




Catalyst Care Group White Paper Publication 2025

FEWER CONSTRAINTS,
BETTER CARE

Summary:

INTRODUCTION

This year's White Paper publication presents the results from the third annual Catalyst Care Group survey conducted in 2025. The survey provides insights from 150+ respondents, including people and families receiving care, healthcare assistants, social workers and commissioners, describing the current state of care in the UK.

In our third publication, we explore the current state of care, highlighting both the progress made and the remaining challenges.

The publication also highlights the need for stronger community-based services, which are essential for a more compassionate and inclusive care model. This will help encourage independence and personal growth, reducing reliance on restrictive practices and institutional care. Addressing system fragmentation is key to creating a care system built on heart, compassion, and unity, ensuring everyone receives the support they deserve.

Demographics

Overview of survey participants and response data.

Family feedback

Findings on service quality, access, and key challenges.

Carers and healthcare staff responses

Insights into experiences, pressures, and strengths within the workforce.

Commissioners and local authorities

Perspectives on system pressures, gaps, and commissioning challenges.

EXPERT COMMENTS AND REVIEWS

This section includes commentary and insight from health and social care professionals. We are deeply grateful for their contribution.

Christopher Watson

LDA Commissioners Network Co-Chair and Personalised Commissioning Consultant

What stands out in this White Paper is a very simple truth. When we listen to people, to families, and to the care workforce, we hear the same story repeated again and again. The system is trying to carry responsibilities it can no longer hold in its current form. Delays, poor communication and a lack of community options are not technical issues. They are signs that we have drifted too far from the core purpose of social care, which is to enable people to live good and meaningful lives as full citizens.

The voices gathered here are powerful because they come from across the sector. This is not an internal organisational view. It is a picture of a national system that has stretched itself thin and has forgotten the importance of relationships, trust and community. The workforce messages show this clearly. People come into this work because they care and because they believe in the value of supporting others. Yet we make it hard for them to stay. Stability, time and respect are not luxuries - they are the foundations of good support.

The stories from families say the same thing in a different way. When the system becomes fragmented, people lose their footing. Discharge delays, slow assessments and confusion between agencies are not caused by families or by workers. They are the natural outcome of a system that has become overly procedural and has lost sight of what helps people thrive. When people cannot shape their own lives and when support is not built around their strengths, we end up managing crises instead of nurturing citizenship.

So, the message for me is clear. We need to rebuild community capacity and make personalisation real. Personal budgets should give people freedom, not more barriers. Support should be arranged in a way that strengthens relationships, not separates them. And our commissioning practice should start with a simple question. What helps people live good lives, connected to others, with a real voice and real control?

If we take these themes seriously, we are not just improving a system. We are renewing our commitment to the idea that every person has value and belongs in their community. This White Paper gives us an important reminder of why that matters and what we need to do next.

Ashleigh
Fox

RNLD / Transforming
Care Director

catalyst Care Group

What strikes me most in this White Paper is something we already know when we strip away the noise. When you actually pay attention to what people say - those drawing on services, their families, and the workforce - you don't hear competing narratives. You hear one shared experience. The system is carrying expectations it can't meet because it has drifted from its purpose. The delays, the circular conversations, the gaps between agencies - none of these are "operational glitches". They are the predictable consequences of a model that has pushed people, relationships and judgement to the margins.

The strength of the voices in this paper doesn't come from volume but from consistency. These are not organisational grievances. They are a national pattern. We have created a structure that is so fixated on process that it has become unsure of how to value humanity, both in the people we support and in the people who show up every day to do the work.

The workforce evidence should make us pause. People choose this work because they believe in human connection and in supporting others to live the lives they want. But we give them unstable roles, little time to build trust, and systems that treat relational skill as an optional extra rather than the core of what makes care effective. It is no surprise that retention is brittle if we erode the very conditions that allow good support to exist.

Families describe the same phenomenon from a different angle. When the system fragments, people stop feeling grounded. Delayed discharges and slow assessments don't appear out of nowhere. They emerge when decision-making becomes divorced from the lived reality of the person. Once we design systems around risk, fear and procedure rather than capability, aspiration and connection, we end up firefighting instead of enabling. And we should be honest about that, not defensive.

For me, the priority is not another set of technical reforms. It is a cultural correction. We need to rebuild the capacity of communities, not as an ideological gesture but because belonging and connection are what actually sustain people. Personalisation must stop being a label we apply to standardised plans. Unless people have meaningful choice, influence and the power to shape their own support, personal budgets remain an administrative exercise rather than a route to freedom.

Good commissioning should start with one test: does this help someone live a life rooted in relationships, contribution and control? If the answer is no, then the model is not fit for purpose, no matter how compliant it looks on paper.

About Catalyst Care Group

Catalyst Care Group is a family of organisations that offer CQC-regulated, integrated care and support and community transition services.

We are committed to building the right support for people in the UK by encouraging dialogue and shifting perspectives across the sector. Our goal is to support people in moving out of long-stay institutional care and strengthen community resources to meet emerging needs. For people living with a learning disability, autism, and/or mental health needs, holistic care-at-home should always be the first choice. We also strive to ensure equal access to care and actively involve people in decision-making processes.

At the heart of our company culture are the values of Compassion, Impact and Community, which inspire us to come together and support a care model that promotes human rights.

Our journey toward excellence is about learning, growing, and continuously improving as we adapt to changes within our organisation and the health and social care sector.

OPENING REFLECTIONS

Over the past few years, the care system has experienced significant shifts. Some steps have led to progress and new opportunities, while others have made daily pressures even more complex to manage.

As we move from hospital-based care to community-based support, we need to ask: How well prepared are we for this change? Can the system respond to the growing demand for community-based support? Can we secure better working conditions and more training for healthcare assistants? And how can commissioners and social workers know when to trust a provider - how can they identify a reliable service that puts people's interests first?

The data shows a system struggling with both structural and workforce-driven pressures, but also for opportunities for progress and growth.

Demand for health and care services continues to rise, leaving many people waiting far too long for the support they need. According to the CQC's 2024 Community Mental Health Survey, 1 in 3 people waited 3 months or longer, and **14%** waited over 6 months between their assessment and the start of treatment. The longer the wait, the more people reported a decline in their mental health.

Limited investment in community mental health services makes it challenging to recruit and retain skilled staff and to provide consistent, person-centred care.

People receiving community mental health support also shared how difficult it can be to move between different services with their own access criteria and to experience frequent changes in care coordinators, which can disrupt their continuity of care.

One thing is clear - we move forward when barriers ease, not when they tighten.

Major Turning Points in Health and Social Care, 2025

The health and social care system is stretched and fragmented, facing significant pressure as it transitions from hospital-based care to community-focused support.

While there are promising signs of innovation, there is still much more to be done, both in resources and skills, to truly deliver the transformation envisioned in England's 10-Year Health Plan.

NHS England to join with the Department of Health

The government confirmed that NHS England will become part of the Department of Health and Social Care - a step intended to cut duplication and bring decision-making closer together.

A ten-year vision for the NHS and Social Care

A new national plan set out to make the NHS App the everyday route into healthcare - from booking appointments to viewing records and managing referrals.

More funding for health and social care

The 2025–26 budget brought a significant funding boost for both sectors, with investment focused on modern facilities and frontline capacity.

CQC highlights continuing pressure across the system

The Care Quality Commission's State of Care 2024/25 report painted a picture of a system still under strain, with staffing shortages and limited community capacity holding back recovery.

Adult social care reforms

In January 2025, the government announced a reform package to improve data sharing, home adaptations, and workforce support.

Commitment to fair pay in social care

A national Fair Pay Agreement was confirmed, setting out plans for a consistent pay framework across the care workforce. Implementation will take time, but the direction of travel is now clear.

Social care access remains uneven

Despite increased spending, many people still struggle to get the care and support they need. Reviews throughout 2025 called for long-term solutions to ensure fairness and sustainability.

HEALTHCARE ASSISTANTS

Direct care roles, including healthcare assistants and support workers, form the largest part of adult social care. NHS England recognises healthcare support workers as playing a vital role in delivering safe, compassionate care across hospitals, GP practices, people's homes and community services.

The latest Skills for Care data shows around **111,000 vacant posts** in adult social care, with a **vacancy rate of 7% in 2024/25,** even after recent improvements. Many frontline staff report high levels of stress and emotional pressure, and regulators have warned that staffing shortages and fatigue can affect both well-being and safety.

Adult Social Care Workforce: 2024/25 Overview

Recent data for 2024/25 presents a mixed picture. Employment in adult social care continues to grow and vacancy rates are easing, yet persistent gaps still impact the sector's stability and capacity for sustained growth. The figures suggest progress is being made, but also underline how fragile the recovery remains.

- Adult social care in England accounted for around **1.71 million posts** in 2024/25, a **2.2% increase** on the previous year.
- Filled posts rose by **52,000 (3.4%)** to about **1.60 million,** signalling early signs of stabilisation.
- Vacancies fell to around **111,000**, a **12.4% drop,** bringing rates back to **pre-pandemic levels.**
- The vacancy rate now stands at **7%**, down from a peak of **10.5%** in 2021/22, though still **around three times higher** than the wider economy.
- International recruitment dropped sharply, from roughly **105,000 in 2023/24** to **50,000 in 2024/25**, reflecting changes to migration routes.
- Posts held by people of British nationality fell by around **30,000 (≈3%)**, highlighting continued reliance on international staff.
- Turnover improved slightly, with rates in the independent sector falling to **24.7%**, continuing last year's downward trend.
- Looking ahead, Skills for Care estimates the sector will need around **470,000 new posts by 2040** to meet rising demand.

Responses Overview

* Respondents work across a broad mix of providers and services, offering sector-wide insight rather than feedback on any single organisation.

The people completing this survey are the ones in people's homes at 7 am, in residential services at midnight, on busy hospital wards, and in the community, trying to hold complex situations together. Their responses offer an honest, ground-level picture of how the care system feels today: where it works, where it frays, and what needs to change.

