Talking about a brighter social care future

#socialcarefuture

#socialcarefuture is an informal and volunteer-run platform for all wishing to bring about major positive changes in what is currently called "social care." It is for those who want to take part in imagining, creating and communicating a future that we currently call social care, makes a major contribution to the well-being, health and success of people, communities and our economy – a future in which the public recognise it as something to be invested in, not because it is 'in crisis' but because it is recognised as valuable to them and to the country as a whole.

Socialcarefuture.blog @socfuture

July 2019

Contents

1

Introduction
and summary

1. Introduction and summary

1.1   What this report is about

#socialcarefuture believes that dominant public narratives concerning social care, may be an obstacle to securing support for its emerging vision of what good care and support is, while potentially depressing support for sustainable investment and reform. Drawing on learning from other fields, we wish, through participatory methods and research, to develop and share a compelling new narrative to reframe the way social care is talked about, understood and valued by the public and policy makers.

Our work to change the narrative on social care is part of a wider strategy that is designed to create lasting change to the way care and support is organised, supported and valued. This includes work to identify and promote innovative practice, to challenge the systemic obstacles that prevent their shift from the margins to the mainstream and the building of a social movement for great social care and support.

The first stages of the narrative change process involves work to define our own vision of what good social care and support is, the building of a deeper appreciation of current narratives and public thinking (the current public story of social care), and mapping the gaps between them.

The report starts this process by drawing together and analysing existing and specially commissioned research evidence. It takes into consideration the way social care is talked about by the social care sector, charities and others campaigning for change. Other areas considered, are how social care is reported in the print media and how it is thought about by the public. It also begins to set out a new vision for social care and to explore the gaps between that vision and what presently dominates public discourse.

The report underpins and informs the next stages of our research, scoping out existing evidence and insight and the gaps that will need to be filled.

We are publishing these findings now to stimulate debate amongst organisations that are pursuing reform and investment in social care. Also it is to aid understanding of this narrative development process among existing and future supporters of #socialcarefuture.

Section 2 summarises the theories lying behind our approach to storytelling and analysing current discourse, framing, values and hope-based communications.

Section 3 presents the evolving story of change being developed by participants in #socialcarefuture and explains its key features and underlying values.

Section 4 presents analysis of the story as presently being told by campaigners for social care reform, based on research carried out by Neil Crowther and Chris Hatton

Section 5 presents analysis of the story as presently being told by the print media, based on research carried out by Carmen Dayrell and Elena Semino from the Centre for Corpus Approaches to Social Sciences at Lancaster University.

Section 6 presents evidence of current public thinking, including interviews with members of the public carried out by the Frameworks Institute for #socialcarefuture in 2018, and considers the impact of dominant public narratives and messaging on such thinking

Section 7 explores the gaps and inconsistencies between the story articulated by supporters of #socialcarefuture and that dominating public discourse (the reframing challenge)

Section 8 sets out some next steps

1.2   Why reframe the social care narrative?

It is understandable that those of us who care about social care should wish to spotlight the injustices. These injustices mark the experience of too many people using or requiring social care support and they point to the unfolding challenges that, without action, will be faced by others in the years ahead. Without a radical shift in the public and political priority accorded to investing in such support, the amount of resources devoted to it and in the manner that it is organised and carried out, the gap between those requiring good support and those accessing it, is set to grow over the coming decades. This will have serious implications for our wellbeing as a society.

In campaigns for social change, common logic has often been to strive to strike at the hearts and minds of our audience with messages that convey human suffering, which speak to the growing scale of a problem and which command a sense of urgency. These are the features of the dominant narrative on social care today. There is though, a growing body of evidence that strongly suggests that communications strategies that rely heavily on such approaches, can not only be ineffective, they can be actively counterproductive. In particular, where messages rely on crisis and urgency and emphasis's human suffering in the absence of offering a clear sense of hope and possibility, allied to concrete solutions, the impact on public thinking can over time can be fatalism. In summary, public sentiment can shift from the sense

that 'something must be done' to a resigned view that 'nothing can be done'.[1] At its worst, it is suggested that such approaches to communications can inadvertently support the very things we are trying to overcome, normalising poor practice, neglect and abuse through placing greatest emphasis on them.[2]

As we shall go on to outline in this report, there is evidence that the constant refrain of 'care in crisis' in this space, may now be having this counterproductive effect. It will show why related messaging is failing to change the way the public feels or thinks about the value of social care, or improving public understanding of what it is and how it does, could or should work in the future. Certainly, there appears to be a significant gap between the emerging vision of supporters of #sociacarefuture and much of the public facing narrative, which is often imbued with ideas and values that run counter to the cultivation of the public-spirited values necessary to win support for sustainable change.

1.3   What does reframing the narrative involve?

The approach that #socialcarefuture has chosen to take to developing a new story of change, draws uponq methods that have been developed or are developing in other fields of social change, such as in the work of the Joseph Rowntree Foundation to eliminate poverty in the UK. These centre upon the importance of how issues are *framed*, upon the careful selection and deployment of *values* in the messages we deliver, on the importance of *inspiring hope and possibility*, including both by offering a positive vision of the future as well as by spelling out the concrete solutions, that will take us there.[3] Crucially, the approach we are taking treats the development of effective communications as an *empirical question* involving qualitative and quantitative research in the following stages:

a. Defining our vision – what do we want the public to hear, think and feel about social care?

b. Understanding our audience – what does the public hear, think and feel about social care today?

c. Changing the story – what is the best way to communicate our vision so that it is understood and wins public support?

This research report begins to answer the questions raised under (a) and (b), though more in depth research and development will be necessary. Once complete, the

---

1.   For example Hawkins, N (2019) It's time to change the climate disaster script. People need hope that things can change https://www.theguardian.com/commentisfree/2019/jun/26/climate-disaster-script-urgency-change

2.   See for example: Ligouri, L (2019) Brain research suggests emphasizing human rights abused may perpetuate them https://www.openglobalrights.org/brain-research-suggests-emphasizing-human-rights-abuses-may-perpetuate-them/

3.   Equally Ours has produced a helpful quick-start guide to framing, included in the annex

research will focus on c), developing, testing and refining different narratives and messages through qualitative and quantitative audience research.

1.4   Defining our vision

In June 2019, over 80 contributors to #socialcarefuture, including self-advocates, representatives of disabled people's organisations, parent-led groups, providers, people working in local government and academics gathered at Manchester Metropolitan University and through a series of exercises began to draft a shared vision. This is referred to as our

'un-translated story' because it has yet to be the object of framing research.

The ingredients of the story are explained in detail in section 3 – 'What's our #socialcarefuture shared vision'.   The following is a first attempt at capturing the vision:

> *"We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us and that we're good at. We all want the peace of mind that should we, our families or neighbours need some support from public services to do so, that it will be there for us, quickly and affordably.*
>
> *Great support offered, how we want and need it, revives our sense of hope and purpose. It helps all of us to keep or regain control over our lives, connect and sometimes reconnect with the things that are most important to us and to realise our potential. By doing so, it allows us to keep on contributing to our communities, with the benefits rippling out to everyone.*
>
> *By investing together we can create a fair, reliable and effective social care support for everyone. By investing in a better social care future, we can invest in us"*

1.5   The dominant narrative

Based upon available evidence, there is a high degree of congruence between the messaging of organisations campaigning for reform and spending on social care, media reporting and public thinking. Based on analysis of each, the following summarises that dominant public narrative about social care are:-

> *'Social care, which fails to look after vulnerable people adequately, leaving them to be neglected and abused, is broken and in or on the brink of a crisis. The cost of social care is spiralling because there are growing numbers of older and disabled people and funding hasn't kept pace with demand. Councils, the*

NHS and providers are under severe strain. The system can't cope. Other valuable services are threatened.

Only government can solve this. But governments for the past 20 years have failed to. This government's Green Paper, which keeps being delayed, probably won't change anything. We need an extra £3.5 billion immediately to 'plug' the gap but it's nowhere near enough to truly fix things. If you need care today you will lose your home to pay for it and it will still be terrible.'

It is unclear where the power lies in relation to narrative-shaping around social care. That is to say, whether campaigners are framing their message to appeal to pre-existing media narratives (and where these media narratives come from), or whether they are proactively generating narratives that the media follow. The answer to this question – which is beyond the scope of this report – will influence future strategy.

