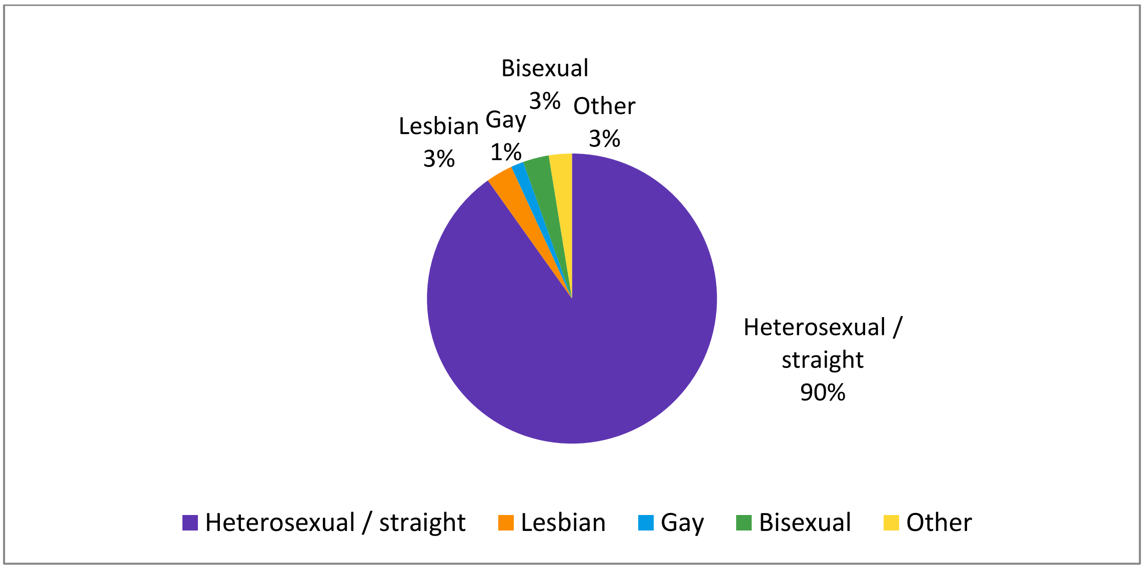
Eighty per cent (n=1,024) of respondents were female and 20% (n=257) male. While this is very similar to the overall make-up of the adult social care workforce (see, for example, Skills for Care, 2021, p.78 for an example from one nation - which suggests a workforce that is 82% female), this overall situation raises important questions about **gender**, and future scope to get men more involved in caring roles.

Figure 3: Response rate by sex (n=1,281)



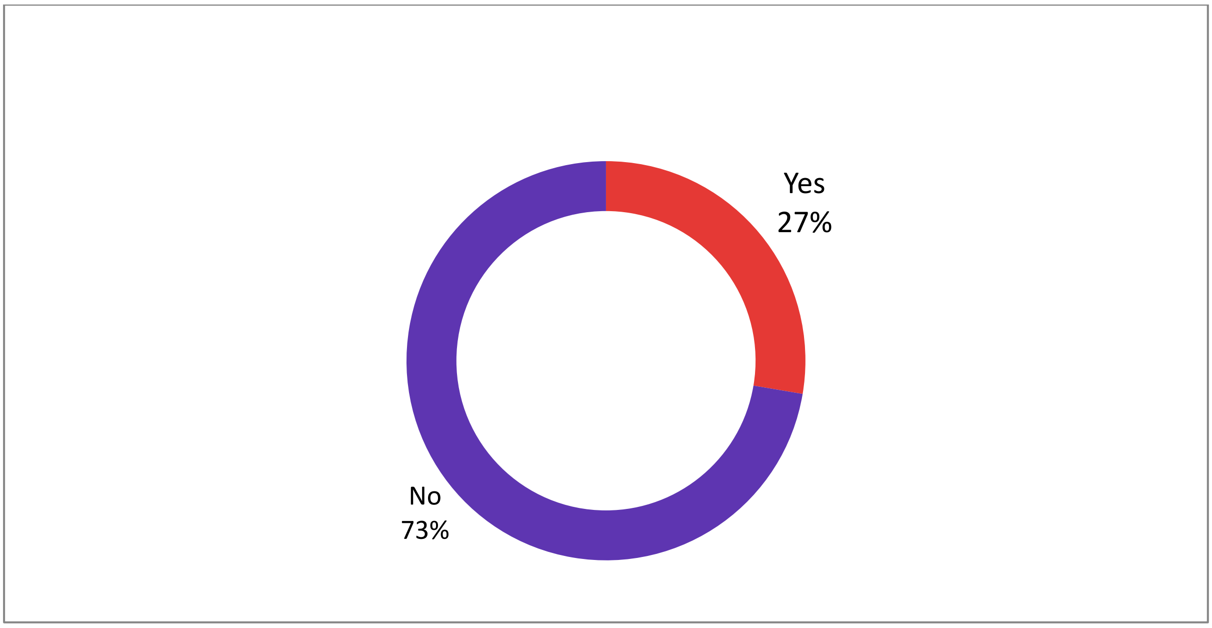
Of 1,208 respondents who responded to the question on sexual orientation, 90% (n=1,089) identify as heterosexual.

Figure 4: Response rate by sexual orientation (n=1,208)



In total, 27% of respondents said that they had a disability or a long-term health problem.

Figure 5: Do you have a disability or long-term health problems? (n=1,273)



In terms of ethnicity, 92% (n=1,171) of respondents were white, 2% (n=24) identified themselves as being from a mixed ethnic group (for example, White and Black Caribbean, White and Black African, White and Asian etc), 3% (n=36) were Asian/Asian British, 2% (n=27) were Black or Black British and 1% (n=18) were from another background (for example, Arab). This is slightly different to the overall make-up of the UK population (where 87% = white - Statista, 2021), and **suggests a need for IMPACT to continue to work on how it reaches and communicates with people from black and minority ethnic communities**.

Table 1: Response rate by ethnicity (n=1,275)

White	92.1%
Mixed	1.8%
Asian	2.9%
Black/Black British	2.0%
Other	1.3%

In terms of religious beliefs, nearly 45% of respondents said that they were Christian and around half said that they were not religious or were atheists. **This may mean that there is more for IMPACT to do with particular faith groups**.

Table 2: Respondents by religion (n=1,270)

No religion	42.8%
Atheist	5.8%
Buddhist	1.1%
Christian (including Catholics and Christian denominations)	44.9%
Hindu	0.9%
Jewish	0.6%
Muslim	0.7%
Sikh	0.4%
Any other religion	2.7%

Participants were asked to identify their role within adult social care, with 1,584 providing a response (see Table 3). The largest group of respondents (n=391, 25%) identified themselves as 'front-line' workers, while 203 people (13%) described themselves as carers and 137 (9%) were people who currently draw on care and support. **This means that just under half of our respondents were people drawing on care and support, carers or front-line workers**. While we are pleased that this is the case, we will need to continue to work hard at hearing these voices – particularly in terms of people who draw on care and support and carers in some nations. People who said that they worked in another role n=349 (22%) identified roles such as research, OT, consultancy, non-governmental organisations and advocacy.