Years in Care and Professional Background

Healthcare assistants who took part in the survey bring a wealth of experience to their roles, ranging from recent entrants to those who have dedicated many years to care. The largest group - **44.1%** - have been working in care for **0–5 years**, while another **22%** have between **5 and 10 years** of experience.

A smaller number, **8.5%**, fall into the **10–15-year** range, and **25.4%** have been supporting people for **more than 15 years.**

The ability to keep experienced people in the sector will depend heavily on pay, stability, recognition, and whether organisations create conditions where support workers can grow rather than burn out.

The data reflects employment across multiple service types:

45.8%
in the private sector

42.4%
in the public sector

8.5%
in charities

Their collective feedback therefore reflects a more complete view of how care functions day to day - across statutory, independent, and voluntary services - and highlights the variations in stability, culture, and resources that influence both staff wellbeing and the quality of support provided.

Age Groups Supported in Daily Practice

Survey responses show that our respondents are involved with people across multiple age ranges, including:

- **73.8%** support adults aged **18–65**
- **44.3%** support **16–25-year-olds**
- **36.1%** work with people aged **65+**
- **23.0%** support children **(0–18)**

Accordingly, training, pay or policy conditions can stretch across:

- Early intervention and children's services
- Transitions into adulthood
- Mental health and community support for working-age
- Later-life care and frailty

This reinforces the point that **healthcare assistants are the thread running through the whole care journey**, not a role confined to one stage or diagnosis.

Finding Work vs Finding the Right Work

Around **74%** report no **difficulty** getting a job in their preferred sector, while **26%** say they have faced challenges. However, when asked about "finding suitable work", the narrative changes. In open comments, care workers describe:

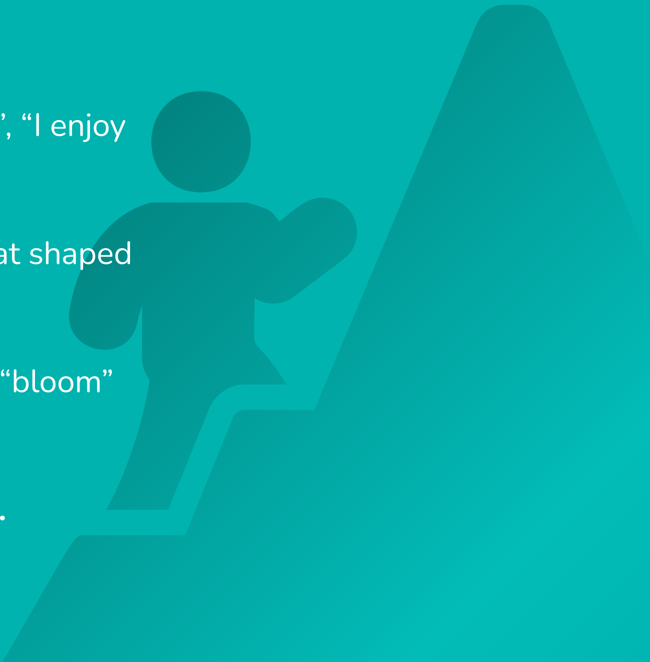
- Jobs that are **too far from home**, with long and unpaid travel
- **Low pay and poor working conditions**, especially given the level of responsibility
- **Few permanent roles**, heavy reliance on zero-hours and agency work
- **Age, race and health discrimination**
- Employers demanding "loads of experience" and overlooking people with strong values but fewer formal years in care

The issue is not simply access to jobs. Healthcare assistants are telling us that the jobs they can get do not always match their needs, skills, or lives. That mismatch leads to frequent staff changes and makes it harder for services to build the stable, skilled teams that people and families need.

Motivation Behind the Profession

Most respondents expressed a powerful motivation rooted in empathy, a passion for helping others, personal life experiences, and the fulfilment gained from making a difference. Newer workers often highlighted the intrinsic reward of supporting vulnerable people, while those with above 15 years' experience drew on accumulated skills to improve client outcomes and provide leadership within teams. This deep-seated commitment often acts as glue, keeping workers in the profession despite the many challenges.

- **A strong pull to help people** - “I love helping people”, “I want to make a difference”, “I enjoy making people's lives easier”
- **Personal and family experiences** with autism, dementia, cancer, or hospital care that shaped their decision
- **The satisfaction of seeing people grow in confidence**, stay in their own homes, or “bloom” when properly supported
- The belief that **everyone deserves to be loved, cared for, and treated with dignity.**



Care Settings Covered by Respondents

Many healthcare assistants work across multiple care settings to meet the varied needs of the people they support. The survey shows that 39.3% provide care in people's homes, 36.1% work in supported living, 31.1% in hospitals, and 23% in residential homes, with smaller but important numbers in nursing homes, offices, and community-based services such as crisis houses, GP surgeries, and day programmes.

In which setting do you work currently?

This range of settings highlights how easily roles cross between health and social care services, and why training, communication and digital tools need to support care workers who follow people through different parts of the system.

Everyday Pressures: Not Just "Short Staffed", but Stretched Thin

When asked about difficulties in their roles, healthcare assistants highlight a cluster of systemic pressures rather than isolated problems:

- **Supporting people with multiple needs** – selected by **33.9%**
- **High staff turnover or rota instability** – also **33.9%**
- **Lack of leadership support – 32.3%**
- **Not enough time to provide truly person-centred care – 27.4%**
- **Not enough training – 25.8%**
- **Gaps in wellbeing support – 25.8%**

In open comments, care workers further share about:

- Struggling to get **responses from other professionals**
- **Funding constraints** that limit what can be offered
- **Preferences and favouritism** that affect who gets opportunities
- Long distances travelled with no mileage payment
- Trying to support families with **very high emotional needs** in very short appointment windows.

The pattern is clear: **workers are under pressure not only from volume but also from complexity and fragmentation.** They are often asked to hold complex risks and emotions in environments that don't give them the time, tools or backing to do so safely.

Key Influences on the Quality of Support

When reflecting on what helps them do their best work, care workers highlight a mix of emotional, relationship and organisational factors. The most frequently chosen include:

- **Knowing their work makes a difference - 56.5%**
- **Clear and consistent communication** from managers or teams**- 54.8%**
- **Ongoing training and development - 53.2%**
- **Feeling valued and recognised - 51.6%**
- **Having enough time to build relationships** with the people they support **- 45.2%**
- **Supportive leadership that listens and acts - 38.7%**
- **Working in a well-staffed, stable team - 37.1%**

The findings suggest the emotional and human factors have a significant impact on the quality of care and job satisfaction.

When healthcare assistants are:

- informed,
- listened to,
- given enough time with people,
- able to learn and grow

...the care they provide is more consistent, safe and centred around the person.

Priority Areas for Meaningful Improvement

Frontline experience makes one point clear: meaningful change isn't about added perks, but about strengthening the conditions that enable high-quality support.

Fair pay and secure, permanent contracts

More staff and stable teams to ensure continuity and reduce strain

Leadership that listens, supports and treats workers fairly

Training that is practical, relevant, and culturally informed

Enough time to focus on the person, rather than organisational pressures

Better work–life balance and attention to wellbeing

Practical support such as paid mileage, travel assistance, and accommodation when working away from home

These priorities reflect a shared belief that quality care depends on the conditions surrounding the person delivering it - not only on policy or paperwork.

> *More focus on the people we support and not about company politics.”*

> *Clear direction and development opportunities to allow for retention.”*

> *To provide culturally appropriate training.”*

> *Funding for care should consider… mileage.”*

> *Travel assistance and help with accommodation when working away from home.”*

The message is straightforward: if the system wants safe, person-centred care, it must invest in stable, well-supported teams - not just in crisis responses when things go wrong.

What Feels Most Rewarding When Working in Care?

Regardless of setting or employer, the reward lies in people's progress - small steps, regained confidence, and everyday achievements. Support workers repeatedly emphasise the emotional impact of seeing someone move forward, reconnect, or do something they couldn't before.

> *"Helping people live a better life"*

> *Giving a client the best support for their day-to-day needs"*

> *Knowing I have made a difference"*

> *Helping my client live the life they love and achieve their goals"*

> *Seeing people move forward and resume their lives"*

> *Encouraging the people we support to take part in activities they enjoy and helping them build the confidence to try new things, learn, meet new people, socialise, and communicate positively."*

Healthcare assistants repeatedly emphasise the **emotional impact of seeing someone move forward, reconnect, or do something they couldn't before.**

Current and Preferred Benefits

The most commonly selected current benefits are:

- **Well-being support – 44.6%**
- **Referral scheme – 26.8%**
- **Financial aid – 16.1%**
- **Clinician of the Month – 12.5%**

However, almost 37,5% have no particular benefits at the moment, which is concerning given the nature of the work and the responsibilities given.