1.6 Mapping the gap between a new story of change and the dominant social care narrative

The table below summarises the gaps that have been identified via this piece of research between the story that supporters of #socialcarefuture wish to tell and what is known about the framing that dominates public discourse on social care (the primary ways the sector talks about social care, the way the print media reports social care and public thinking). For a new story to be successful it must be capable of navigating (and avoid confirming) the dominant frames in the right-hand column.

The story we want to tell	Dominant framing today
People of equal worth leading lives of value, that they choose to lead, as part of a reciprocal web of community based support (mutuality)	'Vulnerable people' being looked after by regulated personal care services with 'life and limb' support delivered by care staff (paternalism)
Focused on people and communities benefiting from and contributing to great social care	Focused on the challenges faced by the 'sector' in delivering care as a service to people
Social care is a springboard	Social care is a safety net
People with gifts and potential	People with needs
We have great ideas for how to better support people to lead good lives, that require a reformed approach and financial investment	Social care is in crisis and is broken and funding to maintain the status quo is the only answer

The story we want to tell	Dominant framing today
Sustainability	Plugging the gap/shoring up the system
Care and support is 'co-produced' and requires investment	National government is the only active agent and needs to fund care
The growing value to society of great support	The growing social and financial cost to society of meeting demand for basic social care
By prioritising social care and reforming our approach we can all reap the dividend of living longer lives	Demand from older and disabled people for social care is a growing and irresolvable pressure on society's resources
Everyone stands to benefit	Social care is for older, disabled people and 'vulnerable people'
Citizens	The vulnerable, patients, carers
Social care can support good, ordinary family relationships	People are divided into carers and cared for
Rooted in social justice, equality and rights	Rooted in paternalism regarding those receiving or requiring support and fairness with respect to questions of funding

1.7   Next steps

Resources permitting, #socialcarefuture will build on the findings of this report to further develop and articulate a shared vision, to gain a deeper appreciation of current public thinking and discourse, as well as to develop and test options for a reframed narrative.

We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us and that we're good at.

2

Frames, values and hope-based communications

2. Frames, values and hope-based communications

"Martin Luther King never made an 'I have a complaint' speech"

Anat Shenker Osorio

2.1 Introduction

The approach that #socialcarefuture has chosen to take to developing a new story of change, draws upon methods that have been developed or are developing in other fields of social change, such as in the work of the Joseph Rowntree Foundation to eliminate poverty in the UK. These centre upon the importance of how issues are *framed*, upon the careful selection and deployment of *values* in the messages we deliver, including the importance of *inspiring hope and possibility* by both offering a positive vision of the future and by spelling out the concrete solutions that will take us there.[4] Crucially, the approach we are taking treats the development of effective communications as an *empirical question* involving qualitative and quantitative research.

In this section we offer a brief explanation of these theories and their implications for changing the way we communicate about social care. We also provide links to further reading and resources.

---

4. Equally Ours has produced a helpful quick-start guide to framing, included in the annex

2.2   What is 'framing'?

'Understanding means finding a story you already know and saying, 'Oh yeah, that one.' Once we have found (the) story, we stop processing. **Roger Schank, Tell Me A Story, 1998**

Jonathan Haidt, the influential academic and author of 'The Righteous Mind', describes how the first principle of moral psychology is that: 'intuitions come first, strategic reasoning second.'[5] That is to say, when presented with some information, we rely first on our deeply held values and beliefs to make up our minds before we actually give the issue any real thought. As a result, facts alone rarely change minds and we are biased towards information that supports what we already believe and reject that which doesn't. This is why understanding is frame based, not fact based. When we don't attend to framing in the way that we communicate, we are leaving our audience to default to the 'picture in their heads' or to the dominant frames that are presently shaping how issues are being discussed and thought about. This in turn can prevent our messages from being heard, understood or acted upon as we intended, with real implications for policy and practice.

---

5.   Haidt, J (2011) The Righteous Mind

Issues are *always framed* whether intentionally or not. For example, the American academic and author of 'Don't think of an elephant,' Professor George Lakoff, has said that the term 'tax relief' is a frame conceived by the Republican political party. The word 'relief' implies that taxes are unfair and have been imposed on innocent citizens. The Republicans will be the ones who rescue taxpayers by lifting the burden on them. Yet taxes provide the means for governments to provide essential public infrastructure.[6] It can be tempting to draw on dominant frames to make our argument, but this can be counterproductive. For example, the idea of taxation as theft is also prevalent in UK discourse and has been reinforced within the sphere of debates surrounding social care in the UK, where funding proposals put forward by different political parties over the past decade have been variously described as a 'death tax' or as a 'dementia tax.' Yet winning support for a long term funding settlement for social care is inevitably going to demand support for more public spending, paid for via taxation. Similarly, urgent appeals, using the language of crisis, can backfire. For example, as Julia Unwin has argued, "If you talk about (social) housing in terms of desperation and need, then you can't be surprised if it becomes an emergency service."[7]

We can also unintentionally reinforce unsupportive frames via the process of rebutting them. For example, a message which says 'Seeking asylum is not illegal" may be factually correct, but actually serve to reinforce connections made between asylum and criminality.

Framing is therefore a way of setting the terms and parameters of public debate about a given issue.

When communications are effective, people can see an issue from a different perspective. As the Frameworks Institute advises "By finding a 'reframe' we can take people on a different path of understanding our issue, one which corresponds with the change we are striving to achieve."[8]

An example is, in embarking on its campaign to eliminate poverty in the UK, the Joseph Rowntree Foundation (JRF) worked with the Frameworks Institute to understand how poverty was discussed and thought about.[9] It found the following common beliefs among the British public:

Post-poverty: people don't believe poverty exists today, in this country.

---

6. Lakoff, G (2004) Don't think of an elephant –know your values and frame the debate

7. Unwin, J (2018) Confessions of a framing sceptic http://www.juliaunwin.com/confessions-of-a-framing-sceptic/

8. Frameworks Institute (2009) Strategic Frame Analysis toolkit http://sfa.frameworksinstitute.org

9. Joseph Rowntree Foundation/Frameworks Institute (2019) How to talk about poverty toolkit https://www.jrf.org.uk/report/framing-toolkit-talking-about-poverty

Self-makingness: people blame individuals for being in poverty, and believe they should try harder and work more. They don't see the wider context.

The game is rigged: people think there will always be poverty and nothing will ever change. The combined effect of these beliefs is that poverty gets dismissed out of hand, or is seen as inevitable and impossible to change.

Were JRF's messaging to trigger any of this thinking, it would make the task of building support for a changed approach to tackling poverty far more difficult. A particular challenge for JRF has been finding a way to talk about our social security system without invoking negative attitudes towards benefits claimants. Hence, through research, the organisations have developed an alternate frame for UK poverty which:

Shifts thinking onto the systemic causes of poverty, using the metaphors of 'currents' and 'locks'

> *"Our economy creates powerful currents that can pull people into poverty, like low wages or increasing living costs."*

> *"Our economy is locking people in poverty. Low-paid, unstable jobs mean more and more families can't put food on the table. The way our economy is working is leading to rising living costs and many are locked in a daily struggle to make ends meet, unable to think about a different future. It is hard to break free from the restrictions our economy places on people."*

Focuses on poverty as something that prevents us from being and doing the things everyone expects to be able to do, rather than poverty as an end in itself, using metaphors of 'restriction' and 'restraint'

> *"Poverty restricts people's options, leaving them in impossible situations like choosing either to heat their home or pay their rent. With rising living costs and unstable work, our economy is holding people down and stopping many from choosing their own path."*

Shows that just as poverty was created by human-made systems, it can be solved by human-made systems

> *"The economy we have today was designed – it is the result of a set of decisions that were made about our society's priorities and resources. Just as it was designed, we can redesign it so that it works for everyone."*

Talks about benefits as part of the solution, not as a problem to be fixed

> *"We can solve poverty by loosening its grip on people. Benefits help release people from the restrictions our economy places on them, such as low pay and high housing costs."*

