



RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

CARING ABOUT HEALTH

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FOREWORD BY LORD PATEL OF BRADFORD



Social care is one of our largest public services, yet years of budget cuts mean it is too often failing to deliver on its own terms. This is not an abstract issue, it translates into hundreds of thousands of people unable to live the life they would choose, with their quality-of-life suffering as a result.

Among the many challenges facing social care, one of the most pressing is that once people begin using services, their health too often declines. This deepens their reliance on care and has a profound impact on their wellbeing.

But this outcome is not inevitable. High-quality social care rooted in public health principles and delivered by a valued, skilled workforce, can actively improve the health and wellbeing of those who use it. Even small changes, such as giving carers the time to have a conversation with the people they support, can make a meaningful difference in tackling loneliness and social isolation.

This report sets out a practical roadmap for change. It draws on the voices of those on the front line - from paid carers to people using services - and offers simple, evidence-based steps that could have a transformative impact.

Supporting and valuing the workforce, and designing a system built around the needs of those who rely on it, must be the two pillars of any future social care reform.

Delivering this change should be a central ambition of government reform. With the right political will and investment, we can move beyond short-term fixes and build a social care system that genuinely enables people to live with dignity, independence, and better health. The solutions exist. We now need to act.

Professor The Lord Patel of Bradford - OBE

President, RSPH

WHAT WE HEARD – AND WHAT NEEDS TO CHANGE

The table below summarises what we heard from people with lived experience, social care staff and stakeholders – and outlines where action is needed. These themes underpin the recommendations made later in this report.

Area	What we heard	RSPH will	Government should
Health as part of social care	Carers often provide vital health support, but this is unrecognised and under supported	Promote and train care workers as part of the wider public health workforce	Include social care as part of their planning for preventative health services
Training for staff and carers	Training is inconsistent, and staff turnover due to poor conditions means expertise is often lost	Advocate for and provide staff with consistent training with public health content	Introduce a national core training offer, link training to progression, and ensure providers can retain staff
Early intervention	Carers often identify warning signs of health problems but aren't supported to intervene themselves or make referrals into health services until a crisis point is reached	Support commissioners and providers to embed prevention into care services, and support new neighbourhood health services to integrate social care and public health	Connect care staff and carers to formal health services, ensuring they can make referrals at the right moment
Mental health and wellbeing	People receiving and providing care are struggling with emotional strain and anxiety, with staff often struggling due to overwork and low pay in an emotionally demanding role	Promote training and peer support for staff and carers, and work with policy makers as well as care providers to support the wellbeing of their staff	Invest in mental health support for care staff and unpaid carers, and embed mental health training so staff can deliver mental health interventions
Personalised care	Carers and people who use social care feel that services often don't allow for them to receive support that meets individual needs	Join with the social care sector – provider organisations, workforce representatives and sector bodies – in calling for fair pay and opposing rushed visits	15-minute visits should be phased out in favour of care plans that reflect individual needs. This will require changes to commissioning practice and sufficient funding from central government to ensure that longer visits are financially sustainable for providers.

BACKGROUND

Social care is one of our largest public services. Last year, more than 800,000 people used state funded social care, with more paying out of their own pocket¹. Despite this increasing year upon year, most requests for support made to local authorities are still declined. In 2023/24 there were over 2 million requests for adult social care received by Local Authorities². For many paying for care themselves can result in the loss of their home or assets that have built up over their lives³.

About half of social care spending is on working age adults, the majority of this support is for learning disabilities. The other half is for older people. The scale of social care support and spending is vast, but it's not meeting current demand. Unpaid carers, such as family members, often have to fill the gap to provide their relatives with the care and support they need. In the UK there are 5.8 million unpaid carers, most of whom are older adults⁴. It is important that we consider how we can best support unpaid carers and ease the pressure they are facing due to the adult social care system failing to meet demand.

In 2024, there were around 1.5 million people working in adult social care, with the majority in direct care roles⁵. Yet the workforce is plagued with recruitment and retention issues. The recently announced cutting of overseas carer visas could further contribute to this. Paid carers have always been a low pay role, and the rate of pay has not represented the value that carers give to society with many seeing it as a low skilled job. Further discrepancies in training and pay across different local authority areas contribute to a difference in the quality or access to care for adults who need social care support.