Preferred benefits:

> *It would be nice to feel appreciated… some occasional bonus or gift card.”*

> *Ongoing training, supervision, and career progression.”*

> *Holiday pay and sickness pay.”*

> *Financial aid/travel or mileage vouchers.”*

> *Better salary.”*

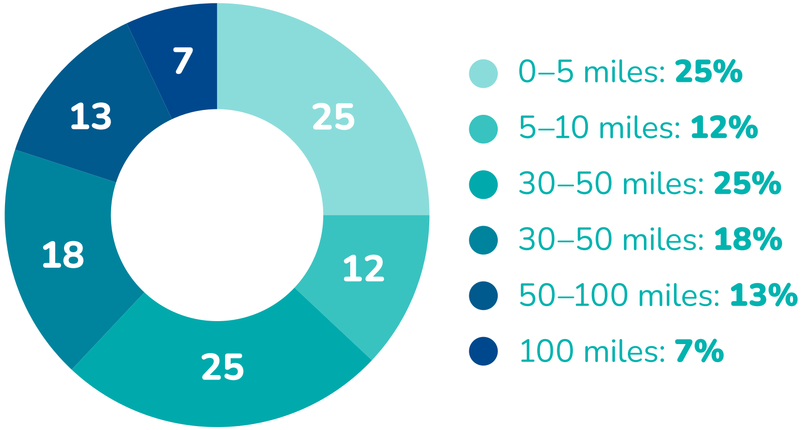
> *A supportive structure to make work efforts deliverable and sustainable.”*

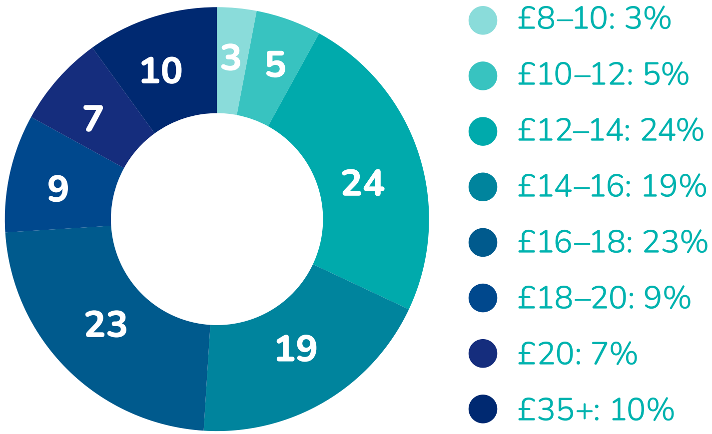
Preferred benefits focus mostly on **fair pay, stability, career progression, and practical support** that reduces the financial burden of care work. Workers value wellbeing and recognition, but the strongest message is clear: **pay, training, and security are the foundation of sustainable, high-quality care.**

Mileage and Average Salary

These results show variation in travel demands, with more than 1/3 travelling over 30 miles for a shift. This suggests that services rely heavily on workers who are willing to travel long distances, reflecting shortages, rota gaps, and the uneven availability of care across regions. It highlights the personal cost many workers absorb to keep services running.

Most workers earn between £12 and £18 per hour, but the wider range-from £8 to more than £35 - shows how inconsistent pay is across the sector. It reinforces what many healthcare assistants have already said: pay doesn't always reflect the responsibility or complexity of their work.





Do you feel safe, heard and valued in your job role?

The findings show a split picture: just over half of respondents feel safe and respected in their roles, while 41.7% do not. Their comments point to gaps in communication, support, and organisational culture, showing that feeling valued is not a consistent experience across services.

Yes -> 58.3%
No -> 41.7%

The responses highlight uneven experiences across the sector. Some care workers feel appreciated, trusted and included in decision-making, while many others feel ignored, dismissed or even sanctioned for raising concerns. Several workers highlight poor communication, a lack of management interest, favouritism, and a culture that undervalues frontline expertise. Others say they feel respected only when covering difficult shifts but are overlooked at other times. Overall, the recognition is inconsistent across the sector and often depends more on local leadership than organisational policy.

> Yes... my manager respects and values my knowledge and experience and encourages me when I don’t believe in myself.”

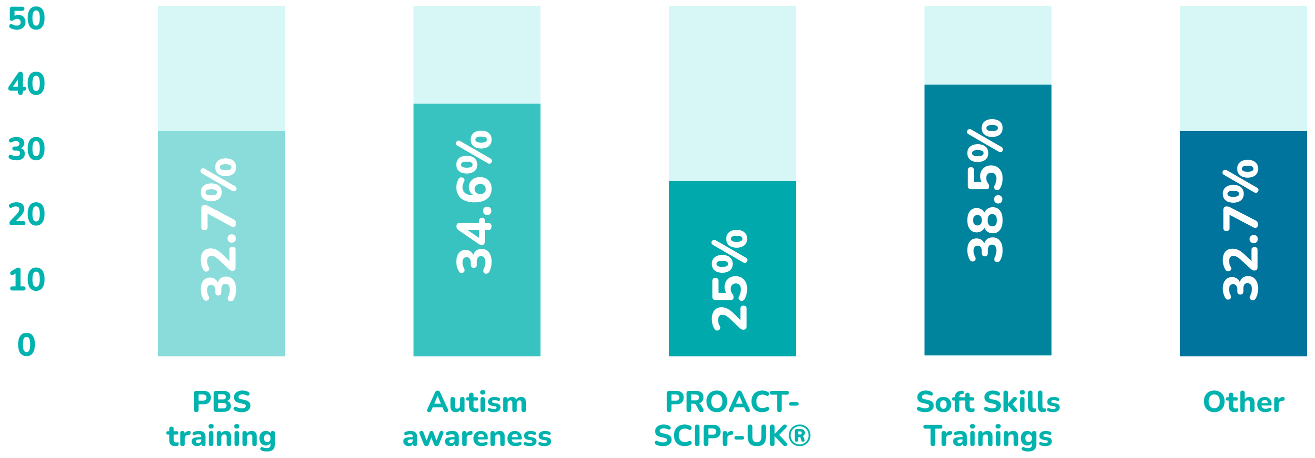
> Safe, yes. Heard and valued, no.”

> “Tick-box exercises do not make you feel safe, valued or heard.”

> Not at all... decisions are made
> that go against what we advise, then incidents happen.”

> I feel if I speak up, I might get
> replaced by another staff member.”

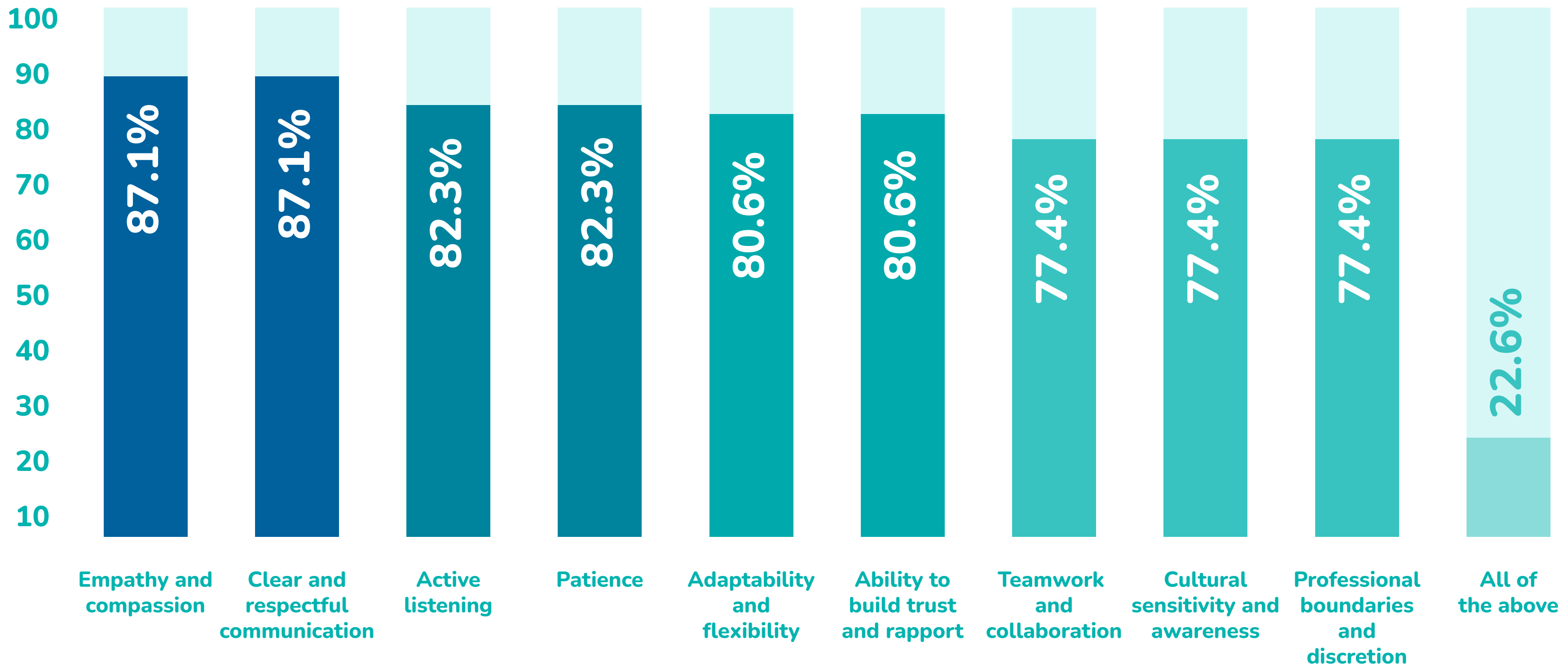
WHAT ADDITIONAL TRAINING WOULD YOU BENEFIT FROM IN YOUR CURRENT ROLE?



Soft Skills that Matter Most in Care

- Empathy, communication and active listening emerged as the most widely recognised foundations of high-quality care.
- Respondents view adaptability, teamwork and flexibility as essential for responding to complex and changing needs.
- Professional boundaries, trust-building and cultural sensitivity are seen as central to safe and respectful practice.

*Respondents could select more than one answer in this section.



What do you do to maintain your mental health and well-being?

Walks/ exercise/gym

Talking to friends/family

Time alone / rest

Meditation/ mindfulness/ prayer

Creative outlets (music, drawing, hobbies)

Therapy or counselling

Nothing - “no time” / “burnout”

A smaller but significant number reported doing nothing to support their wellbeing, often due to exhaustion, limited time, or feeling overwhelmed. These accounts underline the emotional demands of the role and point to the need for more consistent, structured well-being support across organisations.

> *“Walking helps me clear my head.”*
>
> *“Spending quiet time alone at the end of the day.”*
>
> *“Talking to my son... he is everything.”*
>
> *“I don’t do anything - I’m exhausted.”*

Consistency across Care Teams

Six in ten respondents (61%) report working with a consistent team, while **39%** report team inconsistency-either working with the same colleagues only **occasionally (29%)** or **not at all (10%)**. This reflects that although many have the stability of a regular team, a notable group still works in settings where teams change frequently or lack cohesion.

Why Team Inconsistency Matters – and How It Affects People

When care teams are inconsistent, the people receiving support often feel the effects immediately. The responses show that a lack of stable staff can leave people **anxious or unsettled (56.9%)**, making it harder for them to feel secure in their daily routines.