2.3   The importance of leading messages with shared values

The organisation Common Cause has explained: 'values and life goals are the aspects of people's identities that reflect what they deem to be desirable, important and worthy of striving for in their lives' and argues 'these factors are there in the background when anyone makes a decision about whether or not to take action to help address a social or environmental problem. They may not be the most important factor in any one decision, but looking across people's decisions, values emerge as one of the most important motivators…. If you accept that some of the most pressing challenges that society fronts can only be addressed in the context of widespread public demand for change, then you simply must put an understanding of values at the forefront of your work' [10]

The Frameworks Institute advises that: "When we incorporate carefully selected values into the way we talk about an issue we remind people of the widely shared values they already incorporate into their thinking, we tap into powerful models that guide people in their thinking about themselves and their political responsibilities."[11]

In 'More than Words' - how communicating our shared values and forging mutual connections can bring hope for a new tomorrow'Lena Baumgartner and Alice Sachradja explain how: "Our shared values form intangible points of connection. We can do our best to articulate our values in words, but ultimately they are deep feelings that act like a strong magnetic force for every one of us. We are drawn towards the values that resonate with our intuitive personal beliefs and feelings." They argue that by leading our communications with shared values, we can create support for change through the intangible and intuitive feelings we communicate. To illustrate, they point to campaigns surrounding the two recent referenda in Ireland, concerning marriage equality (Bring your family) and abortion rights (In her shoes) respectively as examples of values-led campaigns winning significant change. Both campaigns led with values-based communications that centred on kindness, love, friendship, family and a shared journey of change, rather than invoking the rights of LGBTI people or women, successfully appealing to shared values, nurturing empathy and giving people a sense of agency and possibility for change (see 'hope-based communications' at 2.4 below). [12]

Regarding messaging, the Frameworks Institute advises that 'Values serve as an anchor for the frame and hence needs to be at the beginning of any message. Different values attach differently to social issues and need to be carefully selected to

10. Crompton, T & Weinstein, N (2015) Common Cause Communication – a Toolkit for Charities

11. Frameworks Institute (2009) Strategic Frame Analysis toolkit http://sfa.frameworksinstitute.org

12. Baumgartner, L & Sachradja, A (2019) More than Words - how communicating our shared values and forging mutual connections can bring hope for a new tomorrow' https://www.ariadne-network.eu/wp-content/uploads/2015/03/More-Than-Words.pdf

produce the desired results.'[13] Selecting the most productive values to include is an empirical question, requiring both quantitative and qualitative research methods.

Crompton and Weinstein (2015) divide values broadly into those that are 'intrinsic' and those that are 'extrinsic'.   On the map at figure 1, 'intrinsic values' are those falling under the headings 'self-direction', 'benevolence' and 'universalism', while 'extrinsic values' fall under 'achievement', 'power', 'security', 'conformity' and 'tradition.'

Dimensional smallest space analysis: individual level value structure average across 68 countries from Schwartz, S.H. (2006). Basic human values: Theory, measurement and applications. Revue Française de Sociologie, 42, 249-288

Fig 1. Source: Common Cause Redrawn from Schwartz, S.H. (2006) Basic Human Values: theory, measurement and applications. Revue française de sociologie, 47: 259-288. Re-printed with permission.

The authors report that 'many studies have shown people who hold intrinsic values to be more important, display deeper concern about environmental and social issues and stronger motivation to engage in various forms of civil action.'[14]

13. Frameworks Institute (2009) Strategic Frame Analysis toolkit http://sfa.frameworksinstitute.org
14. Crompton, T & Weinstein, N (2015) Common Cause Communication: a toolkit for charities

Crucially, they also find that 'when one of these values is temporarily engaged (that is, when a person's attention is drawn to one of these values, perhaps very subtly) other values in this group (intrinsic or extrinsic) are also likely to become temporarily more important to that person…if a person holds one of these values to be particularly important in a more permanent or dispositional way, the she is also likely to hold other values in this group to be important… and when a value in one of these groups is temporarily engaged, values in the other group will become temporarily less important to that person.' Or in summary, it is possible, through the way we communicate, to 'dial up' those values that are most likely to command support for our goals and 'dial down' those which are most likely to foster opposition.

For example, in its work to reframe poverty, the JRF leads its messaging with strong moral values of compassion and justice:

> *"In our society, we believe in showing compassion towards others, and helping and protecting each other from harm. Yet, right now, many live in poverty. We share a moral responsibility to ensure that everyone in our country has a decent standard of living."*[15]

2.4 Inspiring hope and possibility

Image via Pixar Post

The American strategic communications expert and Open Society Fellow Anat Shenker-Osorio has repeatedly reminded campaigners for social change that: 'People are more motivated by creating something good than ameliorating harm… Enumerating massive problems makes people shut-off and look away. We must provide a sense that we know how to handle this situation.'[16]

---

15. Ibid

16. Shenker-Osorio, Anat (2018) A Brilliant way to live our lives: how to talk about human rights http://australianprogress.org.au/wp-content/uploads/2018/10/A-Brilliant-Way-of-Living-Our-Lives-How-to-Talk-About-Human-Rights.pdf

Inspired by Shenker-Osorio, Thomas Coombes, until recently the Deputy Director of Communications at Amnesty International has developed a guide to 'hope-based communications.'[17] Coombes has argued: "If your audience sees an intractable problem it risks becoming a new normal, an unfortunate but accepted reference point for how things are. Our challenge is to show them how human decisions created the problem and different decisions can fix it. We need to have the courage to promote smart solutions, using communications to shift them from radical ideas to common sense."[18]

Coombes advocates:

Talking about solutions, not problems – messages about 'implementing solutions' test better than 'solving problems'

Creating opportunities, dropping threats – instead of the threat of things getting worse, talk about the opportunity to make things better

Highlighting what we stand for, not what we oppose – frame the issue not by what we are against, but by what we are for, rooted on our own values and frames

Emphasising support for heroes, not pity for victims – instead of a story about victims of abuse, provide a story about government failing to implement a solution and the people challenging them. Give your audience heroes that they can stand in solidarity with, not victims for them to 'save.'

Showing that 'we got this' – 'Light a candle, don't curse the darkness'. Exposing abuse creates anger – we have to create a safe space and reason for hope and belief. One way is to show other people they relate to changing their minds or taking action.

Interestingly, following the two-part BBC Panorama special on social care 'Care in Crisis' (June 2019), which featured Somerset Council, its Director of Adult Social Services, Stephen Chandler remarked in an interview "We need him [Mr Hancock] to start talking really positively about the impact of social care and the impact on people's lives."[19] For all the deep challenges faced, it is crucial to remember that no one else will set out for us the positive future that we seek.

---

17. https://www.openglobalrights.org/hope-guide/

18. Coombes, T (2019) Five ways to change the narrative from fear to hope https://www.bond.org.uk/news/2019/04/5-ways-to-change-the-narrative-from-fear-to-hope

19. Rennie, J (June 2019) Interview with Stephen Chandler, Director of Adult Social Services, Somerset Council https://www.carehome.co.uk/news/article.cfm/id/1610736/exclusive-council-boss-on-panorama-criticises-hancock-for-never-talking-about-phenominal-impact-of-social-care

2.5 From theory and principles to practice

The theory and principles above have informed the development of #socialcarefuture's draft story of change and provided the framework through which we have analysed sector messaging, media reporting and public thinking on social care.   They will continue to provide the framework for the development of a new narrative.

3

What's our #socialcarefuture shared vision?

3. What's our #socialcarefuture shared vision?

3.1   Introduction

As outlined in section 1, one of the first tasks in embarking on the development of a new narrative is to agree communications goals and to produce an 'un-translated story' (that is, agreed messages prior to reframing).

On 18 June 2019, over 80 contributors to #socialcarefuture, including self-advocates, representatives of disabled people's organisations, parent-led groups, providers, people working in local government and academics gathered at Manchester Metropolitan University and through a series of exercises began to draft a shared vision.

The group was given an explanation of 'framing' and the importance of values (see section 2), including via an exercise in which people were asked to consider what 'home' meant to them. They were shown a number of examples of how other social movements had sought to reframe thinking, discussing the values and frames being deployed, before working in groups to develop a proposal for a thirty second advert for #socialcarefuture in which people were asked to pay attention to the frames and values in play. Via group feedback and discussion a number of emerging consensus themes were identified.