Social care needs to be more than a safety net. It needs to be a platform for wellbeing, inclusion and independence which works not just with the individual but with their families and the wider community. We want to see a social care system that is resilient and focuses on improving quality of life and providing equity. In practice, this would reduce the pressure on the NHS, support community-based care, tackle health inequalities, and drive local economic development through the care workforce and voluntary sector.

In this report, we use the term 'care providers' to refer to organisations delivering adult social care services, whether in the public, private or voluntary sector. We recognise that the commissioning and funding arrangements, as well as pay rates and conditions, can vary significantly depending on the type of provider and the source of funding. It is likely that areas with lower commissioning rates, often correlated with higher deprivation, face particular challenges in attracting and retaining care staff. This risks widening existing health inequalities for people using social care.

- 1 NHS Digital (2024) [Adult Social Care Activity and Finance Report](#)
- 2 NHS Digital (2024) [Adult Social Care Activity and Finance Report](#)
- 3 Age UK (2024) [Social Care Reform, Funding & Access](#)
- 4 Carers UK (2025) [Facts about Carers](#)
- 5 The King's Fund (2025) [Key Facts & Figures About Adult Social Care](#)

A Public Health Approach

Public health and prevention should be made core within the social care system. A greater emphasis on prevention will mean more people can stay independent for longer, by investing in early help like community support, and home adaptations we can prevent known risks like falls, loneliness, and malnutrition. However, this needs the money to be redirected into early intervention rather than focused on acute care. Ringfenced investments into prevention services would help to support this work. Prevention outcomes are long term which can make them politically harder to prioritise but with proper resources the results will mean better health in the future and less A&E admissions.

Health outcomes in adult social care are influenced by factors ranging from income, and housing quality to education, discrimination, and community networks. Social care should look at using data and risk profiling to identify at risk populations and tailor services accordingly. Implementing holistic and cross partnership care will mean drawing together services such as the NHS, housing, community groups, and the voluntary sector to work with social care to support individuals in multiple aspects of their lives and give them the best health outcomes. Further co-production work with communities will help to make sure that their needs are met.

This means commissioning which is person-centred and properly funded and resourced community initiative such as healthy aging initiatives. This can only be realised with better integration of systems such as the NHS, local authorities, and other agencies to ensure a coherent approach. We need to make public health and social care working together the norm and reflect this in national policy.

Health outcomes for adults using social care

The UK's aging population means that more people will be living with long-term conditions and disabilities as they age. Although 8 in 10 people aged 90 or over were not living in care homes, many people need support to live independently in their own homes and complete everyday activities⁶.

Disabilities among working-age adults have also increased from 15% in 2010/11 to 23% in 2022/23⁷. The second largest group using adult social care support is adults with learning disabilities. This is a group known to be facing severe health inequalities and frequently premature mortality, with people with a learning disability dying on average 23 years earlier for women and 19 years earlier for men compared to the general population⁸. Social care support has an important role in improving health outcomes for this group. Adults with learning disabilities are more likely to be accessing long-term social care support than short-term support and may need constant support to live a healthy and fulfilled life⁹.

Adults using social care support may have poorer mental health outcomes as well as

6 Department of Health and Social Care (2023) [Chief Medical Officer's annual report 2023: health in an ageing society](#)

7 The King's Fund (2025) [Key Facts & Figures About Adult Social Care](#)

8 Mencap (2025) [Stamping out health inequalities for people with a learning disability](#)

9 Mencap (2025) [Social care - research and statistics](#)

physical health outcomes. People with disabilities or poorer health often find themselves less able to go out, complete normal activities and face social isolation which can also lead to struggles with mental health¹⁰. Being an unpaid carer, combined with additional stress or financial struggles, has an impact on mental health outcomes¹¹. It is important that paid carers have training to support with mental health for people who use social care but also their families. We have frequently heard that unpaid carers are also facing worse health outcomes and even missing their own medical appointments because they can't find someone to look after their relative¹².