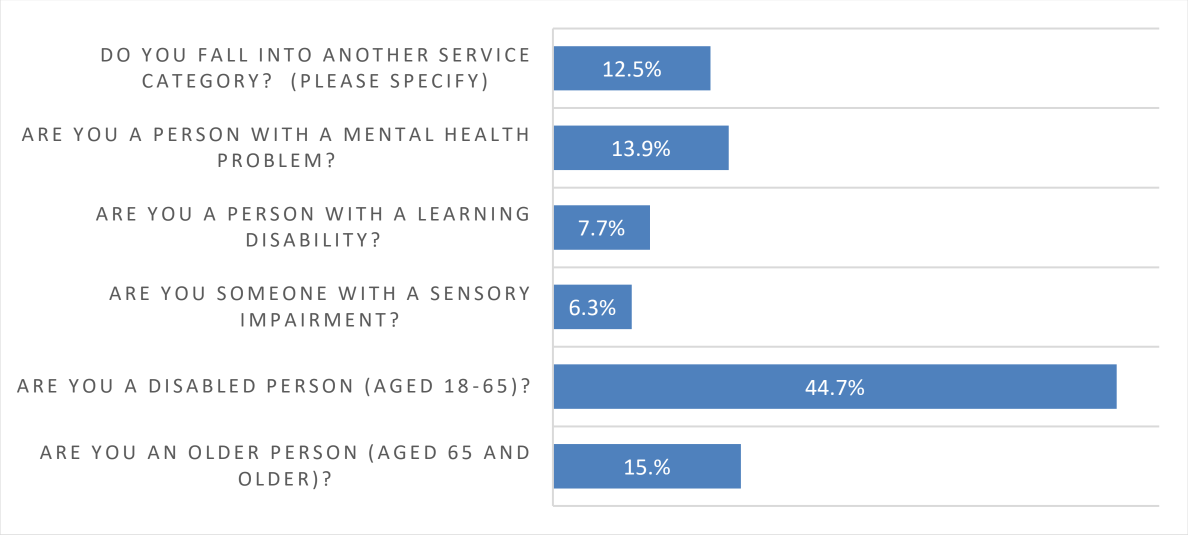
In practice, we recognise that a number of these descriptions may overlap and that people often have multiple elements to their roles and identity.

For the 137 respondents who reported that they draw on care and support services, 44% (n=60) said that they were disabled people aged between 18 and 65, 15% (n=20) said they were older people aged 65 and above, 14% (n=19) said that they had a mental health problem, 8% (n=11) had a learning disability and 6% (n=8) had some form of sensory impairment. People who described themselves as falling into another service category (12%, n=17) included people who indicated that they have dementia, autism or a long-term health condition, stroke survivors and those who indicated they fell into more than one category included in the question (for example, an older person with learning difficulties).

Table 3: Role with adult social care (n=1,584)

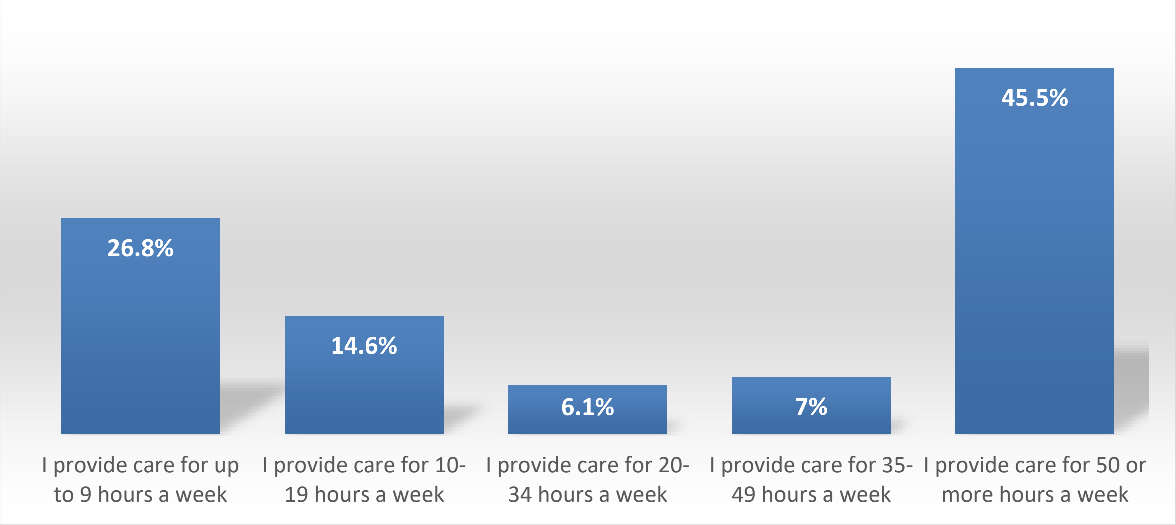
	Total	England	Wales	Scotland	Northern Ireland	Another part of the UK
Total	**1,584.0**	**1,247.0**	**130.0**	**138.0**	**50.0**	**19.0**
Currently draw on care and support	137.0	116.0	7.0	8.0	6.0	0.0
Carer	203.0	177.0	10.0	14.0	2.0	0.0
'Front-line' worker in adult social care	391.0	312.0	50.0	19.0	8.0	2.0
Manager/owner of a care service (service provider)	265.0	185.0	25.0	35.0	20.0	0.0
Commissioner or strategic planner	77.0	60.0	10.0	7.0	0.0	0.0
Director of Social Services (or equivalent)	13.0	10.0	1.0	1.0	0.0	1.0
Work in the NHS	42.0	34.0	0.0	4.0	4.0	0.0
Work in housing	18.0	16.0	1.0	0.0	1.0	0.0
Local councillor	3.0	2.0	0.0	1.0	0.0	0.0
National voluntary organisation that advocates/campaigns	48.0	36.0	2.0	7.0	0.0	3.0
Work for a trade union	0.0	0.0	0.0	0.0	0.0	0.0
Work for a regulator	9.0	5.0	0.0	3.0	0.0	1.0
National policymaker or work in a national body	29.0	22.0	3.0	3.0	0.0	1.0
Work in another role (please specify)	349.0	272.0	21.0	36.0	9.0	11.0

Figure 6: People drawing on care and support (n=137)



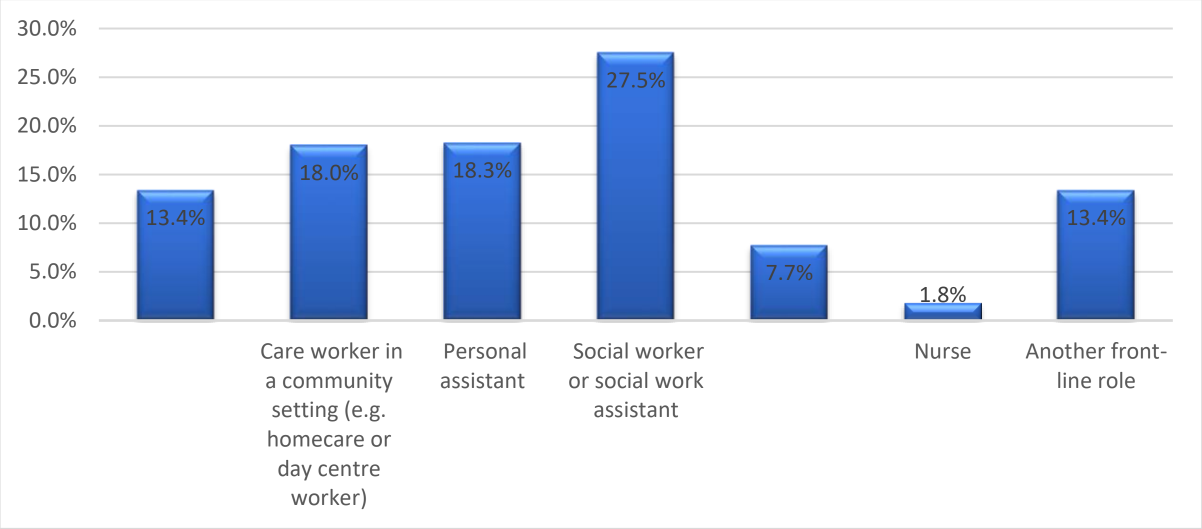
Out of the 203 carers who took part, 45.5% provide care for 50 or more hours a week.