3.2   Emerging ingredients of a new shared vision

Through these exercises, consensus began to build that the following ingredients were central to framing the story of social care #socialcarefuture wished to tell:

Living our best lives *because of* social care support

The story and any visual depictions should centre on people **living their best lives** as a result of the support they're able to access, **not on the delivery of a service**

Social care support should be described as **transporting us** from one life situation to another, not as an end in itself

It should strive to instil **hope**

Home, relationships and belonging

The story should be set within **home, family, love and relationships,** it should invoke **community and belonging** and talk about social care support (or a different term) as **making connections** between people and things that matter to them

Equal worth, identity and self-direction

The story should convey the value that everyone is of **equal worth** with **gifts and contributions to make** and that good social care support **confirmed people's identity, will and preferences by focusing on what matters to them**

Reciprocity within community

The story should portray people as being **part of a web of mutual support within the community, not as objects of support.** It should talk about **what everyone brings.** It should emphasis **togetherness**

Universality

The story should depict social care support as **benefiting and involving everyone.** It should **avoid** any language or visual depictions that cause **'othering'**

Collaborative problem-solving

The story should instill the sense that **solutions can be found, working together** and should avoid stories that imply problems are growing or insurmountable

Fairness and effectiveness

The story should talk about the importance of any support **being readily available, affordable and accessed fairly**

3.3   Our draft shared vision

Based on these emerging themes, we have drafted and begun testing via social media the following draft story:

> *'We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us and that we're good at. And we all want the peace of mind that should we, our families or neighbours need some support from public services to do so, that it will be there for us, quickly and affordably.*
>
> *Great support, offered how we want and need it, revives our sense of hope and purpose. It helps all of us to keep or regain control over our lives, connect and sometimes reconnect with the things that are most important to us and to realise our potential. By doing so, it allows us to keep on contributing to our communities, with the benefits rippling out to everyone.*
>
> *By investing together we can create a fair, reliable and effective social care support for everyone. By investing in a better social care future, we can invest in us'*

We have since boiled this statement down into a shareable tweet to test reaction:

> *'We all want to live in the place we call home with the people & things that we love, in communities where we look out for one another, doing the things that matter to us. Great #socialcare helps us all to achieve this. Let's make a better #socialcarefuture together.'*

The message has been received positively so far. For example, Liz Kendall MP shared the tweet, adding that:

> *'This is precisely the vision for social care we should all be championing. Follow @socialcarefuture to find out more'*

While #socialcarefuture's message will need to evolve to explain in detail what we wish to change and how this should work in future, it will continue to be important to attach these proposals to a 'meta frame' that successfully models the world we wish to see and moves people towards supporting the values that need to underpin it. This will need to be developed, tested and refined via research (see section p8).

4

What's the story being told by campaigners for social care today?

4. What's the story being told by campaigners for social care today?

4.1 Introduction

This section presents an initial analysis of how a number of campaigning organisations with influence over the public discourse on social care presently talk about the issue in their external communications. Drawing on 'Strategic Frame Analysis', an approach pioneered by the Frameworks Institute, the analysis, conducted by Neil Crowther and Chris Hatton, paid particular attention to deconstructing the values and frames explicit or implicit in their messaging.

In addition to mapping common themes in the current sector discourse, the paper critically evaluates the adherence of current messaging to best practices in the field of framing, as articulated by the Frameworks Institute[20]:

20. See for example Frameworks Institute 2016 'How to talk about disability and human rights' http://files.constantcon-

–   Lead with values, not facts/information;

–   Use thematic stories, not individual stories,

–   Foreground the systemic factors shaping outcomes;

–   Combine urgency with efficacy – people must feel a problem can be solved;

–   Avoid crisis language and vivid examples case studies;

–   Connect outcomes to society as a whole – explain how the positive or negative outcomes connecting to an issue affect everyone;

–   Contextualise numbers – don't expect them to speak for themselves

–   Avoid myth busting – which tends to affirm the myths, not overcome them.

Conversely, features of poor communications practice are

–   Unframed facts and numbers which only experts understand

–   Description without explanation

–   Concentrating on problems while offering few if any solutions

–   Relying on crisis stories

–   Employing vivid stories, which counterproductively locate problems at the individual rather than systemic level

Seventeen pieces of literature were reviewed in total, produced by or emanating from a sample of Non-Governmental Organisations (NGOs), professional and representative bodies and think tanks that enjoy significant imprint on the public narrative and on public policy in the field of social care. Materials reviewed included press releases, campaign materials, reports and quotes in newspaper articles published over the past two years, sourced from the organisations websites. They are listed in the annex.

Below we present the thematic findings of this analysis, before commenting on the overall adherence to best practice of the communications approaches being taken.

4.2   What's the story being told by campaigners for change?

Social care is broken and in crisis

The primary messaging being deployed by campaigners explicitly uses the language of crisis, albeit with some variants:

●   The current crisis: "we're in crisis now" frame is least common

●   The imminent crisis: "We're on the verge of a crisis any minute"

● The contingent crisis: "We'll be in crisis if you don't do something right now"

The word crisis is used explicitly in press statement headlines, letters and hashtags. 'Addressing the social care crisis' has arguably become the primary policy goal now expressed across the sector, in the media and in Parliament.

These stories also describe social care as broken or failing. For example:

'It is time to put an end to the care crisis in England – our care system is failing'

'Adult social care is at breaking point.'

'Millions of vulnerable people are being deprived of the care and support they need because of the Government's failure to grasp the crisis in social care, with services in parts of the country near collapse. This is a national scandal and a national disgrace. Time is running out'

'Social care is in meltdown'

'Care in crisis'

'Three quarters of MPs (76%) agree there is a crisis in social care'

"Britain faces a growing social care crisis, but there are things we can do to reduce pressure on care providers"

'The social care system has been in crisis for too long and it is only getting worse, with too many people having unmet needs and not getting the help and support they desperately need. Due to underfunding at a national level and resultant cutbacks from local authorities services can no longer cope with the growing demand for social care. A bold and ambitious solution is needed to tackle the social care crisis.

– **Social care is a growing cost**

The focus of messaging is on the current and growing gap between demand for social care and current or planned funding

● 'Keeping pace with increasing demand'.
● 'With more people needing care, increases in costs and decreases in funding, this is becoming more and more difficult. More than two million people in England have left their jobs to provide unpaid care for family or friends.'
● 'There are around 1.4 million older people who are not able to access the support they need. As things stand it is inevitable that this number will rise. There are 850,000 people with dementia in the UK, that figure will increase to more than 1 million by 2025. Already up to 58 per cent of people over 60 are living with at least one long-term condition such as diabetes, arthritis or hypertension, the numbers with co-morbidities has been rising by 8% a year. The task then is to support an ageing population, with increasingly

complex needs. It is little wonder that this is not being achieved given that the funding of social services for home help and other care funding has fallen by 11 per cent in the last five years.'

– **Social care is under pressure and threat**

Metaphors of 'threat' and 'pressure' are commonplace. However, if there are people described as being under strain, it is typically those involved in providing social care support (whether paid or unpaid), not people using (or not getting) social care. For example:

- 'Services are struggling to cope'
- 'Important to prevent even more strain on a system that is on the edge of collapse'
- '...the pressures facing providers of learning disability services.'
- 'A social care system struggling to cope with the increased pressure put upon it'
- 'Further pressure on already stretched budgets'
- 'Placing impossible pressure on an already struggling system'.
- 'A social care system that cannot continue to operate without fundamental reform'
- 'Despite the importance of social care in enabling people's independence and dignity, successive governments have failed to adequately support the sector.'

Moreover, the cause of these pressures are– implicitly – those people requiring care and support in greater numbers. For example:

'Councils battle with increased need from older people and people with disabilities and inadequate levels of funding'.

This confirms a finding (section 5 below) by the Centre for Corpus Approaches to Social Sciences (CASS) into media discourse that found older and disabled people positioned both as the cause and victims of the pressures facing social care.

There were some notable exceptions. For example:

- 'The daily distress experienced by people in need of social care and by their family carers, which the current system fails to alleviate. This distress is shared by many who work in the care system.'
- 'Care in crisis' 'right now 1.4 million older people are left to struggle each day without that support.'
- 'What we cannot forget is the human price of this bargain-basement care system. From the man with dementia forced to choose between a hot meal and a wash during a homecare visit, to the 82 year old lady with dementia hospitalised with a urinary tract infection because she stopped getting

support to have a shower each day, people with dementia are at the mercy of a system on its knees.'