Social care services have a huge impact on the health of people using them. This can and should be a key priority for the entire sector. Recent findings have shown that only 57% of care services do a good job of supporting people who use social care to live healthier lives¹³. This shows how dire the situations is. We need health outcomes to be a top priority for care services, as if care service can't help people to live healthier lives this is going to increase pressure on the NHS and worsen individuals' quality of life.



10 Sense (2025) [Mental Health](#)

11 Carers UK (2025) [Health](#)

12 Carers UK (2025) [Health](#)

13 Care settings are assessed on their success in 'Supporting people to live healthier lives' by the Care Quality Commission. In response to a Freedom of Information request from the RSPH, the CQC has confirmed that, in the 1097 recent inspections where this element was reported on, shortfalls were found in 462 cases. This means that only 57% of inspected services showed a 'good standard' in relation to supporting people to live healthier lives.

FINDINGS

To establish the solutions to these challenges, we brought together two focus groups of people with lived experience, including people who use care, unpaid carers, and care staff. These were supplemented with more than 20 conversations with organisations from across the social care sector.

Through our engagement it is clear that the social care sector is facing huge challenges, but with a few changes social care could have a beneficial impact on health outcomes and support the work of the NHS more effectively. A number of key themes have arisen here, from more mental health support to better training. Broadly, these are either outcomes that people wanted or enabling factors.

Outcomes

Personalised Care

Both focus groups emphasised the importance of recognising that care needs to be person-centred and should recognise that caring for someone cannot be a tick box exercise. One carer told us that they want the government to:

“DEVELOPING MORE FLEXIBLE CARE OPTIONS SUCH AS PERSONALISED BUDGET AND DIRECT PAYMENTS WOULD ALLOW CARERS TO HAVE MORE CONTROL OVER THEIR CARE.”

(Unpaid/family carer)

Lived experience individuals emphasised to us the importance of carers getting to know them or their relative and understanding that everyone has different boundaries and needs. It is important that carers have the time and training to understand the different needs, likes and dislikes of each individual they are supporting. Although legislation has guided against so called ‘15-minute visits’ we have heard from organisation, care workers, individuals accessing care, and their families that this is still happening¹⁴. This is wholly inadequate – 15 minutes is not enough time to provide all the care someone might need. It doesn’t account for the personal needs of each person and that some people might take much longer to complete tasks such as getting dressed or washing.

Care workers provide some of the most intimate and personal care a person can receive. Can we really expect someone to feel comfortable receiving this from a care worker they only met 15 minutes ago?

14 Local Government and Social Care Ombudsman (2023) [Fifteen-minute care calls criticised by Ombudsman as ‘rarely enough’](#)

15-minute visits do a disservice to care workers who have told us they don't feel they get the time to do all the things they would like to do to support the person they are caring for. Undoubtedly, the shortening of visits is also caused by the fact the care workers are not reimbursed for travel between visits so they may have to cut short one visit to make it to the next person just to make up their wage for the day.

Short visits are often a result of the commissioning rates and funding structures set by local authorities, which can limit the amount of time allocated for each visit. These commissioning decisions are themselves shaped by the overall financial settlement for social care from central government. A detailed cost analysis of visit lengths is outside the scope of this report, but it is clear that any move away from 15-minute visits will require reform of both funding levels and commissioning models.

Application Processes

We know that many individuals who access social care support struggled with the application process. We heard from our lived experience focus group that those who receive social care support find the process of accessing it initially extremely stressful and told us that the process often had a negative impact on their mental health. Nearly everyone we spoke to said this had been a negative experience for them and described feelings of anxiety, stress and ongoing worry (both from the individual using the social care support and for their family members/unpaid carers). Even once they had accessed the care there was an ongoing concern about whether the individual would be able to keep this level of support in the future and what would happen if they needed increased support. Families often told us they had to supplement care packages out of their own pocket.

“I’VE FOUND IT EXTREMELY ANXIETY PROVOKING A VERY, VERY STRESSFUL EXPERIENCE AND IT AS IT HAS AFFECTED ME, MY PHYSICAL HEALTH AND MY MENTAL HEALTH.”