Without familiar faces, it becomes more challenging to **build trust and meaningful relationships (56.9%)**, which are the foundation of safe and compassionate care. Inconsistent teams also increase the risk that **routines, preferences and important details are missed (50%)**, leading to avoidable distress or unmet needs.

Communication gaps are more likely, with **56.9%** of respondents reporting misunderstandings. Overall, **the quality of care becomes inconsistent for 62.1%**, showing how instability within teams can disrupt continuity, reduce emotional safety, and heighten the risk of mistakes or fragmented support.

Team consistency plays a crucial role in the quality and continuity of care. When care workers regularly work with the same colleagues, communication is smoother, decision-making is more coherent, and people receiving support experience greater predictability and trust. Stable teams are also better able to share insights, anticipate risks, and maintain a unified approach to complex needs.

Have you ever considered leaving the care sector due to emotional or mental strain?

Over half of respondents have considered leaving the care sector because of emotional or mental strain, with **23%** saying this happens often and **39%** sometimes. Only **18%** have never felt this way. The results highlight the emotional pressure carried by the workforce and its impact on long-term retention.

> *“Every few months, when the caseload is high, it can get very stressful; burnout is common.”*

> *“Extreme circumstances can wear you down.”*

> *“The financial strain which comes with budget cuts in care.”*

> *“I feel that way because sometimes the conditions that the people we support have no cure... you're emotionally drained.”*

> *“Legislation detached from what I see every day.”*

The 5-Year Picture

The majority of respondents **(70.5%)** say they see themselves working in the care sector five years from now, suggesting a strong level of long-term commitment among those currently in the role. However, nearly a third **(29.5%)** report that they do **not** plan to stay, with several citing reasons such as burnout, limited career progression, emotional strain, or a desire for better pay and stability elsewhere.

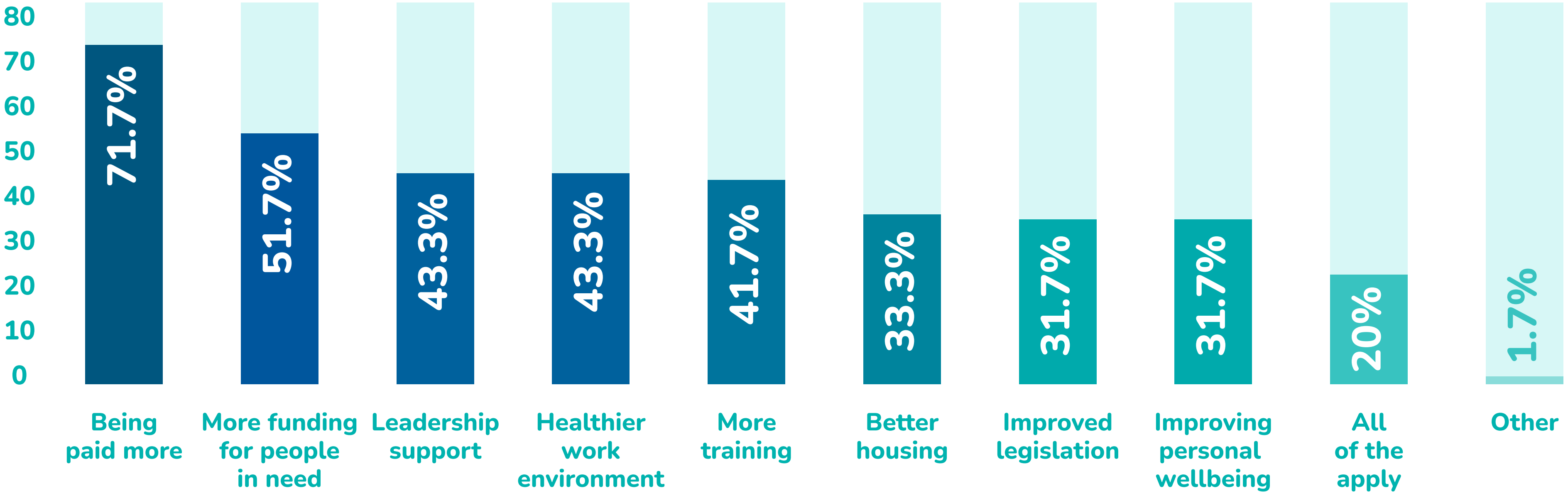
This split highlights both the resilience of many support workers and the ongoing pressures that push others to consider leaving the sector. The findings point to a workforce with the willingness to stay-but only if conditions improve and the role becomes more sustainable.

> *I doubt I will be able to maintain a reasonable standard of care unless there is a drastic improvement to the service we are supposed to be offering."*

> *Yes, but only if the way care is allocated changes and direct payments become quicker, so people have more choice."*

What do you think needs to be improved in the care sector?

*Respondents could select more than one answer in this section.



The responses show a clear picture of what support workers believe would strengthen their wellbeing and make their roles more sustainable. The strongest theme is financial security: **71.7%** selected being paid more as the single most important improvement. Many also highlighted improvements for the people they support, with **51.7%** calling for more funding for people in need, reflecting how worker wellbeing is closely tied to system pressures and unmet needs.

Forming Genuine Human Connections in Care

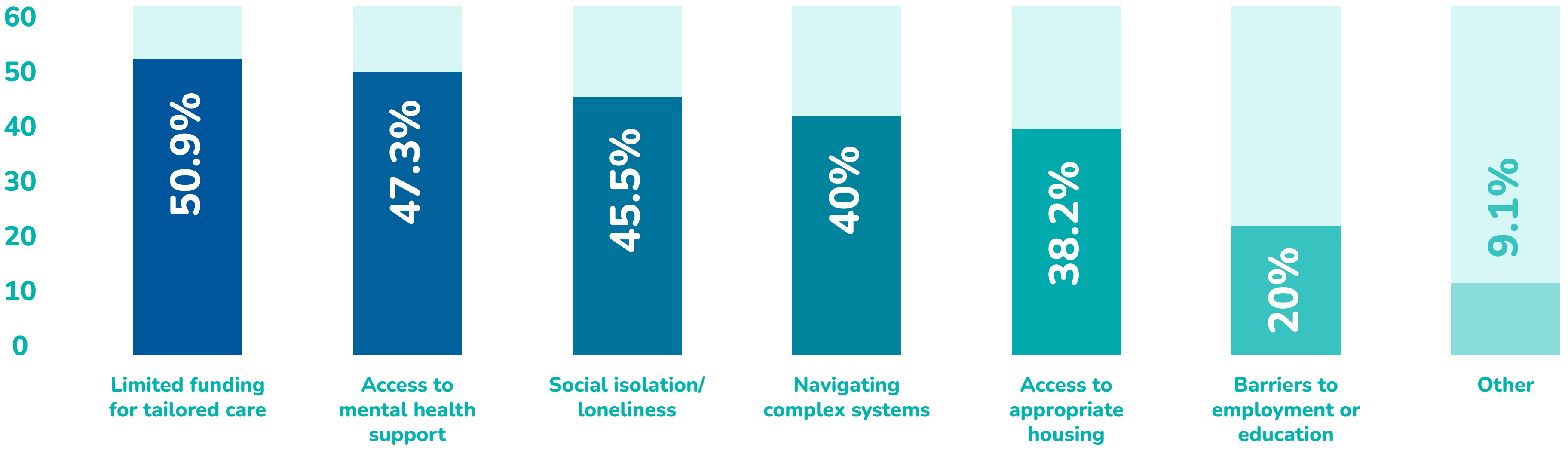
Most respondents describe a meaningful emotional connection with the people they support. **40% feel strongly connected**, and a further **33% feel moderately connected**, showing that the majority experience a deep relational bond in their daily work. The results highlight the relational nature of care work, with most support workers forming significant emotional ties that shape both the quality of care delivered and their own experience of the role.

Most Pressing Challenges Faced by People Supported

The findings show that people supported face a combination of structural, social and mental health-related challenges. The most frequently identified issue is **limited funding for tailored care (50%)**, followed closely by **access to mental health support (47.3%)** and **social isolation or loneliness (45.5%)**, indicating how gaps in both services and social networks affect daily life.

A further **40%** report difficulties **navigating complex systems**, while **38.2%** highlight barriers to appropriate housing, reflecting ongoing struggles with overcrowded, unsafe or unsuitable accommodation. **Barriers to employment or education (20%)** also remain a notable obstacle. Together, these responses point to a landscape where people are held back not by a single issue, but by overlapping challenges in funding, housing, mental health, social connection and system navigation.

*Respondents could select more than one answer in this section.



Main Barriers to Delivering High-Quality, Person-Centred Care

The biggest barriers reported are **lack of staff (40.8%)** and **burnout or stress (38.8%)**, showing the direct impact of workforce pressure on the quality of care. A further **30.6%** cite **lack of time per person**, while **24.5%** highlight **poor inter-agency communication** and **20.4%** point to **high caseloads or shift demands. Inadequate training (16.3%)** also remains a concern. Overall, the findings show that staffing shortages, workload intensity, and coordination gaps are the key obstacles preventing workers from delivering truly person-centred care.

How has the overall quality of care changed in the past 2 years?

- **Significantly declined: 18.0%**
- **Slightly declined: 26.2%**
- **Stayed the same: 19.7%**
- **Slightly improved: 19.7%**
- **Significantly improved: 16.4%**

The findings present a divided picture: a combined **44.2%** believe quality has declined, while **36.1%** say it has improved. This split suggests that care quality varies sharply between services and depends heavily on staffing stability, leadership, and workload.

Decline is most commonly linked to rising complexity and fewer staff, while improvements relate to better training and stronger local management

What would improve your ability to deliver safe, consistent care?

Over half of respondents have considered leaving the care sector because of emotional or mental strain, with **23%** saying this happens often and **39%** sometimes. Only **18%** have never felt this way. The results highlight the emotional pressure carried by the workforce and its impact on long-term retention.