– Only central government can fix this crisis (but it probably won't)

The 'active agent' in these messages tasked with 'fixing' social care is almost always only national government through funding and in some cases allusions to ill-defined reform.   Those involved in delivering or using social care, or communities more widely are not included as active agents in these messages.   Those using social care were never described as active agents. For example:

- 'We continue to wait for the much-touted social care Green Paper'.
- 'Government needs to step forward'

With respect to funding, proposals switch between demands for an emergency, temporary 'fix' (plugging the gap, shoring up, filling the cavernous hole') and calling for a long term funding solution to be brought forward in the (long anticipated) Green Paper. Often these messages appear interchangeable, creating confusion about the anticipated focus and role of the Green Paper (that it will answer the immediate 'crisis' via an emergency funding solution). It is unclear which of the two are a priority.

For example:

- 'One-off funding injections…to curb the severity of immediate pressures'.
- 'In the upcoming budget, it's vital that the government urgently plugs the cavernous hole in funding, and end the needless suffering of people with dementia.'
- 'The government needs to shore up social care.'
- Some messages appear both to call for short term emergency funding while at the same time rejecting them. For example:
- 'Short term cash injections will only mask the severe underlying problems in provision'.

Others actively cast doubt on whether any solutions will be forthcoming:

- 'Decisions cannot be kicked into the long grass'
- 'Today care is so poorly funded, it is a lottery of who will even get what they need. In the last twenty months, the Government has pushed back its promised plans for how to fund care eight times. This follows twenty years of no Government addressing this issue. #20YearsOfDelaysMustEnd #TimeToCare'

– **Where a public interest case is made, it is usually to avert economic costs to the State, not to promote social or economic value to individuals and families**

When campaigners make the case for short or long term funding of social care they largely do so using economic arguments . More often than not these concern the costs or savings to the State.

For example:

● 'Disabled people and carers falling out of the job market too early'.

● "Carers have already waited over two years for the Government's Green Paper on social care so it is imperative that this too has their huge contribution to our society and the economy – worth £132 billion a year – at its heart."

With respect to the economic case for individuals and families this largely centres on protecting asset wealth and inheritance:

● 'having to sell the family home'

One notable, non-economic, case made was:

● allowing people to spend more quality time with loved ones

– **Relieving pressures on the NHS features prominently in campaign communications**

The threat to the NHS of not increasing spending on social care and the argument that spending on social care is necessary to relieve pressures on the NHS is commonplace.

For example:

● 'The implications of failing to reform social care will continue to be felt by other public services, particularly the NHS. Indeed, we are clear that a failure to address the crisis in social care will undermine the ambitions of the NHS Long Term Plan. We already know that a lack of care and support packages in communities across some parts of the country, has been a major reason why people are often delayed in hospital for longer than they need to be and we have now reached a point where we cannot go on like this '

– **Social care is generally described as a single entity, as service of last resort and as an end in itself**

In terms of describing what social care is, it is variously described as a machine (the 'system' under strain), a building ('shoring up') and perhaps most often as a body ('a system on its knees'). Social care is also described as a single entity.

Where campaign materials describe what social care does they tend to centre on social care as a service of last resort, provided to older and disabled people, focused largely on 'life and limb' support (help with getting dressed, washed and eating), not on its transformative impact on people's lives. Metaphors used to convey this include:

● Social care as 'life support'
● Social care as a 'safety net'

Some exceptions, which position social care as having more transformative potential, include:

● "Older people should be able to live well, not just survive, and the right care and support can help them do this."
● High quality, properly funded social care and support enables people to live the lives they want to lead through access to the right care in the right place at the right time.
● "For older people, it is vital to helping them to sustain their independence and live with dignity in later life. For working age disabled adults, it is providing them with basic care such as making a meal or being able to communicate with family and friends. If delivered well, social care can ensure that disabled adults are able to work, volunteer, socialise and access the community – just like anyone else."

– **Social care benefits only those who directly benefit from it**

Social care is generally only ever described as benefiting older and disabled people in need of support and unpaid carers.

For example:

● 'Older and disabled people who need dignified care and support, and unpaid carers, deserve action now.'
● 'Social care needs to work for everyone – older people, disabled people and their carers.

One notable exception frames the Social Care Green Paper consultation as:

● 'a great opportunity to think about what kind of a society we want for ourselves, our parents and our children'

– **Shared intrinsic values are generally not prominent in these messages**

Few of the communications materials lead with explicit shared intrinsic values. One notable exception was the invocation to:

● 'Help build a fairer society that cares for everyone.'

Fairness is used in some messaging, both explicitly and – by invoking deservingness – implicitly, in relation both to those receiving or requiring care and support and those providing it. For example:

● 'This situation is not fair to the individuals and families who rely on care services, nor the workforce'

● '(Staff) deserve better, as do the disabled people and older people they support day in, day out"

Compassion is implicit or assumed, by reference to the neglect and lack of support for older, disabled and vulnerable adults

Implicit in many of the communications are extrinsic values, concerning the growing financial costs to society of social care, the threats to people's savings and asset wealth and hence family security.

4.3 Overall strengths and weaknesses of sector messaging, based on best practice criteria

Tells a thematic story, highlighting the need for systemic change

Positively, the focus is on a major systemic challenge – inadequate funding set against rising demand leading to unmet need and its consequences both for individuals, their families and for those providing social care, for other institutions (the NHS) and the economy. However, beyond calling for government to commit resources or to bring forward proposals for long term funding, detailed proposals are few and far between, with no shared position across the sector.   The overwhelming focus on funding also clouds out any other proposals for reform, practice or culture change (such as the redirection of resources towards early action and prevention, or towards social infrastructure).

Doesn't employ shared values

There is no explicit reference in the messaging to shared intrinsic values, with the exception of 'fairness' regarding meeting the costs of care. Implied in the messaging is compassion towards those requiring care and support. However, appeals to this intrinsic value are potentially undermined by the triggering of extrinsic values through the emphasis on a growing threat to family security, the economy and so on, which is often described as coming from the growing needs of those who require care and support. Additionally, messaging which positions older and disabled people as vulnerable and passive may feed wider prejudices concerning these groups, which in turn creates barriers to making the case for social supports in line with equality and human rights. Fairness is also a risky value to invoke, given its attachment to the idea of deservingness.

Lacking hope and possibility

The current campaign messaging on social care is absent of hope and possibility, focusing almost exclusively on the problems faced by 'the system' as a result of under-funding and rising demand. While funding is posited as the solution, the framing of funding centres on meeting the increasing 'costs' of social care arising from demographic change, not on its value to society. It is never positioned as an opportunity for investment.   The messaging rarely models the future being sought. Fatalism has crept into some messaging with reference to government kicking reform 'into the long grass' or allusions to how long this debate has gone on without resolution.

Explicitly crisis focused

The language employed explicitly invokes a 'crisis' (current, imminent or contingent), using metaphors of pressure and threat ('strain' 'breaking point', 'meltdown'). Those requiring support are described as both the cause and the victims of this crisis.
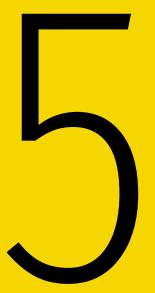
Use unframed facts and numbers

A number of the materials use statistics concerning the projected numbers, that will require care and support, allied to statistics on current and projected shortfalls in expenditure. These are important facts to communicate, but come with three potential problems. The first is that, when used to convey the scale of the emerging crisis, they are part of a story that, in the absence of clear solution, may further lead audiences towards thinking that the problem is too large to be solved. The second is that many people will struggle to make sense of such data and statistics. They may also misinterpret them unless they are framed to aid understanding and to channel interpretation in the desired direction. The third is that, in the absence of supportive, valued-led frames, there is a considerable risk that people may reject evidence that does not correspond with their worldview.

Description without explanation

While the materials describe a lack of adequate funding for social care, few explained what social care does, or why it is required, how funding presently works, how any proposed solutions would work or what has caused the current challenges. The Frameworks Institute has found that "cause-and-effect" style communications are much more effective in building support for solutions and helping people understand how problems can be addressed.