(Unpaid/family carer)

The system needs to make the process to accessing care simpler for individuals and their families to navigate. Individuals using social care and their families should be able to feel secure that their social care support will not be taken away. More needs to be done to hear the concerns raised by families and individuals as finding the care you or your family members need shouldn't be an additional burden.

“IT’S NOT EASY FOR ANYBODY, GETTING SOMEONE THAT WOULD COME AND, BE THERE FOR YOU TO, YOU KNOW, TAKE CARE OF YOU AND STUFF LIKE THAT. SO I FEEL IT’S DIFFICULT FOR EVERYBODY.”

(Adult using social care)

Unpaid carers and adults using social care also told us that they sometimes struggle to access the things they are entitled to, for example, applying for benefits. They said it would be helpful if paid carers or the social care system could help them to access the resources and benefits they are entitled to.

Mental Wellbeing

Mental health was one of the major concerns which was raised with us across the board. Individuals, their families and paid carers told us that there needs to be more mental health support for people using social care services and for unpaid carers. Lived experience individuals told us that unpaid carers and the relatives they support often suffer from mental health issues such as anxiety, low moods, and social isolation.

Many direct care workers fed back to us that they often feel the people they care for are unhappy or isolated and wish they could spend longer supporting them or simply have time to have a cup of tea and a chat. However, working conditions for paid carers meant that they frequently didn't have the time to do this and had to cut short care visits.

Care workers also told us that working daily with individuals who might be very unwell can have an impact on carers' mental health too, for example, when carers see someone regularly and build a bond with them it can be very upsetting if the person they were caring for passes away or becomes much more unwell. Social care providers should consider how they can support their workforce with their own mental health; one option might be offering debriefs or peer support groups.

“I WOULD SAY TRAINING FOR CARE GIVERS...FOR AT LEAST A MONTH. ALSO CHECKING MENTAL HEALTH OF WORKERS. BECAUSE SOME WORKERS NEED HELP TOO.”

(A Paid Carer)

“I'D SAY OFFERING BETTER MENTAL HEALTH SUPPORT PROGRAMS.”

(Adult using social care)

Adults using social care and unpaid carers told us that they need emotional support from care workers and the care system. They told us that better training and communication would help but also access to community support groups where they can share their experiences and get support from others in their situation. Others suggested better access to self-care resources.

Care staff have the potential to support with mental health and recognise signs of poor health such as changes in mood or appetite, but the system isn't giving them sufficient time and resources to do this. Adults using social care could benefit from paid carers doing more training in how to support mental health and mental health awareness.

Enablers

Support for unpaid carers

Unpaid/family carers have an important role in supporting people who need additional care and support, and often supplement the paid care provided by the social care system. However, this can mean that families are put under pressure.

One carer talked about the financial strain of having to pay for some additional care for their relative not covered by their personal allowance. Families are also impacted emotionally as caring for a relative can be very time consuming and stressful, especially if combined with working. Unpaid carers said they would like more breaks or respite provided by social care and that paid carers, and the social care system should also support the mental and emotional health of unpaid carers.

Families and unpaid carers are often just as much involved in care as the individuals themselves. Therefore, it's important that the social care system listens to their views too.

“THE BEST FORM OF SUPPORT WILL BE PHYSICAL AND MENTAL SUPPORT ESPECIALLY TO UNPAID CARERS.”

(Unpaid carer)

Working conditions

Carers told us that they love that they are able to help people in their jobs and that they would like to do more, but they are restricted by their employment conditions. For example, care staff are not always paid for travel between visits which means they might have taken more visits each day to make a living wage and don't have the time they would like to spend with each person. The net effect of poor working conditions is that staff are unable to do their job as well as they would like, and people who rely on care are let down.

“THE MOST URGENT CHANGE IS TO ALLOW LONGER CARE VISITS. SO MANY OF THE PEOPLE I SUPPORT HAVE COMPLEX NEEDS THAT JUST CAN'T BE MET IN A RUSHED 15- OR 30-MINUTE SLOT. IF CARE PLANS WERE MORE REALISTIC ABOUT THE TIME IT ACTUALLY TAKES TO PROVIDE BOTH PHYSICAL AND EMOTIONAL SUPPORT, I'D BE ABLE TO DO MY JOB PROPERLY.”