- **Better mental health support for staff - 58.6%**
- **Fairer pay aligned with NHS parity - 50.0%**
- **Consistent team structure - 48.3%**
- **Increased staffing levels - 44.8%**
- **Shorter or flexible hours - 27.6%**
- **Improved digital tools - 17.2%**

Healthcare assistants emphasise emotional support, pay fairness, and team stability as the core foundations of safe practice. Mental health support is the top priority, signalling high levels of stress and emotional load. Survey respondents also highlight that consistent teams and adequate staffing make care safer by reducing turnover and communication failures.

Policy Changes that Would Most Positively Impact Care Workers and People

- **National pay standards: 78.0%**
- **Funded career progression pathways: 50.8%**
- **Inclusion in decision-making: 52.5%**
- **Regulated training frameworks: 45.8%**
- **Protected time for person-centred planning: 45.8%**
- **Increased funding for safer staff-to-person ratios: 37.3%**

How confident are you that current sector reforms (e.g. integration of NHS and social care) will improve care outcomes?

With close to 40% expressing little or no confidence and a third unable to say either way, the data points to a deeper issue: trust in the system is fragile, and workers are unsure that national reforms will make a difference to day-to-day pressures.

- Not confident (not at all/not very): 39.3%
- Unsure: 34.4%
- Confident (somewhat/very): 26.2%

Are you familiar with the Latest NHS Long-term Plan?

The findings suggest that healthcare assistants haven't yet been included in the broader picture of the NHS 10-Year Plan. To bring the strategy into everyday practice, they need clearer guidance on what is changing and how it relates to their role.

- Yes: 31.1%
- No: 36.1%
- Heard of it, don't know details: 32.8%

Perspectives on the Shift Towards Community-Based Care

- Support / strongly support: 35.7%
- Neutral: 57.1%
- Oppose: 7.1%

The findings show a predominantly neutral view, with most support workers refraining from taking a firm position either way. Feedback suggests that this neutrality reflects uncertainty about how the shift will play out in practice, particularly around staffing levels, training, and the resources required to manage more complex needs safely in community settings.

Do you feel prepared to work in a multidisciplinary team?

Do you feel prepared to work in a multidisciplinary team?

- **Yes: 50.0%**
- **Somewhat: 42.9%**
- **No: 7.1%**

Most respondents feel at least partly prepared, but many still report gaps in training and clarity around MDT roles. There is a strong sense that MDTs are valuable, yet workers emphasise clearer expectations, better communication, and more structured training to contribute with confidence. Many also highlighted the need for protected time to take part in MDT work, noting that without it, collaboration can feel rushed or secondary to immediate care tasks.

Confidence in Using Digital Tools

- **Somewhat confident: 64.3%**
- **Very confident: 35.7%**

Digital confidence levels are strong overall, with all respondents expressing some level of confidence. However, many still want training to use systems safely, especially with digital records and NHS apps becoming central to practice.

What support or training would help you adapt to the 10-Year Plan?

> *Face-to-face training.”*

> *Regular short training sessions, either face-to-face or digital, to ensure everyone knows what is happening and expected.”*

> *It's not my training or support I am concerned about, but the larger integration of an already complex set of systems and the appropriate cross-sector funding and time to prepare for this plan to be a practical success vs. a good idea that needs fixing in the next parliament.”*

Although responses vary, workers emphasise practical, accessible training - especially face-to-face learning - and clearer structures to support specific groups like veterans. The common theme is a need for grounded, real-world preparation rather than theoretical briefings.

Do you feel prepared to work in a multidisciplinary team?

The answers sound promising.

Around 39% feel confident promoting healthier lifestyles in their role. 38% believe prevention is achievable but would need more training, time, or resources. 15% try to include prevention when they can, but say it is not always prioritised. A smaller group (8%) feel it is not realistic within current staffing or workload pressures. Overall, willingness is high, but the ability to deliver preventive approaches depends on having enough time, training, and resources.

How often does the sector support people to achieve long-term outcomes?

The results show that long-term outcomes are not consistently supported. Half of the respondents say this happens only occasionally, and more than a third feel it rarely happens at all, with only a small minority seeing it as a routine part of practice.

This indicates a sector still driven by short-term pressures, where long-term progress is possible but not embedded and too often depends on individual circumstances rather than a reliable, system-wide approach.

The High-Impact Service Models

- **Around 67%** selected **community-based supported living (43%)** or multi-disciplinary integrated models **(24%)**, showing strong support for community-based and coordinated approaches.
- **14%** chose **family-based placements**, reflecting confidence in stable home-style environments.
- **16%** selected residential care **(8%)** or person-led microservices **(8%)**, indicating these models are valued but less widely prioritised.

Impact of the Autumn 2024 Budget

The results show that the Budget's impact varies widely across the sector. While **38%** report no impact so far, almost the same proportion say the measures are already creating pressure, from rising staffing costs to squeezed operational budgets.

One in three (31%) describe a moderate impact, suggesting that many teams are beginning to feel the financial tightening rather than anticipating it.

The **10% who report severe consequences** show where the strain is landing first: services with fragile funding, tight margins or high reliance on hourly staff.

Effects of Rising Costs Across Care Settings

The responses suggest that rising costs have tightened budgets, reduced staffing, and limited service options, creating a more pressured environment for both carers and the people they support. Although a few respondents felt largely unaffected, most described reduced resources, heavier workloads, and less stability. Some also linked cost pressures to dips in quality, continuity, and staff morale.

Overall, the findings point to a simple reality: when the system is under financial strain, staff well-being and personalised care are often the first areas to be affected.

What impact will the NHS England restructuring and DHSC centralisation have on frontline care?

The responses show **little confidence** that the restructuring will lead to meaningful improvement. **Half of respondents (50%)** believe the changes will have no impact on frontline delivery, suggesting a strong sense that national reforms often fail to translate into practical change. **A third (33.3%)** expect the shift to **harm** frontline care, mainly due to concerns about increased bureaucracy, slower decision-making and reforms that feel distant from day-to-day realities.

Only **16.7%** expect a positive effect, and even these responses were cautious, noting that any benefit would rely on clearer coordination and improved funding. Overall, the results point to people in direct care roles who are wary of top-down restructuring and doubtful that changes in governance alone will resolve staffing pressures, communication gaps, or practical resource issues.

> “*It will harm frontline care delivery.”*

> “*It won’t change anything at all.”*

> “*More bureaucracy and less focus on what actually matters.”*

> “*Only helpful if it brings better communication and funding-but that rarely happens.”*

How Rising Costs Are Affecting Care and Services

Rising costs have led to service reductions, staffing losses, fewer activities, and tighter budgets, with many respondents reporting a visible decline in stability. People described effects such as staff shortages, cuts to mileage reimbursement, reduced overtime, and greater pressure on existing teams, which directly affect the consistency of care.

What Care Teams Need to Feel Confident and Supported

The responses convey a consistent, emotionally honest message: **care workers want fair conditions, better communication, and a culture that values them as people, not just providers of care.** The most frequent needs relate to pay and financial security, with calls for wage increases, paid training, an end to unpaid expectations, and the removal of zero-hours contracts.

Others highlight the need for training, staffing stability, career progression, and leadership visibility, alongside simple but powerful requests for organisations to “listen”, “value us”, and show genuine interest in staff welfare. Although a small number feel fully supported, the majority express a desire for more consistent, respectful and reliable organisational support to thrive in their roles.

Fair pay and financial stability
(including wage increases, paid training, ending zero-hours contracts)

Clear communication and supportive leadership
(including organisation-wide updates, leadership visibility, and being informed)

Training, development, and stable staffing
(including face-to-face training, career progression, and adequate staffing levels)

Respect, fair treatment, and being listened to
(including wage increases, paid training, ending zero-hours contracts)

Emotional safety and well-being support
(including fair investigation processes, well-being check-ins, and mental health support)

FAMILIES/PEOPLE RECEIVING SUPPORT

Families in this survey shared what life actually feels like behind the services - the worry, the waiting, and the ongoing effort to keep a loved one safe. Their insight comes from living with the system every day. There is relief when care is steady and frustration when it isn't, alongside the strain of repeating the same story, chasing updates, and taking on added pressure when services don't respond.

When people feel heard, informed, and treated with dignity, the whole experience shifts. Taken together, these voices send a clear message: families need communication they can trust, support they can rely on, and care that sees the person first.

Hospital Admission with/without Formal Mental Health Diagnosis

Almost 3/4 of respondents said they or a family member had been admitted to a hospital, and **30%** of these admissions occurred without a formal mental health diagnosis.
Despite ongoing efforts, this remains a high and concerning figure, showing that hospital admissions are still happening before a full assessment is completed.

26%
2023

40%
2024

30%
2025

Access to Mental Health Assessment

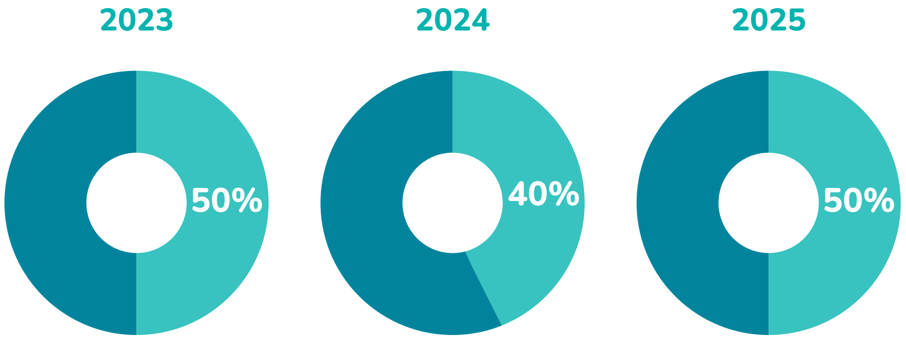
Nearly **60%** of respondents reported difficulties accessing a mental health assessment. For many, this delay meant waiting in crisis without clear guidance or consistent communication.

Families described **“a lot of talking but not much action”** and expressed frustration at the absence of transparent timelines or follow-up contact.

Each delayed assessment increases the risk of unnecessary hospital admission-particularly for autistic people, and for those with learning disabilities or mental health needs.