Figure 7: Number of hours carers provide unpaid care (n=203)



Frontline workers were asked to identify their role. Out of the 391 people responding, 28% (n=108) were social workers/social work assistants, 18% (n=72) were personal assistants, 18% (n=70) were care workers in a community setting (for example, home care or day care workers) and 13% (n=52) were care workers in a residential setting. Those respondents (13%, n=52) who said that they worked in 'other' front-line roles included positions as telephone support workers and community link officers.

Figure 8: Different types of front-line workers (n=391)



Of 265 managers/owners of a care service (service providers), most worked within the private sector (58%, n=155), 17% (n=46) in the voluntary sector, 12% (n=32) in the public sector, 3% (n=8) in a social enterprise and under 1% (n=2) in a micro-enterprise. Those who said that they work in another type of service or sector (8%, n=21) gave examples of working for co-operatives, in other kinds of charities or representing care providers across the voluntary and private sectors. Three-quarters (75%, n=199) of service providers said that they were the 'registered manager' or 'responsible individual' for their service.

Figure 9: Service providers by sector (n=265)

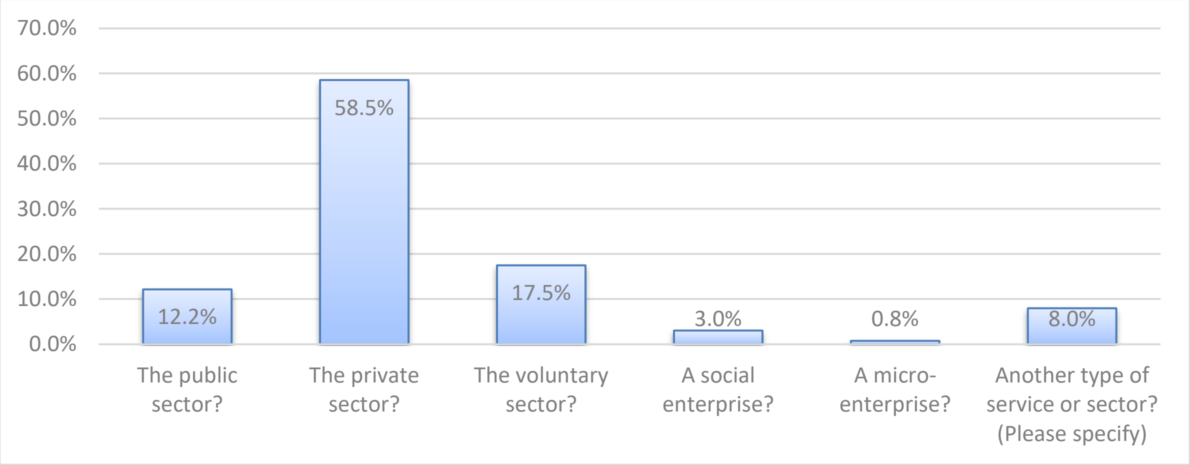
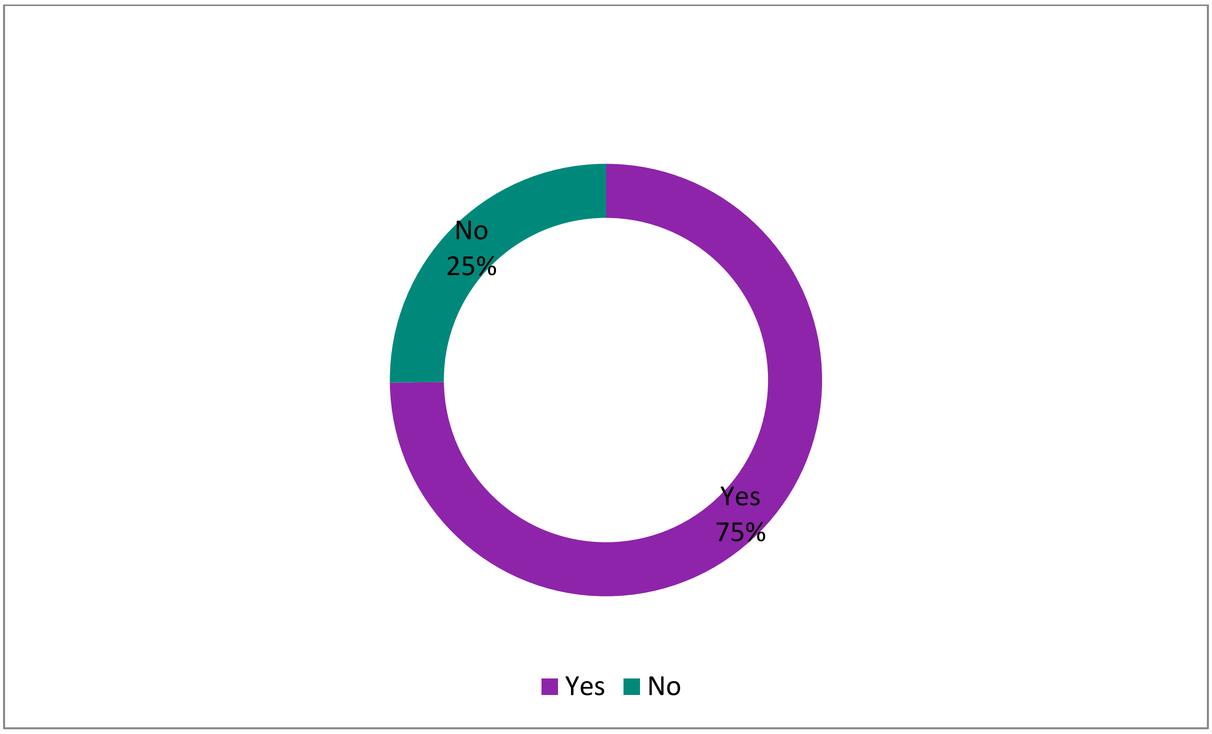


Figure 10: Are you the 'registered manager' or 'responsible individual' for this service? (n=265)



