

**Accessible summary**    May 2023

# **Building a resilient social care system in England**

**What lessons can be learnt from the first wave of Covid-19?**

Natasha Curry, Camille Oung, Nina Hemmings,  
Adelina Comas-Herrera and William Byrd

# Introduction

Covid-19 had an enormous impact on everyone who is in contact with social care. That includes people who draw on care and support, their families, the staff who provide and manage services, and people who lead and organise social care. Deaths from or with Covid-19 have been the most obvious impact of the pandemic in social care, but there have been less visible impacts too. For example, people in care homes have not been able to have visitors and many people who have care at home have been isolated from friends and family. The effect on the mental health and wellbeing of these groups is still not fully understood. Staff have also been deeply affected by Covid-19 and the organisations they work in have faced many challenges. But the impacts have not been felt equally and some have been more affected than others. For example, people with learning disabilities were estimated to be more than three times more likely to die of Covid-19 than the general population.

A lot of reports and articles have already been written about the early response to Covid-19 in social care in

England and where it could have been better. For example, the Health and Care and Science and Technology Select Committees in Parliament wrote that social care was not given enough priority in the early weeks. The House of Commons Public Accounts Committee reported that the response was slow and inconsistent. In this report, we identify the things that affected how well the government and the social care sector were able to cope with the pandemic.

In the years before Covid-19, there had been cuts to the money that councils were able to spend on social care. This drop in spending had left the social care system with problems. Many people were not able to get the care they needed and a large number of people relied on unpaid carers to support them. A lot of the organisations that provide care were struggling financially and could not find enough staff to give enough good quality care to people who needed it.

Covid-19 made these problems very visible and made them worse. It is important that these problems are well understood so that they can be put right to create a stronger social care system. Many lessons have been learnt during Covid and the support to social care improved as

the pandemic continued. It is important that the positive learning is not lost.

## About this project

The research team have spent time talking to people who draw on, work in, and support social care about their experiences during the early weeks of Covid (from around February 2020 to May 2020). We have also run workshops and read a lot of official documents and research reports. We have brought all this information together to see what things need to be changed to make sure social care is improved and is better able to cope with future crises.

# The findings

Our research suggests there are many things that need to be fixed in future. We have put them together into three groups and summarised them below.

## **The way social care is run is so complicated that it wasn't always clear who was in charge**

Social care is very complicated. Responsibility for it is split between different national government departments and local government. Some services are paid for by councils, some are paid for by the NHS and a lot of people buy care services privately and rely on a lot of family care.

When Covid-19 infections started to spread, it was not always clear whose role it was to step in to protect people who draw on care and support as well as the carers, care staff and organisations who provide care. For example, there was a lot of confusion in the first few weeks about who should pay for and provide “personal protective equipment” (PPE) such as masks and gloves. Interviewees told us that this confusion slowed down the help and many people told us they felt anxious and isolated, not knowing where to turn.

In the early weeks of Covid-19 (from around February to mid April 2020), all the government briefings were about the NHS and interviewees told us they felt that social care had been forgotten. For example, a great deal of effort was put into discharging people from hospital to care homes to free up beds for sick people, but people we spoke to said they didn't feel enough attention had been paid to the fact that many care homes were not well set up to look after people while stopping infections spreading. It took some time for special funding to reach care homes and home care organisations to support them.

New processes and arrangements were made to sort out some of these issues as the pandemic progressed and it is important that these positive changes are kept in place and that more learning is done to make sure that everyone is clear about their role in a crisis in future.

## **Social care was not well prepared for a pandemic**

In the years before Covid-19, the government ran exercises to prepare for a pandemic. However, most of these exercises only looked at how prepared the NHS was and

did not consider social care. One exercise did consider social care and it made many recommendations for how things could be improved. However, it is not clear that any of these recommendations were acted upon.

As Covid-19 infections spread across the world, it was clear that the government was looking at what was happening in other countries and learning and making changes to its response in the NHS. For example, the government started to buy more ventilators and to build big emergency hospitals (known as Nightingale hospitals). As the same time, there were stories in the news about the experiences of people in care homes in Italy, France and Spain but people we interviewed said that they did not see learning being taken into account in the social care response in the same way it was in the NHS response. In future, it is important that social care is as prepared as the NHS to tackle new crises.

## **The diversity of people who draw on care was not fully taken into account in the national Covid-19 response**

Guidance for managing Covid and avoiding infection was very difficult to follow for people in social care. It

was often written with hospitals in mind and that made it difficult to use in social care, which includes many different places such as people's own homes and supported living accommodation. All of these places are, most importantly, people's homes but the guidance talked about them as if they were clinical places, like hospitals. This left many people, carers and care workers confused about what they should be doing.

A lot of very complicated guidance was sent frequently to the managers of organisations and they told us it was very difficult to stay up to date. The social care team at the Department of Health and Social Care was quite small when Covid-19 struck and they struggled to support the sector. Since Spring 2020, the team at the Department has been expanded which suggests that lessons were already being learnt.