Outcomes rarely connected to society as a whole

Social care is talked about only in terms of its direct beneficiaries – older and disabled people and carers – or the organisations tasked with providing or funding it (the sector, councils). It is only ever discussed in a wider context when underfunding is presented as a social or economic threat. It is never discussed as having wider social and economic value.

5

What's the story of social care in the print media?

5. What's the story of social care in the print media?

Image from: i news 30th January 2018

5.1   Introduction

To gain insight into media discourse on social care, #socialcarefuture worked with the Centre for Corpus Approaches to Social Sciences (CASS) at the University of Lancaster, who undertook an analysis of how the UK print media talks about social care.

Corpus Linguistics involves the construction of large digital collections of authentic texts (corpora) and their investigation through dedicated software tools. Corpus linguistic tools make it possible to:

● Examine all instances of a word/phrase (in our case, 'social care') in context ('concordances')

● Find out which words tend to co-occur with a word/phrase (e.g. 'social care') of interest ('collocations')

● Find out which words or areas of meaning occur much more frequently in the corpus under analysis as compared with a 'reference' corpus ('key words' or 'key semantic domains')

In 2018 CASS looked at broadsheet and tabloid articles in the period between 18 June 2017 (the day following the last General Election) and 20 April 2018 (the start of data collection). This resulted in a 'corpus' of 5,510 articles, or approximately 2.5 million words of text to analyse.

In 2019 CASS built on this work, investigating a corpus of 3939 Broadsheet articles (containing 4,180,855 words) and 1589 tabloid articles (containing 837,731 words) containing the phrase 'social care', published between 19 June 2017 to 31 Mar 2019.

5.2 Headline findings

● The most distinctive themes in the corpora are to do with:

Money and finances
Politics and government
Health and illness

Difficulties and crises
Fairness
Particular groups of people, and especially older people

● Stories about social care are much more frequent in the broadsheets than the tabloids, tending to focus on finances, policy and politics, rather than lived experience.

● Stories talk about a worsening crisis due to rapidly increasing demand and decreasing resources.

● The main social groups involved are presented simultaneously as both causes and victims of the crisis.

● Older people and children are mentioned much more frequently than adults and people with disabilities.

● People who require or use social care are commonly described as 'vulnerable'.

● Stories link social care and health care, with the story of social care increasingly part of the story of the NHS. One significant finding is that, of all the words referring to relevant groups of people in stories that mention

'social care', 'patients' is the most common in the tabloids, and second only to 'children' in the broadsheets.

5.3   The story in detail

A crisis in care

'Crisis' is both a top collocate of 'social care' and one of the top fifty keywords in the corpus. Looking more closely at examples where 'crisis' and 'social care' occur together, it became clear that failings in the social care system were presented as a threat to society, and one against which urgent action must be taken:

URGENT action is needed to tackle chronic underfunding and a staffing crisis in social care, a report warns. (Mirror, 8/2/ 2018)

Jackie Doyle-Price said that Britain was no longer a society where neighbours would look after those who were struggling. Solving the social care crisis would require 'a culture shift for every individual', as well as using older people's housing wealth to pay for an ageing population. (Times, 4/10/2017)

Care is inadequate and unsafe

In the corpus, care is often described as inadequate or unsafe.

Age UK has warned that 1.2 million older people in the UK have unmet social care needs. (The Independent, 09.05.2018)

ONE hundred elderly residents are abused in care homes every month, campaigners fear. (The Daily Mirror, 27.11.2018)

HUNDREDS of people with autism and learning disabilities are being locked up in appalling conditions, routinely abused and stuffed into tiny, secluded padded cells, a Mail on Sunday investigation has found. (Mail on Sunday, 28.10.2018)

Social care is a growing cost

The financing of social care also emerged as a central theme from the analysis, with decreasing resources being juxtaposed against increases in costs and need for services. In the data, 'costs' are described as 'rising', 'spiralling', 'huge' and even 'catastrophic', while 'funding' is associated with 'cuts', 'gap' and 'shortfall'. These pattern reinforce the negative representation of social care as a national crisis.

*Lee Causer, of Moore Stephens, said: 'Too many businesses in the care home sector are heading back to the brink. The mixture of rising costs, **cuts in funding** and an ageing population has created a volatile situation with many companies now showing signs of significant financial stress. (Express, August 14, 2017)*

*Mr Hudspeth [of the Local Government Association] warned of a £3.5 billion
funding gap facing **adult social care** by 2025, just to maintain existing standards ...*
(The Express, 20.09.2018

*To properly cope with the **rising, ageing population**, the budget **must be increased**
4.3 per cent a year on average by 2022/23 ...* (The Daily Mail, 08.11.2017

*The Local Government Association said the abuse "unacceptable" but stressed **adult
social care** needs £2 billion more each year by 2020. HALF of local taxes raised by
councils could go on adult social care under local government funding reforms...*
(The Sun, 22.03.2018)

*As the chief executive of Carers UK, said: "… more than 2 million people have **given
up work to care for older or disabled relatives.**"*   (The Guardian, 14.01.2019)

Social care is positioned both as a pressure on and pressure valve for the NHS

While the integration of social care and health has been championed in some
quarters, this study found that the link between the two in the news data was used to
frame social care as an additional burden on an already overstretched health service.

*Funding is not keeping pace with the demands of a growing number of elderly
patients with complex conditions, nor the **crisis** in social care, which rebounds on the
NHS, they say. (Independent, November 19, 2017)*

*The "**NHS crisis**" is really a "social care **crisis**" created by an ageing population and
exacerbated by Government cuts. (Times, January 16, 2018)*

Frequent reference was made to delays in care, with patients described as being
unable to leave hospital due to a lack of social care. This was in turn presented as
leading to the unavailability of hospital beds:

*The remorseless rise in demand for health and social care services is showing
in lengthening waiting times for treatment and delays in discharging patients to
appropriate care settings. (Guardian, November 20, 2017)*

*Hospitals have laid much of the blame on social care services, with patients waiting in
hospital beds for the services they need to go home. (Times, October 3, 2017)*

*Many of the patients occupying hospital beds are elderly and medically well enough
to go home. But doctors cannot discharge them due to a lack of social care. (Mail,
January 4, 2018)*

The fact that stories mentioning social care are often (also) about the NHS is blurring
distinctions between the two.   People using or requiring social care are commonly
referred to as 'patients'

*Tens of thousands of **dementia patients** are denied proper care as councils fall short
of basis standards, report reveals. The report by Healthwatch England warned that*

tens of thousands of vulnerable patients 'slip through cracks in the care system' and that it had reached 'breaking point'. Daily Mail 1 July 2019

People who use social care are older and vulnerable

With regard to the types of people associated with social care, the imagined users of social care were overwhelmingly characterised as older people, in contrast with the reality of social care users who are equally likely to be children or adults with physical or learning disabilities. Neither of these other user groups featured as prominently as older people in the news reports collected. The term 'disabled' occurred only half as frequently as 'elderly' in the 2018 corpus, and, when it was mentioned, it was predominantly as part of a list of service users, rather than a separately identifiable group, as in: 'children, disabled adults and older people'. People described as 'disabled' were almost never described as working and contributing to society.

The high occurrence of expressions such as 'elderly population', 'dementia' and 'care home' and the co-occurrence of 'elderly' with 'frail' and 'vulnerable' suggests a stereotypical news representation of a social care service user who is an older person with complex medical needs and high levels of care. The combination of this pattern with the emphasis on inadequate funding, means that older people are described both, as a drain on resources (and as such a threat) and as the victims of the current social care system, both in personal and financial terms:

Health Secretary Jeremy Hunt today throws his weight behind a controversial NHS tax' to tackle the timebomb of how to pay for elderly people in care. (Mail on Sunday, March 25, 2018)

Without lasting reform, the most vulnerable frail and elderly people are at real risk of falling through the gaps and not getting the support they expect - and deserve. (Independent, August 31, 2017)

*At a time when we have a financial crisis in social care, surely the priority of the Government should be to look after **vulnerable, disabled** and **elderly** people in our own country. (The Express, 24.10.2017)*

*Local authorities have reached the point where relentless financial cutbacks are putting the wellbeing of **vulnerable adults and children** at risk, the Conservative leader of the Local Government Association (LGA) has warned.   (The Guardian, 03.07.2018)*

A growing, intractable problem

Overall, the analysis suggests that social care is at present predominantly framed in the UK press as an intractable problem that results from a combination of decreasing financial resources (mainly due to government policies) and increasing demands (due

to a rising number of older people in need of support). Any attempt at proposing new perspectives and narratives needs to take these current framings into account.