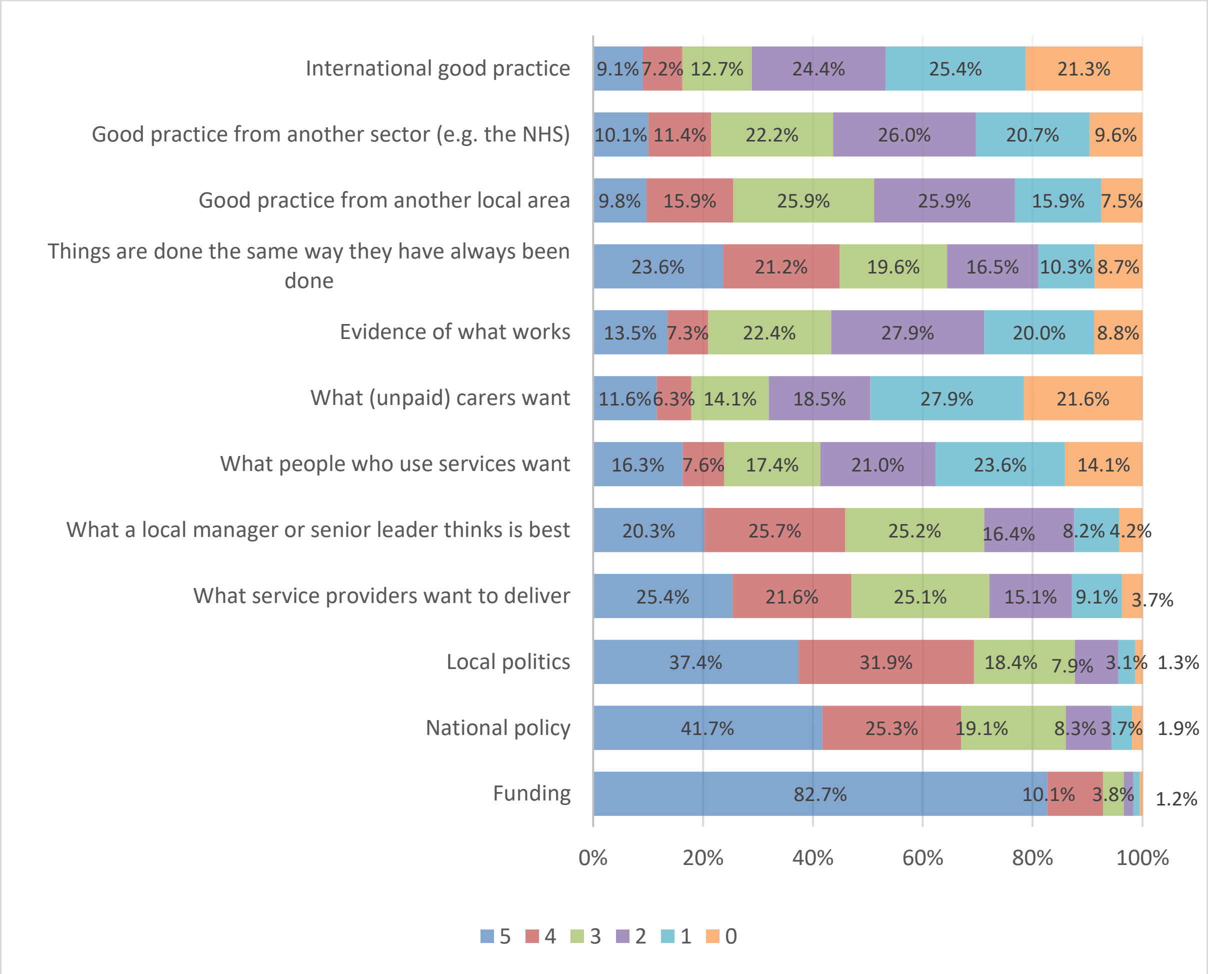
Findings

1. The role of evidence in shaping adult social care

To help us understand more about the role of evidence, participants were asked to identify from a list of options what they think shapes what happens in social care, scoring each factor from 0 (does not shape social care at all) to 5 (shapes social care a lot). 1,251 respondents answered this question. Perhaps unsurprisingly, lack of funding was selected as highly significant by the overwhelming majority of people (83%, n=1,035). Other key influences on adult social care were national policy (what government says should happen) (selected as very important by 42%, n=521), local policy (what councils say should happen) (selected as very important by 37%, n=464), what service providers want to deliver (seen as very important by 25%, n=312) and things being done in the same way they always have (23%, n=287). Relatively few people felt that social care is shaped by good practice from other sectors or from international good practice. What people drawing on care and support or carers want was also given a low score. Crucially for IMPACT, **evidence of what works was only seen as very important in shaping social care by 13% (n=166) respondents and as important by 7% (n=90)**.

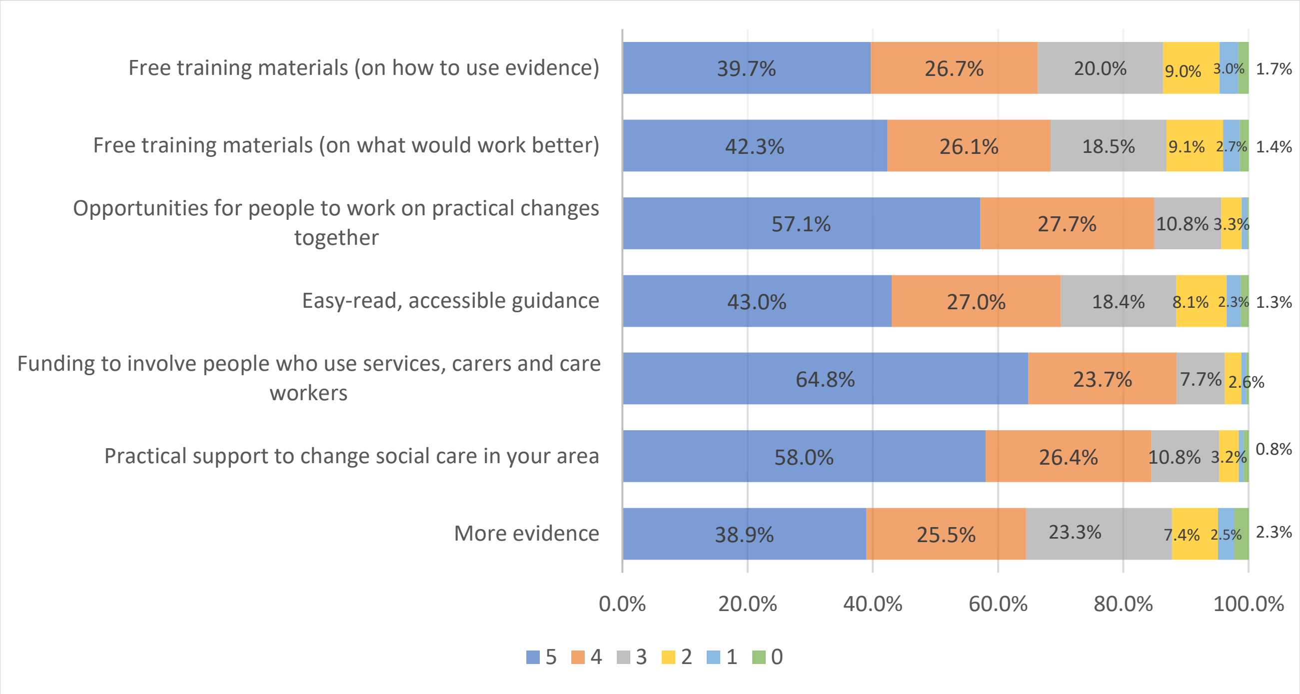
Free text comments also highlighted factors such as political ideology, the role of regulators, NICE guidelines as well as the availability or lack of availability of well-trained staff in the sector.

Figure 11: what shapes what happens in social care? *(Score each 0-5, with ‘5’ shapes social care A LOT, and ‘0’ does not shape social care AT ALL)* **(n=1,251)**



When asked what would help to ensure that evidence about what works is used to shape adult social care, people prioritised funding to involve people who draw on care and support, carers and care workers as very important (64%, n=838), practical support to change social care in the local area (57%, n=747), and opportunities for people to work on practical changes together (56%, n=734). There was less appetite for more evidence or for training (either on how to use evidence or on how what would work better).