## **Unpaid carers felt they were not well supported**

People who look after friends or family are relied on to provide vital support to many thousands of people who can't access formal care services or who need more support than formal services can offer. Our research found



that these unpaid carers felt unsupported during Covid. Many of the services, respite and informal support that carers rely on in normal times were closed down when Covid-19 started. One of the problems is that there isn't very good data on who carers are and it is not always clear who should make sure they are supported because responsibility is spread across several central government departments and shared with local government. It is important for future reforms that carers are recognised and that their needs are understood.

## **Low pay and poor contracts for staff meant they were badly affected by rules around isolation**

In early 2020, the social care workforce was under a lot of pressure. In the years before, we had seen the number of vacancies rise and people frequently left their jobs in social care because of low pay and contracts that didn't offer much security. Policies were introduced in the early months of Covid to help stop infections but these had a bad impact on social care staff. For example, care staff were just told to isolate if they were sick or if they had had contact with someone with Covid-19 (the same as the advice to the public). Because about one quarter of care staff are

on zero-hours contracts, they do not get paid if they don't work. This meant that staff had to choose between spreading infection or losing pay.

Other policies tried to stop staff moving between care homes or other work places. This created difficulties for many staff who often work more than one job. It was also difficult for employers who already had staff shortages. After feedback, these policies were changed, which was positive. However, the workforce remains under a lot of strain and it is important that the issues of low pay and poor contracts are put right to make sure the workforce is in a stronger position to deal with future crises.

## **Extra money for the sector was vital in keeping services running but it was often given at short notice for a short period of time**

When Covid-19 started, many of the organisations that provide care had financial difficulties after years of being paid low fees by councils. This meant that they struggled when they suddenly had to cover new costs such as masks, gloves and aprons and staff sickness. Fewer people wanted to enter care homes too, which made things even more difficult.

The government put in place emergency funding to help support organisations, which took some time to reach them. Free masks, aprons and gloves were also provided after the first weeks. This was a vital lifeline for these organisations and was very welcome. In 2022, new rules were brought in to make it easier and quicker to get emergency funding to care organisations, which should be helpful in future. However, the managers of organisations said that the way the money was given to them created some challenges. It was often given to them for short periods of time and extended with little notice. This left managers unable to make longer term plans to make sure the money went where it was needed most. They told us that it is really important that social care gets steady, ongoing funding so that it can be spent on things that take a long time to buy or build, like housing, modern care homes and computer systems.

In the years leading up to Covid, the short-term approach to funding had not encouraged or made possible investment in things like technology or data. This made the response to Covid complicated. For example, there wasn't very good central information about who draws on care services or even who provides it. This made it difficult for

the government to get help to where it was needed. A lot of work is being done to improve this now and it is positive that the progress made during Covid-19 is being built on.

Interviewees also highlighted a lack of investment in care homes over the years before Covid-19, which left many outdated and with few en-suite bathrooms. This meant that they struggled to follow guidance around isolating residents who had Covid and they lacked the space needed for changing gloves and masks and for other infection control measures. When the decision was made to discharge people who had Covid quickly from hospital to care homes, people we spoke to felt that the state of many care homes wasn't considered carefully enough.

# Key recommendations

Covid-19 showed that there are many things that could be improved in social care and there is an opportunity to learn from this experience to start to build a better system. Below we list the main things that we think the government and others in social care should do now:

- 1 Make sure that there are people who really understand social care involved in important decisions and writing guidance that affect people in the social care system.
- 2 Make sure it is really clear who is responsible for social care at all times, not just during a crisis so that everyone knows where to turn for help.
- 3 Make sure all parts of social care are prepared for future crises, which might be another pandemic or a climate emergency.
- 4 The government needs to make firm plans to ensure that social care staff are well supported, paid fairly and valued.
- 5 Unpaid carers should not be forgotten in future plans and their needs must be better understood.
- 6 Social care needs more money that is given regularly and predictably to help councils and organisations providing care to make future plans and to invest in new buildings, technology and types of care.
- 7 Good data and information about people who need care, their families and those who provide care is needed to help to understand changing needs and preferences.
- 8 Making sure that care homes are modern and able to better cope with infections and extreme weather is

essential for the future.

- 9 There needs to be more investment in care that is outside care homes to help support people to live the lives they choose to in the places they prefer.
- 10 Social care needs to be made a clear government priority to help bring about positive change and to build support for a better system for all.

This report is a summary of a longer report that has been developed as part of the Social Care COVID Recovery & Resilience project, funded by the National Institute for Health and Care Research (NIHR), Policy Research Programme (PRP) – Recovery, Renewal, Reset: Research to inform policy responses to COVID-19 in the health and social care systems. Project number: NIHR202333. The views expressed in this report are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

**Nuffield Trust is an independent health think tank. We aim to improve the quality of health care in the UK by providing evidence-based research and policy analysis and informing and generating debate.**

**59 New Cavendish Street  
London W1G 7LP  
Telephone: 020 7631 8450  
[www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)  
Email: [info@nuffieldtrust.org.uk](mailto:info@nuffieldtrust.org.uk)**

Published by the Nuffield Trust.  
© Nuffield Trust 2023. Not to be reproduced without permission.

Design by Soapbox: [soapbox.co.uk](http://soapbox.co.uk)

**nuffieldtrust**