5.4 Metaphorical key words found in the social care corpus

The following list of metaphorical key words are found in the social care corpus. They are emblematic of the emphasis on crisis, pressure, threat and inertia that characterise the story of social care in the print media.

rise, rising	*deadlock*
emergency	*mounting*
gap	*brink*
cap	*squeeze*
cut	*gamble*
burden	*looming*
freeze	*stalled*
black hole	*spiralling*
toxic	*time bomb*
chronic	

Metaphors are known to be a powerful framing device. Re-framing will therefore need to involve new metaphors.

We all want the peace of mind that should we, our families or neighbours need some support from public services, it will be there for us, quickly and affordably.

6

What does the public think and feel about social care?

6. What does the public think and feel about social care?

6.1 Introduction

The section draws on the limited available sources regarding public thinking on social care. This includes secondary data plus exploratory research commissioned by #socialcarefuture and carried out by the Frameworks Institute in spring 2018, with support from the Voluntary Organisations Disability Group.[21] This latter research offers some clues to public thinking, but the sample size was too small scale to be representative, and conducted only in London. Further public audience research is required.

---

21. Frameworks Institute (May 2018) Public thinking on social care – on the street interviews in the United Kingdom (unpublished)

6.2   Poor understanding of what social care is or does

The public struggle to understand what social care is or what it does

In its 2018 public engagement work, IPSOS-Mori on behalf of the Kings Fund and Health Foundation found that:

'Public understanding of social care remains limited, although there are signs that awareness has increased since 2008. Many participants assumed their GP was the entry point to the system. Local authorities were rarely mentioned spontaneously as having a role in providing social care.'

They also found that:

'Even those people who had experience of social care, either personally or through friends and family, were not confident about their understanding of the wider system. Most people, particularly those who had little or no personal experience of social care, thought it was funded in a similar way to the NHS or that they would be able to draw on an entitlement based on NI contributions. They also assume that state-funded care would be provided to most people, with government paying for at least some, or even all, of the care people need.'

The results of the Frameworks Institute on the street interviews corresponded with these findings. The definition of social care was hazy. Most gave vague answers, often using the terms 'social' and 'care' as crutches in their definitions. When discussing what social care involves and who receives social care, respondents mainly spoke in generalities (often talking about 'vulnerable' people) or mentioned a single group of social care recipients (most often, the elderly). Social care was seen to meet basic needs like ensuring that people have enough healthy food, are clean, and are safe from accidents. It was seen as being for helpless people, described in well-intentioned yet marginalising terms.

Bottery (2016) reported that: 'Before the introduction of the Care Act's now long-grassed cap reforms, the Department of Health did extensive research to understand how best to explain them to the public. They concluded that the term 'social care' was largely unknown and so instead used 'care and support' because, they found, the public broadly understood what it meant.'[22]

---

22. Bottery, S (2016) 'Five reasons the public doesn't care about social care (and one of them is 'social care') https://www.independentage.org/news-media/independent-age-blog/five-reasons-public-doesnt-care-about-social-care-and-one-of-them

6.3   Crisis messaging has cut through

The Kings Fund/Health Foundation public engagement work found that:

'What does seem to have filtered through to public awareness is negative media coverage of social care services… People mentioned reports of abuse and neglect in care homes, which were often attributed to perceptions that the workforce were both low-skilled and low-paid. Participants also referred to media stories about the underfunding of the social care system.' Illustrative quotes from participants include:

"A system under stress. Money isn't being made available by the government, so less people have got to do more work."

"You only hear negative things, like people abused in care."

The Frameworks Institute on the street interviews found that the people interviewed, despite having limited understanding of what social was nevertheless regarded the social care system to be poor. They cited recent budget cuts, anecdotes about acquaintances who have lost benefits, and stories of mistreatment and abuse as explanations for the poor state of the system.

6.4   Evidence of fatalism and issues of trust

The Kings Fund/Heath Foundation public engagement concluded that:

'On the one hand, there was agreement that the system was not working and government needed to take a leading role in fixing it. On the other hand, some people were not convinced that government was capable of providing a lasting solution to the problem and did not trust them to do so.'

Similarly, the Frameworks Institute on the street interviews found fatalistic views of government affect thinking about social care. Some respondents were fatalistic about the social care system improving because they view the government, which oversees and implements the system, unfavourably. In particular, people described the government as monolithic and inefficient when talking about why the government's ability or willingness to improve social care is likely to be limited.

Polling conducted by Just Group plc published in June 2019 found a significant loss of interest among the general public in the social care debate. It reported that:

"For years we found around two-thirds of over-45s expressed interest in the debate but that dropped this year to just over half, while those saying they are not interested has almost trebled to 17%"[23]

---

23. Just Group plc (June 2019) Who cares about care? Public interest in care reform damaged by 'policy paralysis'

6.5   Some potential building blocks

Current evidence of public thinking indicates some potential building blocks for a new values-based narrative, aligned to #socialcarefuture's vision.

For example, while distrust in government is a potential barrier to building public support for a sustainable funding solution, it does however create the space to propose a stronger role for – more trusted - community-led organisations and civil society in supporting people to live good lives in the community such as community businesses, cooperatives and social enterprise.

The on-the-street interviews conducted by the Frameworks Institute found that those interviewed said that we all have a role to play in social care, but that the government has greatest responsibility. Respondents explained that every individual can watch out for those they considered to be the more vulnerable people in their life, especially family members, but also older people in the neighbourhood. However, they also recognised, that individuals cannot provide the care that some people need and that without a broader system, many people would fall through the cracks.   Several respondents also described social care as something that is a moral imperative for respecting human rights. Respondents invoked values of social responsibility, protection, equality, and opportunity to explain why the social care system is important. The idea of social care as an emblem of shared citizenship and mutual obligations is a powerful one on which to build.

Respondents also cited fairness as a key value, arguing that older people who had worked hard throughout their lives and who had contributed to society now deserved to be supported in old age.   The Frameworks Institute noted the risks attendant in employing 'fairness' as a value, precisely because it invokes notions of 'deserving' and 'undeserving' groups.

---

reveals Just Group's Care Report 2019 https://www.justgroupplc.co.uk/~/media/Files/J/JRMS-IR/news-doc/2019/Just%20 Group%20Care%20Report%202019%20-%20press%20release%20100619.pdf

Great support offered, how we want and need it, revives our sense of hope and purpose.

7

Mapping the gap between the stories

7. Mapping the gap between the story that #socialcarefuture wants to build support around and the story being told, reported and heard today

7.1 Introduction

This section considers the gap between the evolving story of change that supporters of #socialcarefuture would ideally like to provide the dominant narrative of social care and the way social care is presently framed and thought about. This gap analysis is a crucial stage in reframing research.

7.2 Our story versus the dominant story

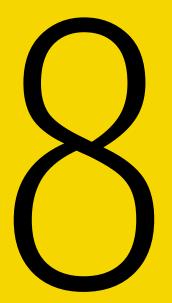| Our draft story	The dominant story
'We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us and that we're good at. And we all want the peace of mind that should we, our families or neighbours need some support from public services to do so, that it will be there for us, quickly and affordably.	Social care, which fails to look after vulnerable people adequately, leaving them to be neglected and abused, is broken and in or on the brink of a crisis. The cost of social care is spiralling because there are growing numbers of older and disabled people and funding hasn't kept pace with demand. Councils, the NHS and providers are under severe strain. The system can't cope. Other valuable services are threatened.
Great support, offered how we want and need it, revives our sense of hope and purpose. It helps all of us to keep or regain control over our lives, connect and sometimes reconnect with the things that are most important to us and to realise our potential. By doing so, it allows us to keep on contributing to our communities, with the benefits rippling out to everyone. By investing together we can create a fair, reliable and effective social care support for everyone. By investing in a better social care future, we can invest in us'	Only government can solve this. But governments for the past twenty years have failed to. This government's Green Paper, which keeps being delayed, probably won't change anything. We need an extra £3.5 billion immediately to 'plug' the gap but it's nowhere near enough to truly fix things. If you need care today you will lose your home to pay for it and it will still be terrible.