Figure 12: What would help ensure evidence about what works in adult social care is used? *(Score each of the following 0-5, with '5' VERY important and '0' NOT important at all)* **(n=1,318)**



Analysis of respondents' in-depth comments shows that there is a general consensus that there is enough evidence of what works, but a lack of evidence that is co-produced by different stakeholders and a lack of shared purpose across a fragmented sector. Some also felt that current evidence is very 'academic' and not sufficiently accessible to people drawing on care and support, carers or front-line workers. For many people, we already know a lot about what works, but the difficulty is doing it in practice:

> *Listen, learn, work with [disabled people's/user-led organisations/the voluntary and community sector]… We have extensive experience and work at grass roots level, we are trusted organisations that can effectively represent the needs of our stakeholders, we have experience across the whole system, and have or are piloting successful approaches. There is already so much learning and evidence, we just need to implement it.*

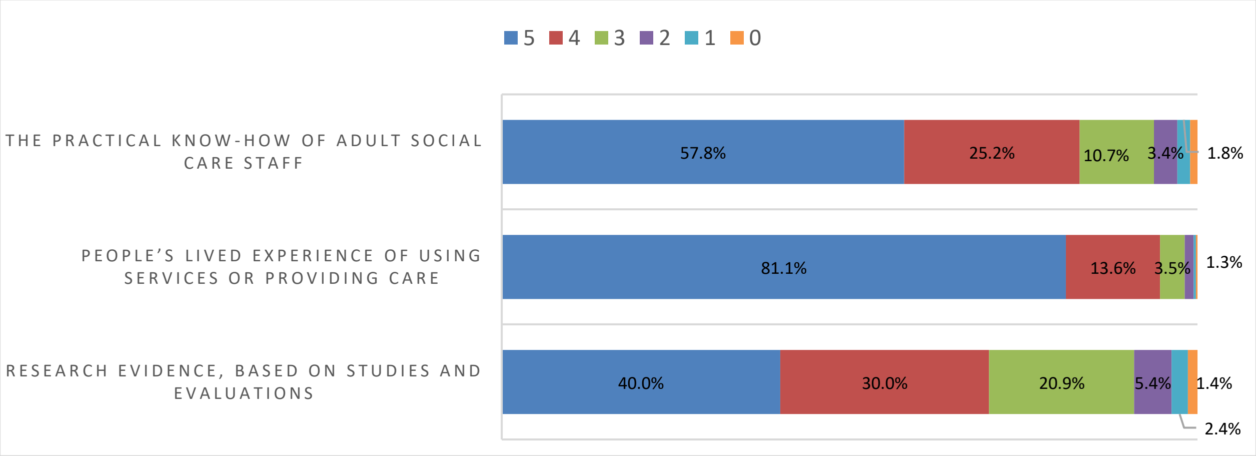
> *There're loads of evidence about what works - less about how what works in one situation or place can work in another place or situation. So, focus on making change rather than producing more and more evidence that people don't use.*

Some respondents also pointed out that the competitive nature of the adult social care sector makes it difficult for stakeholders to collaborate, and instead forces people to compete against each other for scarce resources.

2. What constitutes valid evidence?

In thinking about what types of knowledge might help us identify what works in adult social care, there was an overwhelming sense that people's lived experiences of drawing on care and support or of being a carer were a crucial form of knowledge. Participants also really valued the practical knowledge of social care staff. While research evidence was seen as less important than these other forms of knowledge, it was still significant to the majority of people.

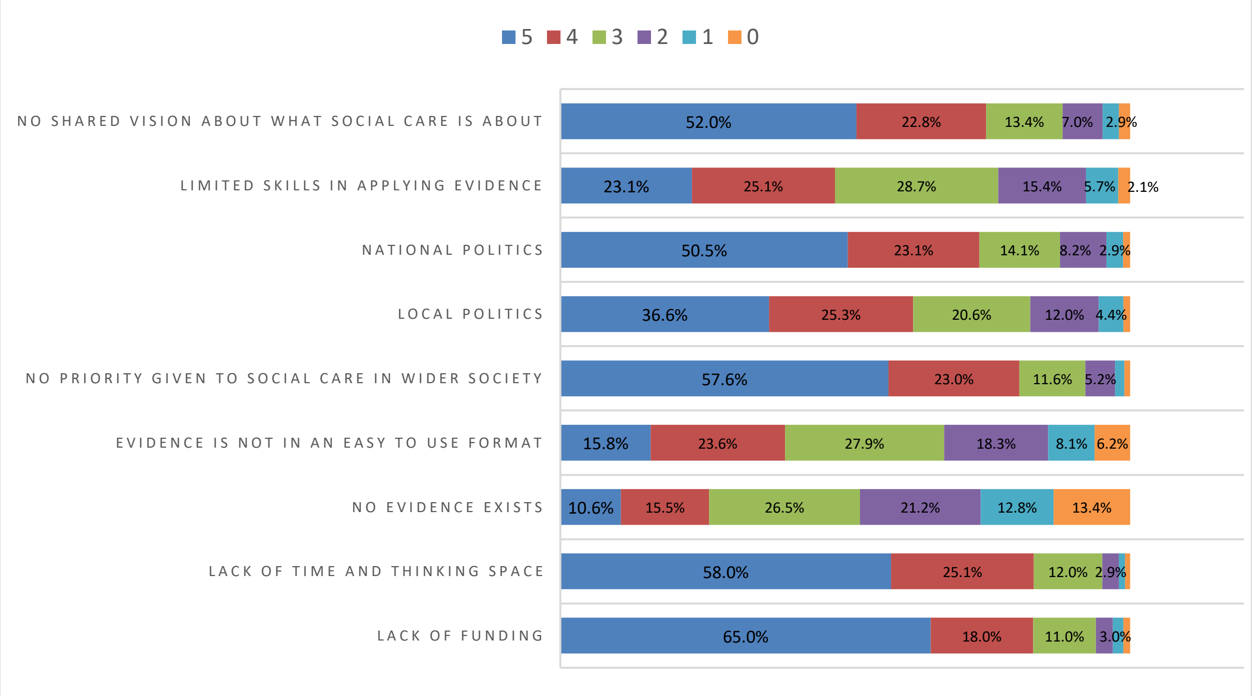
Figure 13: Understanding what works might involve different kinds of knowledge. How important are each of these to you? *(Score each of the following 0-5, with '5' VERY important, and '0' NOT important at all)* **(n= 1,251)**



3. Barriers to using evidence to improve adult social care

Given the importance of evidence (broadly defined), the survey asked about barriers to the use of evidence in adult social care. The most significant factors were felt to be lack of funding, lack of time and thinking space, the lack of priority given to adult social care in wider society, and no shared vision as to what adult social care should be about. In contrast, factors such as lack of evidence, lack of evidence in accessible forms and lack of skills to use evidence were seen as less significant.

Figure 14: What are the barriers to using evidence to improve social care? *(Score each of the following 0-5, with '5' a VERY important barrier and '0' NOT a barrier at all)* **(n=1,255)**



There were only minor differences of emphasis between different stakeholders, with some groups (for example, commissioners, Directors of Social Services and policymakers) focusing slightly less on lack of funding per se, and slightly more on lack of priority given to social care in wider society, lack of time and thinking space, and lack of shared vision – but key messages were nonetheless very consistent across groups.