(A Paid Carer)

Paid carers often told us they would like to do more to support the person they are caring for, but they had to leave for another appointment.

“THERE ARE DAYS WHEN I LEAVE A VISIT WISHING I’D HAD MORE TIME TO SIT AND TALK, TO LISTEN, OR EVEN JUST TO SHARE A CUP OF TEA WITH SOMEONE WHO’S CLEARLY LONELY. I KNOW HOW IMPORTANT THAT SOCIAL CONNECTION IS, BUT WHEN YOUR ROTA’S PACKED AND TRAVEL TIMES AREN’T FACTORED IN PROPERLY, IT CAN FEEL LIKE A RACE FROM ONE PERSON TO THE NEXT.”

(A Paid Carer)

Both the lived experience focus group, and the paid carer focus group told us that they felt that care would be improved if carers were paid a better wage. One family carer told us that the government needs to:

“PAY CARERS A DECENT WAGE SO YOU ATTRACT THE BEST.”

(family/unpaid carer)

Many carers told us they need better pay and benefits in order to attract skilled workers and retain staff. Carers also emphasised that their role is highly skilled, as they carry out many tasks such as emotional support and providing people with dignity and independence, as well as preventing hospital admissions.

“WE’RE PREVENTING HOSPITAL ADMISSIONS, EASING PRESSURE ON THE NHS, AND HOLDING COMMUNITIES TOGETHER. BUT WE CAN’T KEEP DOING ALL OF THAT IF WE’RE UNDERPAID, OVERWORKED, UNDERVALUED, AND RUSHED.”

(Paid carer)

We have been told that the lack of consistency in commissioning and provision across the care workforce not only affects training but also affects pay and staffing levels for the care workforce. For example, in one area a local authority might offer a slightly higher pay per hour to care workers than the neighbouring area. The result might mean a shortage of staff in lower paying areas creating increased pressure on staff and worse access to care for individuals and families. Everyone must be entitled to the same quality of care wherever they are living.

However, the issue of pay is much broader. Care workers need a fair wage. They provide integral support and care for the elderly, sick, and disabled, and any one of us might at some point in our lives need to access the care system. We should reflect the value of this workforce in their pay.

At the moment, supermarkets often pay people higher wages than they would get in care homes. This means worsening workforce shortages and staff retention, as people are leaving their jobs as carers because they can get a better wage elsewhere. The government must also work to address the shortages of staff and consider how the removal of the care worker visa pathway could worsen an already bad situation.

This isn't fair for care workers who are undervalued, and it impacts on the care individuals receive as they have a revolving door of carers, unable to really connect and feel comfortable with one carer before they are replaced by another. For some people, such as individuals with learning disabilities and dementia, this can be extremely disorientating and can affect the care they are receiving.

Training

Adults using social care, unpaid carers, and paid carers all told us that there needs to be improved training for care staff. We were told that carers would benefit from more training on a range of issues from basic life support and infection prevention to mental health, and cultural sensitivity.

Carers also told us that they could have more of a role in assessing the health of people that they are caring for. Carers see individuals regularly and often spot health concerns, such as changes in appetite, mood, or mobility but they struggle to get in touch with the right healthcare professionals to report these changes. If they had a direct way to report these changes to a GP, district nurse, or mental health team it will help catch problems earlier and get people quicker support with health challenges. This sort of early intervention approach could support with reducing hospital admissions and reduce pressure on the NHS. However, to do this there needs to be proper investment and allocation of resources to the wider social care system.

Care workers themselves have indicated the ability they have to report health changes if the system was set up to support this, allowing them to have an important role in prevention. Skills for Care have further highlighted the potential of this workforce in carrying out delegated healthcare activities. This would mean care workers would be trained to carry out activities normally done by a healthcare professional like a nurse. This could include blood pressure checks, changing bandages, or helping people to manage their diabetes¹⁵. If carers are properly trained in how to do these activities it can lead to improved community care.

Lived experience people also told us that improved planning and scheduling and better access to training and resources would also improve the care they receive.