7.3 Mapping the gaps

The table below summarises the gaps that have been identified via this piece of research between the story that supporters of #socialcarefuture wish to tell and the framing that dominates public discourse on social care (the primary ways the sector talks about social care, the way the print media reports social care and public thinking).

The story we want to tell	Dominant framing today
People of equal worth leading lives of value, that they choose to lead, as part of a reciprocal web of community based support (mutuality)	'Vulnerable people' being looked after by regulated personal care services with 'life and limb' support delivered by care staff (paternalism)
Focused on people & communities benefiting from & contributing to great social care	Focused on the challenges faced by the 'sector' in delivering care as a service to people
Social care is a springboard	Social care is a safety net
People with gifts and potential	People with needs
We have great ideas for how to better support people to lead good lives, that require a reformed approach and financial investment	Social care is in crisis and is broken and funding to maintain the status quo is the only answer
Sustainability	Plugging the gap/shoring up the system
Care and support is 'co-produced' & requires investment	National government is the only active agent and needs to fund care
The growing value to society of great support	The growing social and financial cost to society of meeting demand for basic social care
By prioritising social care and reforming our approach we can all reap the dividend of living longer lives	Demand from older and disabled people for social care is a growing and irresolvable pressure on society's resources
Everyone stands to benefit	Social care is for older, disabled people and 'vulnerable people'
Citizens	The vulnerable, patients, carers

The story we want to tell	Dominant framing today
Social care can support good, ordinary family relationships	People are divided into carers and cared for
Rooted in social justice, equality and rights	Rooted in paternalism regarding those receiving or requiring support and fairness with respect to questions of funding

For our story to be successful it must be capable of navigating (and avoid confirming) the dominant frames in the right-hand column through empirical testing and development.

There is though one important area of partial congruence, concerning the idea that we all have obligations to support others. While at present this is sometimes unhelpfully motivated by and directed towards paternalistic conceptions of older and disabled people, it nevertheless offers an opportunity to reaffirm and redirect a strong shared value towards our goals.

By investing together we can create a fair, reliable and effective social care support for everyone.

8

Next steps

8. Next steps

Developing a new narrative is an empirical process involving the following stages of research:

a. Defining our vision – what do we want the public to hear, think and feel about social care?

b. Understanding our audience – what does the public hear, think and feel about social care today?

c. Changing the story – what is the best way to communicate our vision so that it is understood and wins public support?

This research report begins to answer the questions raised under (a) and (b), though more in depth research and development will be necessary.

Resources permitting, the next stage of the research will focus on c), developing, testing and refining different narratives and messages through qualitative and quantitative audience research. #socialcarefuture will work with expert research partners to develop and deliver this work.

Annex – sector campaign materials reviewed

Independent Age "It's time to put an end to the care crisis in England"
https://campaigns.independentage.org/contact-your-councillors?utm_source=Twitter&utm_medium=organic

Independent Newspaper with quotes from Age UK, Mencap, Independent Age "Fury as government delays promised social care reform for sixth time amid Brexit gridlock"
https://www.independent.co.uk/news/health/social-care-conservative-green-paper-brexit-elderly-disabilities-austerity-matt-hancock-a8846171.html

Joint Letter on Adult Social Care from Local Government Association, Association of Directors of Social Services, Charities & sector bodies
https://www.local.gov.uk/joint-letter-adult-social-care

Care and Support Alliance 'about us' page
http://careandsupportalliance.com/about-us/

NHS Providers 'health for care' campaign
https://www.nhsconfed.org/healthforcare

Press release https://www.nhsconfed.org/news/2019/03/health-for-care-launch

New Statesman piece: https://www.newstatesman.com/politics/health/2019/03/why-nhs-bosses-are-demanding-more-money-social-care

Alzheimers Society "Social care workers reveal extent of social care meltdown"
https://www.alzheimers.org.uk/news/2018-05-03/social-workers-reveal-extent-social-care-meltdown and 'Hunt puts social care reform on hold"
https://www.alzheimers.org.uk/news/2018-06-19/hunt-puts-social-care-reform-hold

Age UK "Breaking point – the social care burden on women"
https://www.ageuk.org.uk/our-impact/campaigning/care-in-crisis/breaking-point-report/

Carers UK "Carers UK responds to Spring Statement 2019"
https://www.carersuk.org/news-and-campaigns/press-releases/carers-uk-responds-to-spring-budget-2019

Kings Fund "The Kings Fund responds to new figures from NHS Digital on social care" https://www.kingsfund.org.uk/press/press-releases/new-figures-nhs-digital-adult-social-care

Voluntary Organisations Disability Group "Government does a disservice to older and disabled people's support by delaying social care green paper"

https://www.vodg.org.uk/news/government-does-a-disservice-to-older-and-disabled-peoples-support-by-delaying-social-care-green-paper/ and "New report puts spotlight on government's under-funding of social care – VODG renews calls on government to shore up the sector"
https://www.vodg.org.uk/news/new-report-puts-spotlight-on-governments-under-funding-of-social-care-vodg-renews-calls-on-government-to-shore-up-the-sector/

Disability Rights UK "NHS Long Term Plan ignores crisis in social care"
https://www.disabilityrightsuk.org/news/2019/january/nhs-long-term-plan-ignores-crisis-social-care-says-dr-uk

Leonard Cheshire Foundation "Spring Statement Response"
https://www.leonardcheshire.org/about-us/press-and-media/press-releases/spring-statement-response

Centre for Ageing Better "It's not just about money: we can act now to avert social care crisis" https://www.ageing-better.org.uk/news/not-just-about-money-act-now-avert-social-care-crisis

Annex Equally Ours – five key ingredients of framing

1. Root messages in shared values

Facts, alone, rarely change minds. We tend to accept facts that support what we already believe and reject those that don't.

To avoid this happening, we need to frame facts and messages in terms of shared values. Our values represent our deeply held beliefs, and we use them subconsciously all the time to make sense of the world.

We need to be aware of which values our messages are triggering, and frame our communications to engage those values that will help achieve our progressive aims.

2. Tell a different story

As campaigners and communicators, it's very tempting to refute the messages we disagree with and that undermine our cause. For example, trying to prove that poverty isn't caused by an individual's poor life choices. We love to fact-check and myth-bust in our campaigns.

But, when we do this, we call to mind the very things – the negative frame – we're trying to invalidate. Evidence shows that this repetition of the myth reinforces it, leaving people remembering the falsehoods as correct. Instead, we need to tell a new and different story about the issue.

3. Offer the opportunity to create something good

Often people's brains are looking for reasons to switch off, to disbelieve or undermine what we're telling them, and it's really tempting for us to dial up the urgency in response. Too often, we start and end with the problem.

But crisis statements feel overwhelming and exaggerated. They're easy to dismiss and they breed fatalism. Instead, we need to inspire people with a positive vision for the future – showing that change is possible.

4.   Link stories to structures and solutions

Personal stories are powerful – they evoke sympathy and make our messages sticky. But, individual stories can be seen as exceptional or unrepresentative if we don't link them back to wider structural problems.

And solving structural problems can feel insurmountable – causing people to bury theirs head in the sand, thinking there's nothing they can do. We need to show what or who is behind the problem in the first place and offer concrete achievable solutions, so that change feels within our reach and achievable.

5.   Think carefully about metaphors

Metaphors are a useful and powerful framing tool as they help us to convey complex information quickly, drawing on common reference points with an audience.

But they can be problematic from a framing perspective. For example, talking about migrants being 'lured' to the UK with the promise of jobs, and then 'hunted' down by the police on the one hand evokes sympathy, but on the other, reinforces the dehumanising – and animalistic – narrative around migrants.

www.equallyours.co.uk

#socialcarefuture

WE ALL WANT TO LIVE IN THE PLACE WE CALL HOME WITH THE PEOPLE AND THINGS THAT WE LOVE, IN COMMUNITIES WHERE WE LOOK OUT FOR ONE ANOTHER, DOING THINGS THAT MATTER TO US.

THAT'S THE SOCIAL CARE FUTURE WE SEEK.

#socialcarefuture