Awareness of Rights under the Mental Health Act

Only half of the respondents said they were informed of their rights under the Mental Health Act, and the other half had no or a limited understanding of their legal rights. This points to a gap in fundamental information-sharing at one of the most vulnerable points in a person's care journey.



Three years on, awareness of rights under the Mental Health Act has not improved, highlighting a persistent gap in how essential information is communicated to people in care, particularly at the point of admission. This often results in confusion, anxiety, and losing trust in the process.

Information on Reasons for Admission

Around 1 in 3 families said they were not informed about the reason for hospital admission. This communication gap shows that, even at the very start of care, people are still entering the hospital without a clear understanding of why admission is necessary. **Families described feeling excluded from early decisions and unable to take part in planning or recovery discussions.**

Despite ongoing efforts to improve transparency, information-sharing at the point of admission remains inconsistent, further weakening early collaboration with families.

Care Plan and Discharge Information

Half of the participants said they were not properly informed about their care plan or the discharge process. This lack of communication at a critical transition point leaves families uncertain about what support will follow and how care will continue once hospital treatment ends. Without clear planning, families often described feeling unprepared and anxious, unsure of who to contact or what steps to take next.

The absence of structured discharge information not only disrupts continuity of care but also increases the risk of relapse or delayed recovery once a person

The findings indicate that communication around discharge remains one of the weakest links in the care pathway, limiting families' ability to participate in safe and well-coordinated transitions from hospital to community support.

Distance and the Emotional Impact of Out-of-Area Placements

Out-of-area placements remain a persistent issue. Over **40%** of respondents said the hospital was more than 50 miles from home, and nearly 1 in 5 were placed more than 150 miles away.

Families described the impact of distance as strongly negative. Words such as *"traumatic," "isolating,"* and *"stressful"* were repeatedly used. Being far from home made it harder for relatives to visit and remain involved in care decisions.

Experiences shared:

> *It made recovery more challenging because I felt alone and isolated."*

> *It's far easier to support a loved one and keep an eye on what is happening if they are close to home."*

Experiences of Hospital Care and Recovery

When asked about expectations from hospital care, families prioritised **safety, therapeutic environments,** and **discharge planning from day one.** Over **80%** identified a safe, therapeutic setting as their main expectation. However, experiences varied dramatically.

More than **50%** of respondents said they or their family member were **not treated with dignity, respect, or compassion during their hospital stay.** This signals a persistent concern about culture and communication in

Equally concerning, **71%** reported no access to outdoor time - a fundamental element of mental health recovery - and more than **50%** said staff did not take proactive steps to prevent distress or restraint.

Some respondents also shared negative experiences involving incidents with other patients during their hospital stay, indicating ongoing challenges in ensuring a consistently safe environment for everyone receiving care.

Did the care plan consider your history of trauma as well as your race, culture, or ethnicity?

Care planning practices showed inconsistent quality. Around half of families said care plans were explained clearly or regularly reviewed. However, **56%** said trauma history, race, and culture were not considered, suggesting that **trauma-informed and culturally competent practice is not yet embedded.**

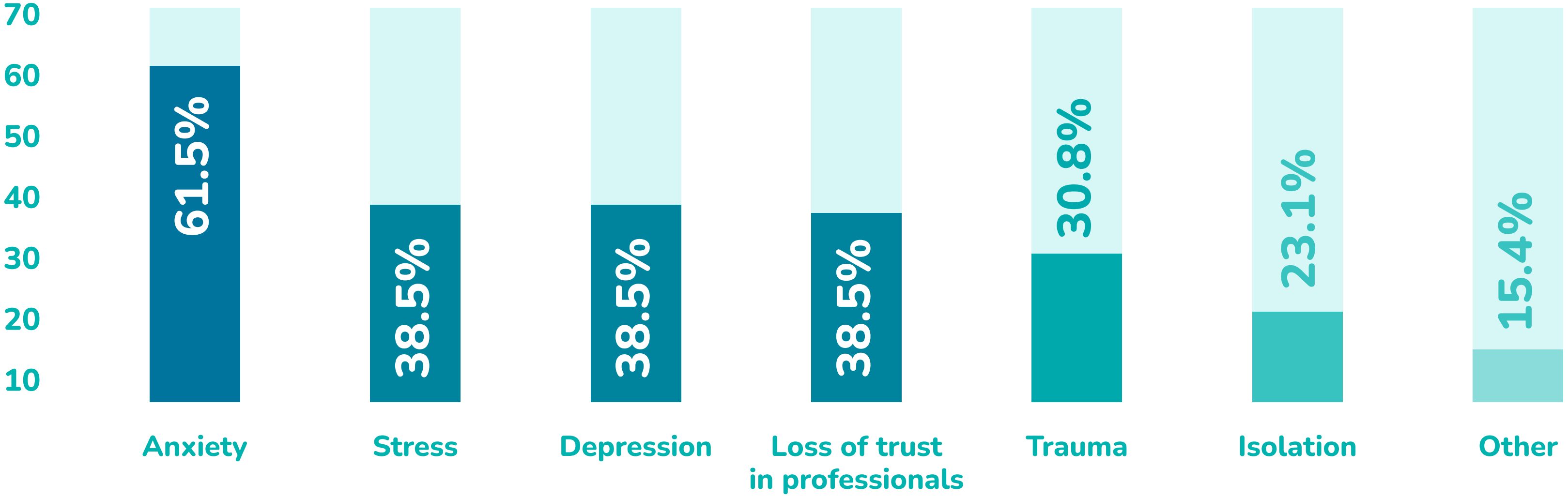
Families expressed a sense that plans were often *procedural rather than personal*, focused on compliance rather than shared decision-making.

Delayed Discharges and System Constraints

Delayed discharge remains one of the most emotionally distressing experiences for people and their families.
Nearly two-thirds **(64%)** said discharge was delayed, and the consequences were severe:

What were the impacts of the delay?

*Respondents could select more than one answer in this section.



62% reported anxiety

39% reported stress and depression

39% lost trust in professionals

Families identified the same recurring barriers: poor communication between services, funding inflexibility, and limited community provision. Many noted that discharge planning lacked urgency or accountability, leaving people "ready to leave but stuck in the system."

Causes of Delayed Hospital Discharge

Our survey respondents identified several recurring issues linked to communication, funding, and coordination across services. **Poor communication and funding gaps** were each selected by **40% of respondents,** reflecting the ongoing breakdowns between hospital teams, local authorities, and community providers that delay discharge planning.

A further **40% highlighted inflexibility around funding bespoke housing solutions,** showing that even when a person is ready to leave the hospital, rigid funding frameworks often prevent suitable community placements from being arranged.

Other barriers included:

20% Limited community services

20% Poor quality care

20% Lack of suitable housing options

20% Council reliance on provider frameworks that don’t meet individual needs

These findings demonstrate that a single factor rarely causes delays. Instead, **they stem from overlapping structural pressures - limited local capacity, inflexible funding, and poor cross-agency communication that continue to slow safe and timely discharge from hospital.**

*Respondents could select more than one answer in this section.

Access to Health and Social Care Assessment

These findings demonstrate that a single factor rarely causes delays. Instead, **they stem from overlapping structural pressures-limited local capacity, inflexible funding, and poor cross-agency communication that continue to slow safe and timely discharge from hospital.**

- **65% waited over six weeks** for a social care assessment.
- **58% experienced a denial or delay** without clear reason.
- Nearly **half (47%) had to reapply** before being assessed.

Nearly half of respondents (48%) said they were left without any explanation after their assessment was denied, exposing a serious gap in transparency and communication.

Only about **26%** were properly informed, leaving many families uncertain about why support was refused or what they could do next.

Among those affected by delays, 65% said it led to major unmet daily needs, and 50% reported a decline in physical or mental health. The emotional impact was significant - with **80%** experiencing stress, **75%** anxiety, **20%** isolation, and **10%** crisis escalation.

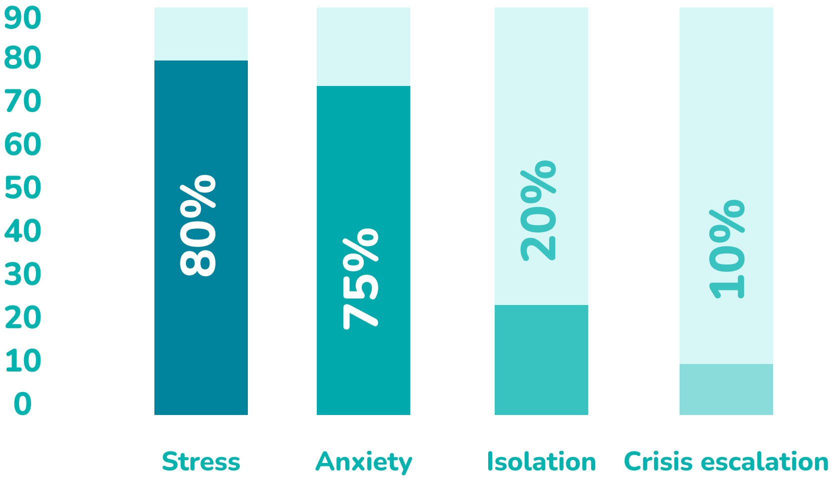
The emotional impact was profound:

80% stress

75% anxiety

20% isolation

*Respondents could select more than one answer in this section.



Half of the participants said they had to reapply multiple times for a social care assessment before finally being able to obtain one.

Families described "being left in limbo," caught between health and social care systems that did not communicate effectively.

Community and Home-Based Support

Around 76% of our participants have had experience of receiving complex care at home. Here are the highlights:

- **76%** received tailored complex care at home.
- **75%** reported an improvement in quality of life.
- **38%** rated their satisfaction at 4 or 5 out of 5.

Satisfaction with Community Care Received

Families gave **mixed feedback** about the quality of community care. Some described positive, well-coordinated experiences that made daily life more manageable, while others reported communication gaps and reliability issues. This variation points to the **need for more consistent, high-quality community provision** that delivers continuity, empathy, and genuine partnership with families.