It is clear from this engagement that the care workforce needs to have a proper regulatory body which can help to provide more consistent training across care providers. Having a regulatory body would mean everyone is doing the same core training and could help to provide care workers with a career pathway and recognition of their experience. It could also offer additional optional training modules which care workers could complete as part of their progression in the role. We've been told that because care providers and different local

15 Skills for Care (2025) [Delegated Healthcare Activities](#)

authorities offer different training that even experienced care workers will have to re-do all their training if they move to a different area.

This approach could include setting standards for mandatory training with modules including the Oliver McGowan training and dementia awareness for all direct care workers. Other training which could support care workers in their roles could include modules on mobility/movement (including fall prevention), public health and wellbeing, nutrition, and mental health. Care workers need to have more wholistic training in order to be able to offer proper person-centred care. The training could be supported with the use of digital platforms allowing carers to take e-modules and do online training courses which would be less time consuming and less expensive.



CONCLUSION

Adult social care stands at a critical juncture. Insights from those directly affected and those delivering care underline the urgency of social care reform. A person-centred, sustainably funded, and professionally supported system must be the cornerstone of future policy.

We need the government to take care seriously. If we can't stop people using adult social care services from getting sicker it will lead to more hospital admissions, busier A&E departments, and more pressure on the NHS. If the care workforce is properly supported and funded, they can have an integral role in preventing worse health outcomes for people using social care and their families. Carers are uniquely placed as they see individuals daily or weekly. They can assess their health and spot the warning signs early, preventing conditions from becoming worse and risking the individual's health or even their life.

We need to unlock the potential that the care workforce has in improving people's health and wellbeing. As well as supporting carers by giving them a proper career progression pathway, better working conditions, and a fair pay agreement. This will encourage carers to stay in the profession, building expertise and improving productivity. The care system needs to be made a more attractive career with better benefits if we are to retain staff and attract people with a genuine interest in helping others.

However, this means a vast reform of the care system and a rethink of how the role of carers should look. RSPH has always been a strong supporter of those we call the wider public health workforce, people who have the potential to do public health in their daily roles.



RECOMMENDATIONS

Any change has to start from the basis that health promotion is a core function of our social care system. Those using care, or working in it, should be supported to live happy and healthy lives. Reform of the system over the coming years should have this as a key objective, and the funding made available should reflect its importance. All reforms should be co-produced with unpaid carers, people who use care, and the direct care workforce, recognising their insight and expertise.

The underlying principle should be that social care is included whenever health services are planning how to shift towards prevention. Rather than a siloed service, it should be included from the start. If this integration is not achieved, then our other recommendations will not lead to the health improvements that we need.

There are a number of more specific changes which should be a priority within this overarching reform. These are not the only changes which are needed, but should be the first steps.

1. To enable them to support better outcomes, care staff should be given high quality and consistent training in health promotion, and this should support meaningful career progression opportunities.

Inconsistent training and loss of expertise is one of the greatest barriers to social care delivering better health outcomes.

Care workers have huge potential to carry out a range of activities in their roles and would benefit from more training. However, we consistently heard that they were not being given the tools they need to do this to the best of their ability. Training needs to be consistent across the country and should allow carers to have career progression.

Direct care worker training should include, dementia training, Oliver McGowan training on learning disability and autism, basic public health and prevention training, first aid, mental health, mobility, and nutrition.

2. As part of this training, and to support the delivery of early health interventions, we call on the government to roll out delegated healthcare activities to carers, as has been called for by Skills for Care.

New training should be supplemented by additional responsibilities which make the most of care staff being the first line of defence for the people they care for. While early intervention is a broader principle, this can and should be the first step.

Care workers have the opportunity to carry out delegated healthcare activities such as changing bandages, blood pressure checks, and support individuals in managing their diabetes as part of their roles.

If care workers received proper training in how to do these activities it would have a huge impact on supporting preventative health and early intervention in the community. It could also help to reduce pressure on GPs and other health professionals by care staff supporting some of the basic health checks these professionals carry out.

3. To protect mental wellbeing, both the experience of working in care and the process of applying for and accessing care must be made simpler, fairer and less stressful for individuals and families.