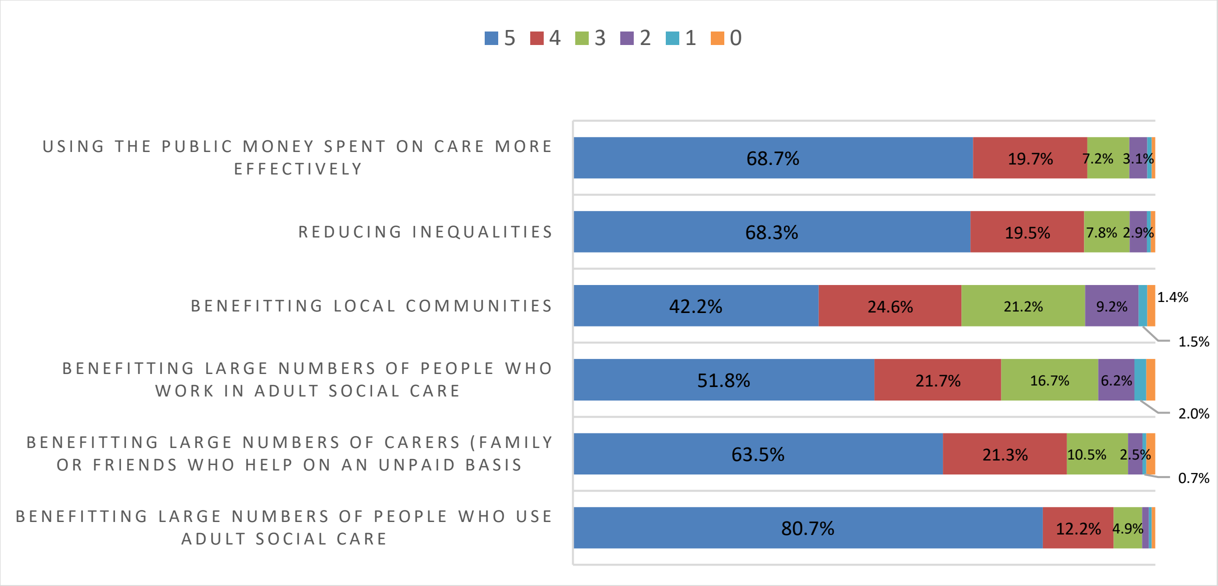
In free text, respondents also identified additional barriers to the use of evidence, including a lack of co-production of evidence, a lack of coordination between different stakeholders in seeking to use evidence, and a tendency to prioritise health over social care. A number of participants also felt that current systems can be driven more by a fairly limited set of performance measures than by evidence of what works, and many people felt that evidence is not collated and used systematically across teams, organisations and sectors. Some people also felt that research can be difficult to understand – while not really wanting more training on how to use evidence, they would welcome some practical support to work with evidence when seeking to bring about change on the ground. Linked to this, a number of people felt that a key focus of IMPACT should be on person-centred approaches, and that particular kinds of research evidence can be unhelpful in developing more personalised approaches if they treat people in a 'one size fits all' manner.

4. Factors to consider as we shape our work

Our Assemblies and broader stakeholder engagement have suggested that it will be crucial for IMPACT to have clear and accessible criteria that it uses to shape and prioritise its work programme. We therefore asked people which criteria they felt would be most important when doing this, rating each possible criterion on a scale of 0 (not important at all) to 5 (very important). People were also asked to identify other possible criteria that we had missed or additional things that were important to them.

By far the most important criterion was 'benefitting large number of people who use adult social care' (80%, n=1,063). This was followed by 'using public money spent more effectively on care' (67%, n=890), reducing inequalities (66%, n=884), benefitting large numbers of carers (62%, n=829) and benefitting large number of people who work in adult social care (50%, n=668). Benefitting local communities had been suggested as an additional issue to consider by some of our broader stakeholders, but was not scored quite as highly here (although 40%, n=540) people still agreed that this was very important).

Figure 15: When we're deciding our overall priorities, which of the following are important to you? *(Score each of the following 0-5, with '5' VERY important and '0' NOT important at all):* **(n=1,334)**



While there were minor differences between different nations of the UK, the overall messages seemed very consistent across different geographies.

Table 4: Criteria for prioritising the work programme, by nation (n=1,334)

Results for 5 (very important)	*Total*	*England*	*Wales*	*Scotland*	*Northern Ireland*	*Another part of the UK*
Benefitting large numbers of people who use adult social care	80.7%	80.8%	72.6%	88.3%	82.9%	72.2%
Benefitting large numbers of carers	63.5%	64.1%	59.6%	60.2%	65.0%	66.7%
Benefitting large numbers of people who work in ASC	51.8%	50.8%	56.7%	52.0%	65.9%	44.4%
Benefitting local communities	42.1%	42.8%	45.1%	31.7%	42.5%	44.4%
Reducing inequalities	68.3%	67.4%	68.3%	71.3%	80.0%	77.8%
Using the public money spent on care more effectively	68.8%	68.3%	79.6%	59.2%	80.5%	64.7%

In free-text comments, respondents also emphasised the importance of:

- Training, better remuneration and upskilling of social care staff
- Challenging power relations in research
- Innovations in community service delivery
- Co-production and individuals who draw on care and support being involved in the design of services

5. Topics that IMPACT should address

We also asked respondents which topics they thought would be important for IMPACT. The most important topics were found to be:

- Prevention and well-being[1]
- Assets-based and person-centred approaches
- Carers' health and well-being
- Supporting people who work in adult social care
- Considering the needs of people who pay for their own care or who have unmet needs

Despite lots of broader debates about the role of new technologies, there was less support for this as a key area of focus in its own right.

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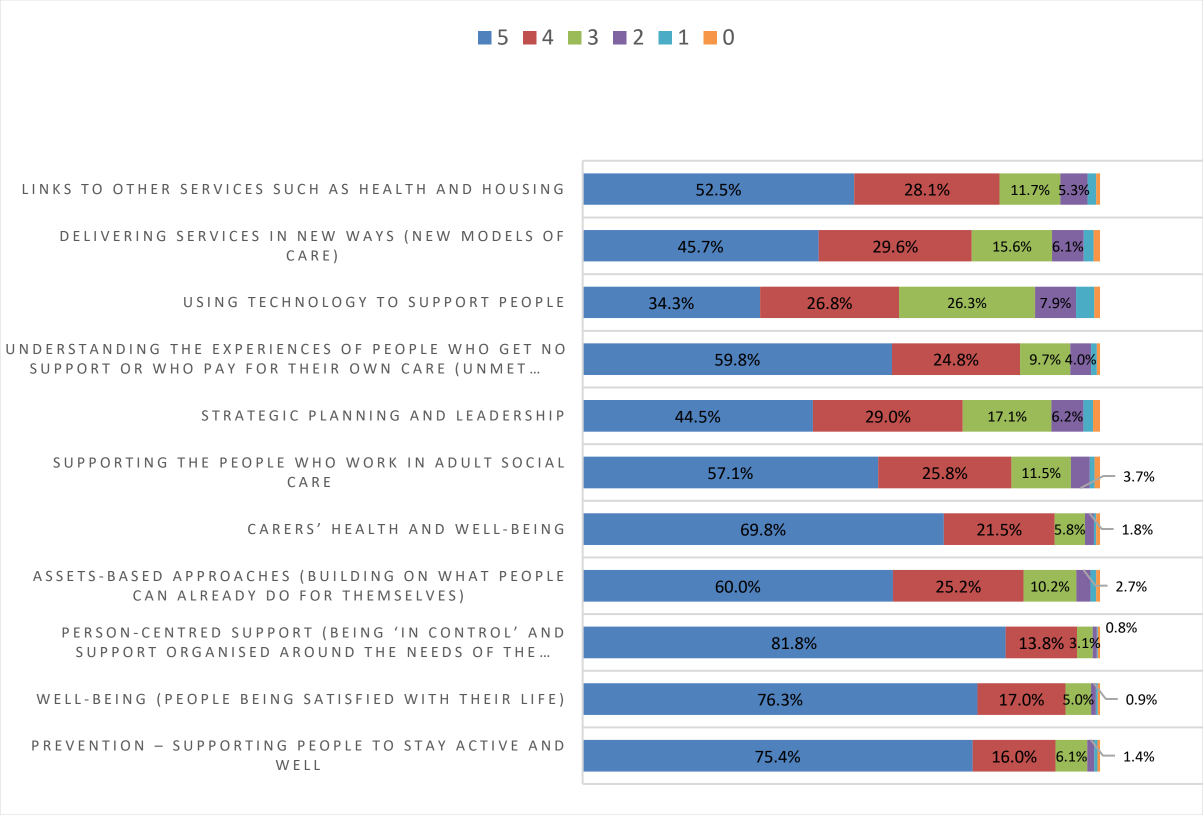
[1] In our original thinking, we had seen 'prevention and well-being' as a single category in its own right (and similarly with 'assets-based and person-centred approaches'). While these were separated out when the survey was translated into easy read, we have kept these concepts together for present purposes.