People valued the **personal relationships, flexibility, and trust** within their home support teams. One family wrote:

> *Personalised care. Plans made with me, that work for me. There is trust with the carers. They actually care about me and have time for me."*

Impact on Quality of Life

63%

Most families reported slight or moderate improvement in quality of life

25%

described significant or great change

This suggests that while community support offers stability, it doesn't always go far enough in helping people rebuild independence or a sense of purpose.

To achieve lasting outcomes, care needs to go beyond meeting basic needs and focus on developing people's strengths, skills, and potential.

Promoting Independence

44% said community support helped them or their relative gain independence or reduce support hours. For many, this progress was linked to consistent relationships and practical skill-building. Yet, more than half saw little improvement, underscoring the need for **person-centred, strengths-based approaches** that prioritise growth, autonomy, and self-confidence over maintenance-based care.

What positive outcomes have you or your relative experienced from community support?

Positive outcomes included improved physical health, freedom, and a sense of belonging. However, many families still felt that progress towards independence was slow - 56% said support hours had not reduced.

> “*Person-centred care allows for meaningful growth and development in every part of life.”*

> “*Personalised care. Plans made with me, that work for me. There is trust with the carers. They actually care about me and have time for me.”*

> “*Freedom and choice. Active lifestyle. Needs met.”*

When asked how community services could improve, the most frequent answers were:

63% More community investment

44% Clearer communication

38% Increased social inclusion

38% Better-trained staff

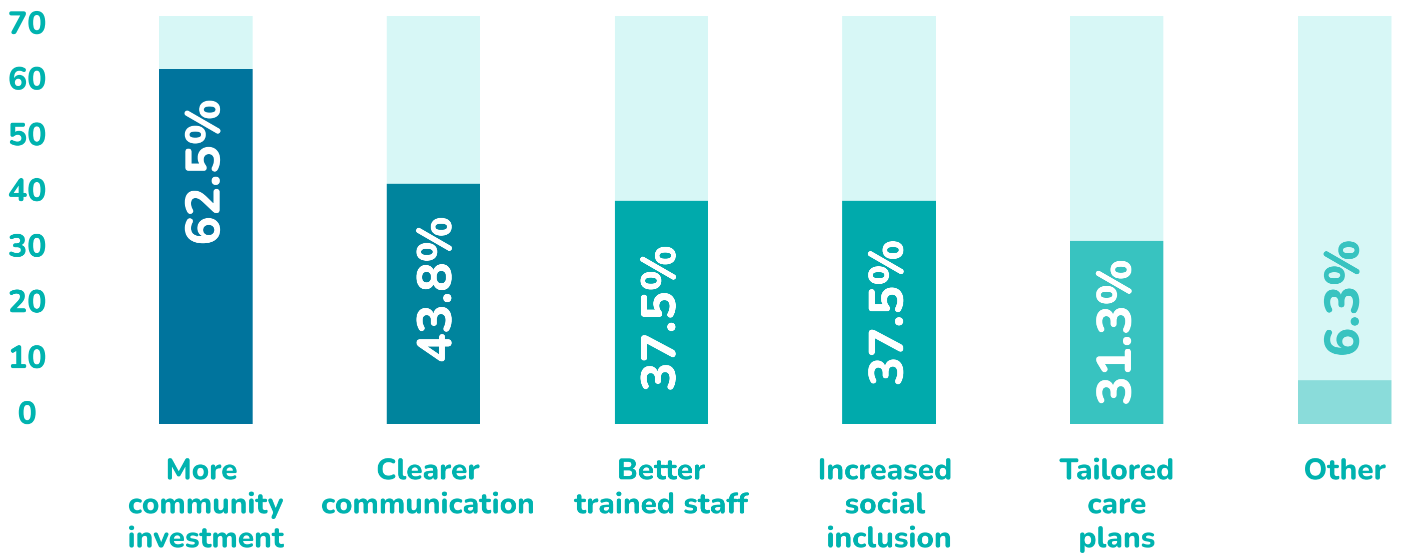
On the other hand, 93% reported no downsides to community-based care, suggesting strong overall confidence in this model.

Suggested Improvements in Home-Based Support

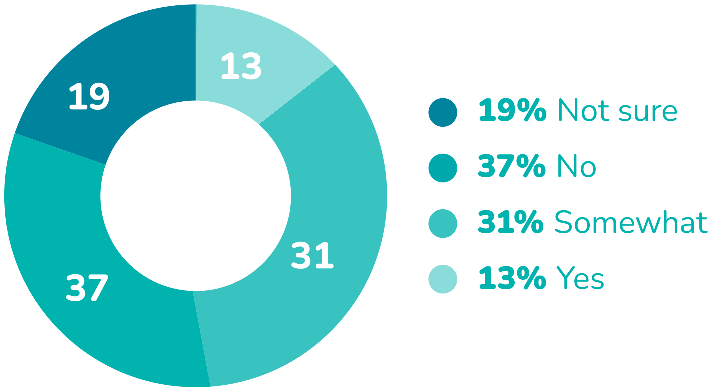
Respondents highlighted several areas where home-based support could be strengthened. The most frequent suggestion was greater community investment (62.5%), reflecting the view that people need broader local opportunities and resources to stay connected and active. More transparent communication (43.8%), better-trained staff (37.5%), and increased social inclusion (37.5%) were also common priorities, showing a desire for stronger relationships, shared understanding, and more confident support.

Similarly, 31.3% emphasised the importance of tailored care plans, while only 6.3% suggested other improvements. Together, these responses point to the need for more coordinated, well-resourced, and personalised support in the home setting.

*Respondents could select more than one answer in this section.



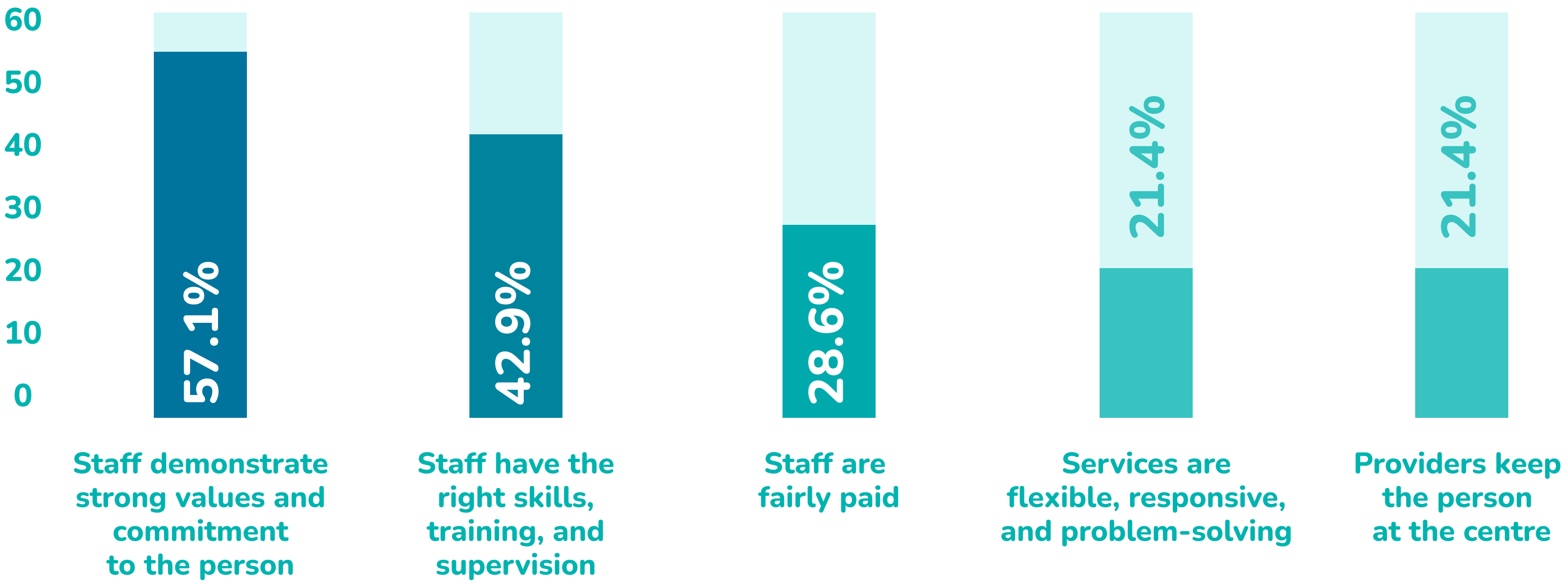
Are there enough skilled providers locally to meet your care and support needs?



The overall picture shows clear concern about local capacity. Only **13%** felt there are enough skilled providers in their area, while **37%** said there are not, and another **31%** felt support is only partially available. With **19%** unsure, the results point to a landscape where skilled provision feels uncertain, uneven, and difficult to access when needs become more complex.

> *There needs to be more providers who work with complex patients. I was at home with a 3:1 package 23/4. It took two years in the hospital to find this company.”*

What is your overall experience over the quality of community care your received?



*Respondents could select more than one answer in this section.

> *Staff demonstrate strong values and commitment to the person.”*

> *Services are flexible, responsive, and problem-solving.”*

> *Providers keep the person at the centre.”*

> *Staff demonstrate strong values and commitment to the person.”*

Communication Is Improving, but Inclusion and Listening Still Fall Short

Most families **(62%)** said they were told about timelines and waits, suggesting better baseline communication. But when it came to being included in the process, the picture shifted - only a third **(33%)** were always involved, while the majority **(57%)** were involved only sometimes.

The biggest gap appeared in how well their insights were heard: just **38%** felt fully listened to, and nearly half **(48%)** said their input was only partly acknowledged, especially around personal history and trauma.

Families as Part of the Support Circle

Encouragingly, **90%** of respondents said families were "always" or "sometimes" included in discussions about assessments and care plans. However, fewer than **40%** felt that their input - particularly around trauma and personal history - was fully listened to. Families consistently called for **genuine co-production rather than token inclusion.**

> "*Letting the person and their family lead.*"

> "*Honesty, transparency, and willingness to work together.*"

Transitions and Future Planning

Transitions, such as moving from children's to adult services or leaving the hospital, remain poorly managed. Half of the respondents experienced **abrupt support reduction** at key transition points. Confidence in local future planning was low-over half were "not confident at all" that their local area is preparing appropriate housing and support for young people with learning disabilities or autism.