Poor mental health is one of the most consistent problems raised with us by those involved in the social care system. In part, this can be addressed through pay and conditions for staff, and the personalisation of care packages. The current structure of the care system also raises issues for many of those seeking to receive care.

Families and individuals told us the process of accessing social care in and of itself negatively affects their mental health. For people in need, access to social care support should not be something they have to fight for. The current application process needs to be less complicated and traumatising for people. A simpler and less adversarial system – rooted in coproduction – should be our ambition. As part of the review of the social care system, the Government must revisit the assessment process to make it more accessible and reduce the burden on families.

4. Supporting prevention and delivering true personalised care means that care packages should be funded and delivered in line with individual needs, starting with phasing out of 15-minute care visits.

It was a consistent theme in our research that the delivery of care under the current system does not do enough to enable personalised care to be delivered. The effect of this is that staff are placed under excessive pressure, and people who use social care don't get the support that they need. This is antithetical to the principle of social care promoting wellbeing.

The Care Act establishes that people who use social care should be supported to do the things that matter to them – whether that is work, hobbies, or simply spending time with family. Funding now needs to be reformed to ensure that this ambition is realised for everyone who uses social care services.

Carers need to be allowed the time to connect with the people they are supporting as this provides the best outcomes. This means that that 15-minute visits should be phased out in favour of care plans that reflect individual needs. This will require changes to commissioning practice and sufficient funding from central government to ensure that longer visits are financially sustainable for providers. The Casey Review should urgently explore the financial implications of ending 15-minute visits and ensuring longer, more flexible care is financially sustainable.

5. In order for other changes to be embedded, the Government needs to take action to improve pay and working conditions for the care workforce.

Pay and conditions vary widely, influenced by the rates paid by commissioners, the financial model of the provider, and the local labour market. In some areas, funding rates are extremely low and this makes competitive pay difficult to deliver. We did not have the scope to analyse outcomes by provider type or funding source, but this would merit further investigation, including the relationship with local inequalities.

High quality services cannot be delivered by a workforce who are overstretched and underpaid. Poor conditions have resulted in high staff turnover, leading to the loss of expertise, and preventing carers building meaningful relationships with people who use social care. If we do not fix this, then none of the other changes mentioned will be possible.

Care workers need their pay to reflect the value and skill of their roles. They need to be recognised as an important workforce with a role in preventing ill health and improving people's quality of life. The government must ensure they receive a fair pay agreement. This should include working towards the same pay and conditions as equivalent NHS roles as has been called for by Skills for Care¹⁶.

Social care providers should consider how they can support the health and wellbeing of direct care workers¹⁷. This is particularly important given the clear productivity benefits of a healthy, happy workforce¹⁸.



16 Skills for Care (2024) [Workforce Strategy](#)

17 Skills for Care (2024) [Workforce Strategy](#)

18 RSPH (2024) [A Better Way of Doing Business](#)

PLAYING OUR PART

We will **provide training opportunities for social care staff**. We are designing a public health skills education pathway which seeks to develop knowledge, skills, and confidence to integrate relevant messages and interventions into routine practice. For more information on this, contact training@rsph.org.uk.

We will also **advocate for consistent, high-quality training across the social care sector**.

We will **support local authorities to embed health promotion across all their services**. By [providing practical advice and training to local authority staff](#), we can ensure that health is treated as everyone's job.

We will **work with social care providers organisations to improve the health of their workforce**, setting out best practice for workplace health support, and supporting individual organisations to improve their offer.

We will **work with others across the sector to build a united voice for reform** that reflects the expertise of those delivering and using social care every day. It is only by bringing the sector together in support of a fair settlement that transformative change will be possible.



APPENDIX 1

Methodology

RSPH has hosted two focus groups, one with paid carers and one with unpaid/family carers and adults using social care to gather both staff and lived experience views on how we can improve health outcomes for adult using social care.

RSPH also met with representatives from the social care sector, including providers and provider memberships organisations, charities representing unpaid/family carers, and charities representing adults who use social care. These discussions as well as our focus groups have informed the policy recommendations in this report.

We would like to thank these organisations including, Age UK, Mencap, Skills for Care, Unison and Carer's Trust for their time and input in supporting our research.