Figure 16: We are considering the following topics: which do you think are important?

(Score each of the following 0-5, with ‘5’ VERY important and ‘0’ NOT important at all) **(n=1,327)**



Overall, there was remarkable consistency across all respondents, with only very minor differences. For example, 90% of Directors of Social Services[2] and nearly 85% of commissioners[3]/planners saw prevention as very important (compared to an overall figure of 75.4% across all respondents) – but this was still seen as a highly significant topic by everyone. While 40% of people who draw on care and support saw support for adult social care staff as very important, this was (perhaps not unsurprisingly) true for 67% of front-line workers. However, the overall messages across all groups are still very clear and consistent.

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[2] Number of Directors who answered this question is 13

[3] Number of Commissioners who responded to this question is 70

When highlighting additional topics that should be considered, some people re-confirmed their support for some of the topics in Figure 16, but added extra emphasis. For example, a number of people highlighted the support (including the financial support) that carers need if they are to continue providing support to the person they care for:

> *Unpaid carers do not get recognition for the support they provide for their loved ones. We should get at least the rate of income support as carers allowance. I provide 133 hours per week care, unable to work due to caring responsibilities. I have bills the same as everyone else.*

Others provided personal insights into the topics they had selected and sought to explain why they felt so strongly about them. For example, one older person who draws on care and support services said:

> *People who use adult social care are still able to be in control of their lives, not having care staff decide what's best for them. Far too many disabled people have become worn down by their interaction with able-bodied people who think they know best. It's not surprising that many disabled people, especially the more elderly ones, just become passive recipients of 'care' that is expensive, ineffective and far from personalised. Another thing that matters to me is the Contribution that I have to make towards my own care and support 'package'. I live in a large city in…, and I am charged £145 per week. If I lived two miles away, in an adjacent County, I would only be charged an absolute maximum of £45 per week for exactly the same Personal Budget and Support Plan. How can that be fair, or even possible? Both L.A.s say they are following Govt guidelines (not Laws) and they are using their discretionary powers, but to me it feels like it's just a postcode lottery and I can't afford the consequences.*

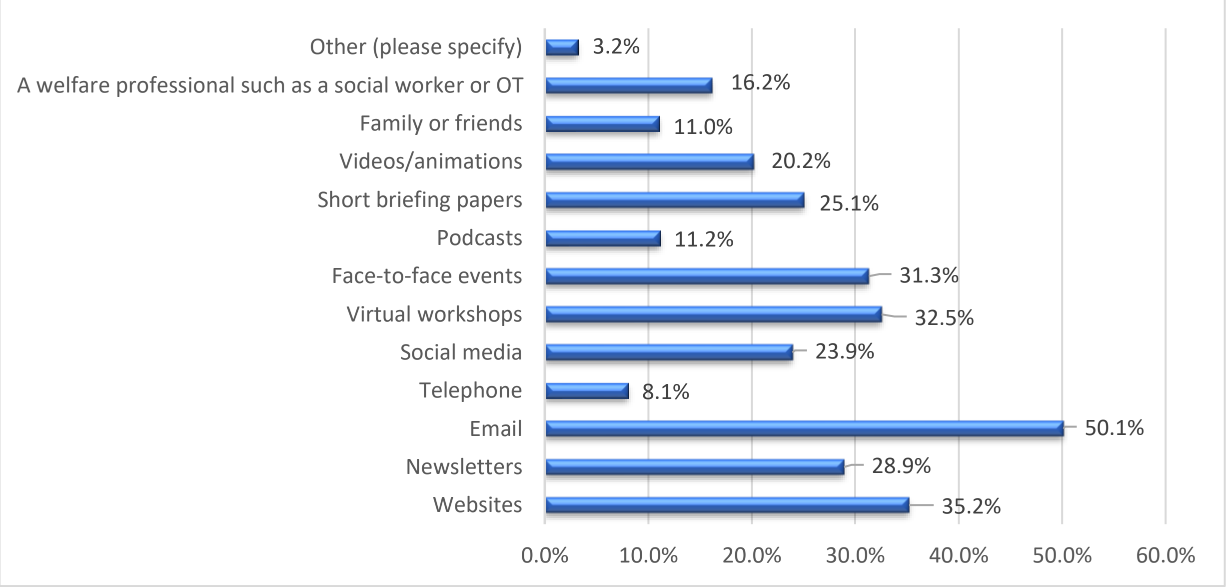
Some also indicated that there is a need to recognise the experiences of people from black and minority ethnic communities. For example:

> *Direct payments and personal budgets would support both the disabled person and carers. Many people with lived experience do not identify with being a disabled person.*
>
> *Particularly people of colour and therefore very rarely benefit or have access to the same services as white disabled people. Those from BME communities are also often living under an unmet need category but this is not monitored or evaluated.*

6. How people like to communicate

To help us engage with people in a way that works for them, we asked how respondents prefer to communicate. Email (50%), websites (35%), events/workshops (face-to-face or virtual) (31-32%) and newsletters (29%) were the most popular forms of communication.

Figure 17: How people would like to communicate (n=2,069)



Conclusion

As part of IMPACT's 'Co-design' phase, we carried out an online survey of people across the UK who are involved in adult social care – including people who draw on care and support, carers, practitioners, service providers, commissioners, researchers, national bodies and others. The survey was designed to understand more about the factors which shape what happens in adult social care; the extent to which evidence is influential or not/how it might become more meaningful; and what practical measures might help to bring about positive change in the realities of current services and people's lives.

A total of 2,165 people took part in the survey, a significant number of whom were people who draw on care and support, carers or front-line practitioners. Responses across the four nations were similar to the overall population of the UK, with slightly more participants from Wales and slightly fewer from England (proportionate to overall population). While IMPACT worked hard to include as many different voices and perspectives as possible, we will need to keep working to ensure that we engage with people from black and minority ethnic communities and people from particular faith communities. Adult social care is also highly gendered and – while our respondents reflect the national picture – this raises important questions about the need for men to engage more fully in debates about care.

Main findings

- Most people believe that social care is mainly shaped by factors such as funding, national politics and local policy – not by evidence.
- Key barriers to greater use of evidence include lack of funding, time and thinking space; a lack of priority given to social care in wider society; and a lack of shared vision.
- Most people would like to see funding to involve people who draw on care and support, carers and practitioners; practical support to make changes to social care on the ground; and opportunities for people to work on practical changes together.

- Most people believe that ‘evidence’ should include people’s lived experiences of drawing on care and support and the practice knowledge of social care staff, alongside different types of research.
- There was widespread support for the principles which IMPACT had set out to help design its overall work programme.
- Key topics for IMPACT to focus on included assets-based and person-centred approaches; prevention and well-being; support for carers; and supporting people who work in adult social care.
- Feedback was remarkably consistent across the four nations and between different groups of people – while there were some very minor differences in emphasis from time-to-time, there was strong consensus.

Next steps

IMPACT presented its thinking and its plans to our funders in November 2021, and will make sure that these findings and themes are central to our work programme, ways of working and plans for 2022 onwards, as we move into our ‘Establishment’ phase (2022) and into ‘Delivery’ (2023-27).

References

Office for National Statistics (2021) *Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020* (available online via https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2020#local-area-population-change – Table 2)

Skills for Care (2021) *The state of the adult social care sector and workforce in England, 2021*. Leeds, Skills for Care

Statista (2021) *Ethnicity in the UK as of 2011* (available online at https://www.statista.com/statistics/270386/ethnicity-in-the-united-kingdom)

Appendix A – draft IMPACT survey

IMPACT is a new centre that aims to support best use of evidence in adult social care. It will work in England, Northern Ireland, Scotland and Wales and aims to improve outcomes for people who use services and carers. Good care, we believe, is about more than services – it's about having a life.

We want to hear from anyone involved with or connected to adult social care as we develop and test our ideas. We'll listen to anyone but are particularly interested in hearing from:

- People who use care and support services
- User-led and community organisations
- Groups that work with people whose voices are seldom heard
- People who look after someone else – 'carers'
- People who work in social care
- People who don't usually get asked to contribute their views
- People from black and minority ethnic communities

By completing this survey, you'll help shape how IMPACT works.

It should take about 10 minutes.

We don't need your name, so all responses will be anonymous. You can provide contact details at the end if you'd like to keep in touch, but these won't be linked to your answers. We will ask a few questions about you at the end of the survey. This is to make sure that we are talking to a wide range of people. You don't have to answer any of these questions if you don't want to. We will use data from this survey to shape our work, and we may write articles, blogs and reports about what we find – but no one will be able to identify you from anything we write.

1. Making sure we hear lots of different voices

How are you completing this survey?

- As an individual
- Completing it on behalf of one other person (for example, helping someone who can't respond themselves) (please provide brief details)
- Completing it on behalf of a group of people (for example, a support worker facilitating completion with a group of people, or a Chair completing on behalf of the whole Board) (please provide brief details)

We want to make sure we hear from lots of different people. Which of these best describes your experience of adult social care?

- I currently use adult social care

If this box is ticked: please tick all that apply
- Are you an older person (aged 65 and older)?
- Are you a disabled person (aged 18-65)?
- Are you someone with a sensory impairment?
- Are you a person with a learning disability?
- Are you a person with a mental health problem?
- Do you fall into another service category? (Please specify)

- I look after an adult who needs support (on an unpaid basis)

If this box is ticked: In total,
- I provide care for up to 9 hours a week
- I provide care for 10-19 hours a week
- I provide care for 20-34 hours a week
- I provide care for 35-49 hours a week
- I provide care for 50 or more hours a week

- I am a 'front-line' worker in adult social care

If this box is ticked:
- Are you a care worker in a residential setting?
- Are you a care worker in a community setting (e.g. homecare or day centre worker)?
- Are you a personal assistant?
- Are you a social worker or social work assistant?
- Are you an occupational therapist?
- Are you a nurse?
- Do you work in another front-line role? (Please specify)

- I am a manager or the owner of a care service (a ‘service provider’)

If this box is ticked, which best describes the sector where you work:
- The public sector?
- The private sector?
- The voluntary sector?
- A social enterprise?
- A micro-enterprise?
- Another type of service or sector? (Please specify)

Are you the ‘registered manager’ or ‘responsible individual’ for this service?
- Yes
- No

- I organise, fund and/or commission services (a ‘commissioner’ or ‘strategic planner’)

- I am a Director of Social Services (or equivalent)

- I work in the NHS

- I work in housing

- I am a local councillor

- I work for a national voluntary organisation that advocates and campaigns

- I work for a trade union

- I work for a regulator

- I am a national policy maker or work in a national body

- I work in another role (please specify)

In which part of the UK do you live, use services or work:
- England?
- Wales?
- Scotland?
- Northern Ireland?
- Another part of the UK? (If so, please state)

2. Deciding what's important and how IMPACT should work

When we're deciding our overall priorities, which of the following are important to you? (Score each of the following 0-5, with '5' VERY important and '0' NOT important at all):

- Benefitting large numbers of people who use adult social care
- Benefitting large numbers of carers (family or friends who help on an unpaid basis)
- Benefitting large numbers of people who work in adult social care
- Benefitting local communities
- Reducing inequalities
- Using the public money spent on care more effectively
- Are there other things that matter to you? (Please specify and explain your answer)

We are considering the following topics. Which do you think are important? (Score each of the following 0-5, with '5' VERY important and '0' NOT important at all):

- Prevention – supporting people to say active and well
- Well-being (people being satisfied with their life)
- Person-centred support (being 'in control' and support organised around the needs of the individual)
- Assets-based approaches (building on what people can already do for themselves)
- Carers' health and well-being
- Supporting the people who work in adult social care
- Strategic planning and leadership
- Understanding the experiences of people who get no support or who pay for their own care (unmet needs and 'self-funders')
- Using technology to support people
- Delivering services in new ways (new models of care)
- Links to other services such as health and housing
- Other things that matter to you (please specify)

What would help ensure evidence about what works in adult social care is used?
(Score each of the following 0-5, with '5' VERY important and '0' NOT important at all):

- More evidence
- Practical support to change social care in your area
- Funding to involve people who use services, carers and care workers
- Easy-read, accessible guidance
- Opportunities for people to work on practical changes together
- Free training materials (on what would work better)
- Free training materials (on how to use evidence)
- Other (please specify)

We are thinking about how best to communicate. Do you like to communicate and receive information via: (Select all that apply):

- Websites?
- Newsletters?
- Email?
- Telephone?
- Social media?
- Virtual workshops?
- Face-to-face events?
- Podcasts?
- Short briefing papers?
- Videos/animations?
- Family or friends?
- A welfare professional such as a social worker or OT?
- Other (please specify)?

3. The role of evidence and knowledge

At present, what do you think shapes what happens in social care?
(Score each 0-5, with '5' shapes social care A LOT, and '0' does not shape social care AT ALL):

- Funding (how much money is available to pay for social care services)
- National policy (what national government says should happen)
- Local policy (what local Councils say should happen)
- What service providers want to deliver
- What a local manager or senior leader thinks is best
- What people who use services want
- What (unpaid) carers want
- Evidence of what works
- Things are done the same way they have always been done
- Good practice from another local area
- Good practice from another sector (e.g. the NHS)
- International good practice
- Other (please specify)

Understanding what works might involve different kinds of knowledge. How important are each of these to you? (Score each of the following 0-5, with '5' VERY important, and '0' NOT important at all)

- Research evidence, based on studies and evaluations
- People's lived experience of using services or providing care
- The practical know-how of adult social care staff

What are the barriers to using evidence to improve social care? (Score each of the following 0-5, with '5' a VERY important barrier and '0' NOT a barrier at all):

- Lack of funding
- Lack of time and thinking space
- No evidence exists
- Evidence is not in an easy to use format
- No priority given to social care in wider society
- Local politics
- National politics
- Limited skills in applying evidence
- No shared vision about what social care is about
- Other (please specify)

4. About you

These questions will help us to understand which groups of people have taken part, and how different people might have different views. We would like to know a bit more about you to help us with this. If you don't want to answer a question, you can leave it blank.

Do you have a disability or long-term health problem?
- Yes
- No

What is your ethnic group?

A. White groups
- Welsh
- English
- Scottish
- Northern Irish
- Irish
- Gypsy or Irish Traveller
- Any other White background, please write in…………………………………………….

B. Mixed ethnic groups
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background, please write in…………………………………………..

C. Asian or Asian British groups
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please write in………………………………………….

D. Black or Black British groups
- Caribbean
- African
- Any other Black background, please write in………………………………………….

E. Other ethnic groups
- Arab
- Any other, please write in ……………………………………………………………….

What is your sex?
- Male
- Female
- Intersex

Please indicate your religion (if any)?

- No religion
- Atheist
- Buddhist
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, please write in……………………………………………………….

Which of the following options best describes your sexual orientation?

- Heterosexual / straight
- Lesbian
- Gay
- Bisexual
- Other

5. To find out more

Would you like to leave your name and email address so that we can contact you with further information about IMPACT’s work when the new centre is up and running?

You can opt out of any updates at any time. If you enter your email address, it will not be connected to your previous answers in any way, so we will not know what you have said.