Only 15% of families had been involved in planning conversations, suggesting that **strategic inclusion remains limited to a small minority.**

Coordination Between NHS and Local Authority Services

Joint working between the NHS and local authorities remains inconsistent. Although **45%** said coordination was good, an equal number reported ongoing issues, and **10%** called it "poor." Families described a lack of information flow, unclear responsibilities, and delays caused by disjointed communication between agencies.

Most said the single greatest improvement would be **consistent, transparent communication,** alongside recognition of families as equal partners in care.

Rights, Advocacy, and Safeguarding

Awareness of rights and advocacy options appears stronger in community settings than in hospital care.

- **78%** felt their human rights were respected.
- **67%** were offered advocacy or independent representation.

However, several families said this support arrived too late in the process, after major decisions had already been made.

COMMISSIONERS/ SOCIAL WORKERS

Commissioners and social workers are the navigators of the care system, often working in the space where **making the impossible possible** becomes part of the job. This year's survey clearly reflects the stretch between their commitment to helping every person live with dignity and choice, and a system that can feel fragmented, pressured, and with many constraints.
Yet, day after day, they find ways to turn challenges into possibilities - creating pathways where none seem to exist and guiding people through moments that define their futures.

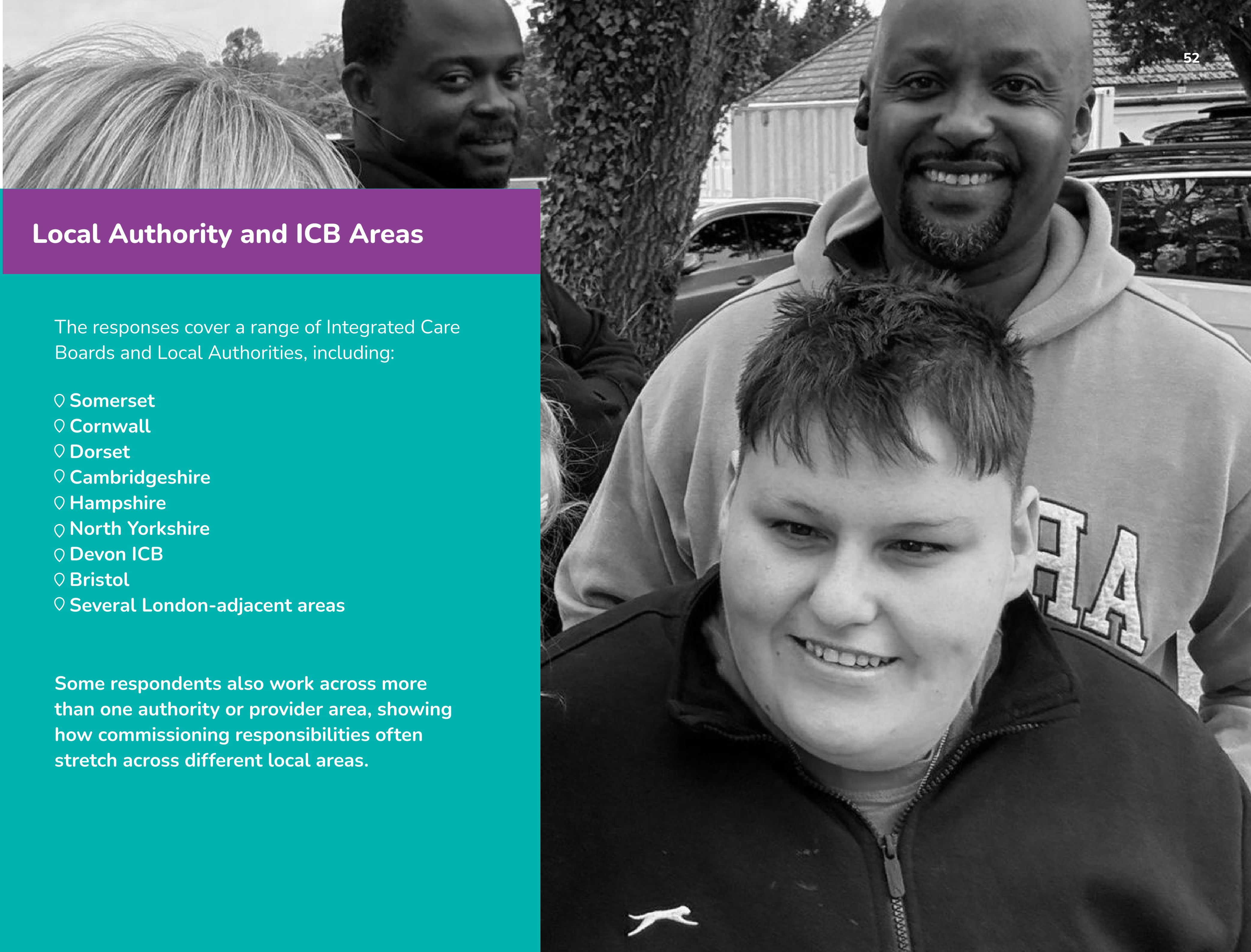
Their survey responses reflect this shared journey - two perspectives, one system, and a clear view of what must change for people to truly thrive.

- **What has been the most challenging part of the past year when holding responsibility at the frontline of decision-making?**
- **Where are the opportunities the system must finally invest in?**
- **Are people genuinely getting what they need from current care providers?**

Experience Levels Within the Commissioning Role

Based on the responses, **42.5% of participants have worked in the sector for up to five years, 35% for between 5 and 15 years,** and **22.5% for more than 15 years.**

This range of experience helps us see both what is happening in the system right now and how things have changed over time. It also gives a clearer picture of where progress has been made and where further improvement is still needed.



Local Authority and ICB Areas

The responses cover a range of Integrated Care Boards and Local Authorities, including:

- **Somerset**
- **Cornwall**
- **Dorset**
- **Cambridgeshire**
- **Hampshire**
- **North Yorkshire**
- **Devon ICB**
- **Bristol**
- **Several London-adjacent areas**

Some respondents also work across more than one authority or provider area, showing how commissioning responsibilities often stretch across different local areas.

Areas of Practice Across the Social Care System

*Respondents could select more than one answer in this section.

Different Team Sizes, Different Pressures

Team sizes vary dramatically, from **one-member teams (0–1 people)** to exceptionally large teams of **343 and 443,** though most fall between **2 and 10.** Such disparity indicates **uneven capacity,** with smaller teams facing risks of burnout, delays, and limited oversight, while larger teams may struggle with coordination. This variation sets the context for the capacity concerns raised throughout the survey.

Commissioning Capacity Under Pressure

Capacity is one of the clearest stress points in the data: **40.5% say their team is not sufficient, 45.9% describe being "somewhat sufficient but stretched,"** and only **13.5%** feel fully equipped. This means **nearly 9 out of 10 teams are stretched.** Respondents link these pressures to rising demand, complex cases, and the ongoing workforce crisis.

Core System Challenges Identified by Commissioners

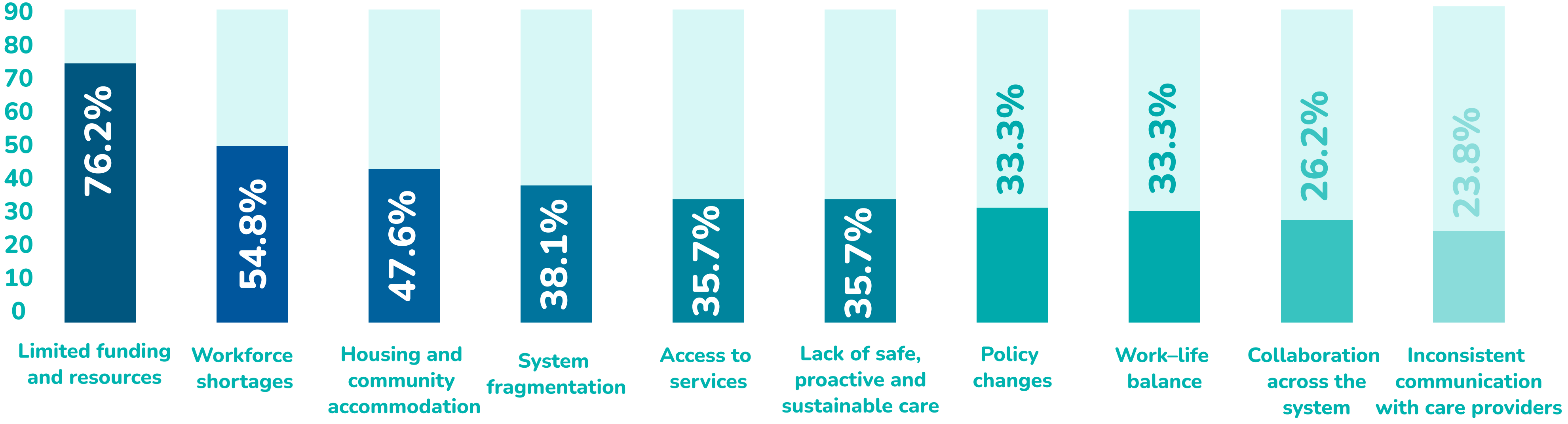
Commissioners highlight a cluster of systemic challenges, led by **limited funding (76.2%)** and **workforce shortages (54.8%)**, followed by **housing shortages (47.6%)** and **system fragmentation (38.1%).**

The main challenges identified:

- 76.2% limited funding
- 54.8% workforce shortages
- 47.6% housing and accommodation
- 38.1% system fragmentation

What were the impacts of the delay?

*Respondents could select more than one answer in this section.



Compared to the findings from 2023, 2024 and this year's survey, resource constraints, limited housing options and insufficient community capacity continue to be the main pressures across health and social care. What stands out more strongly this year is an additional gap highlighted by many respondents - the shortage of qualified and experienced care workers.

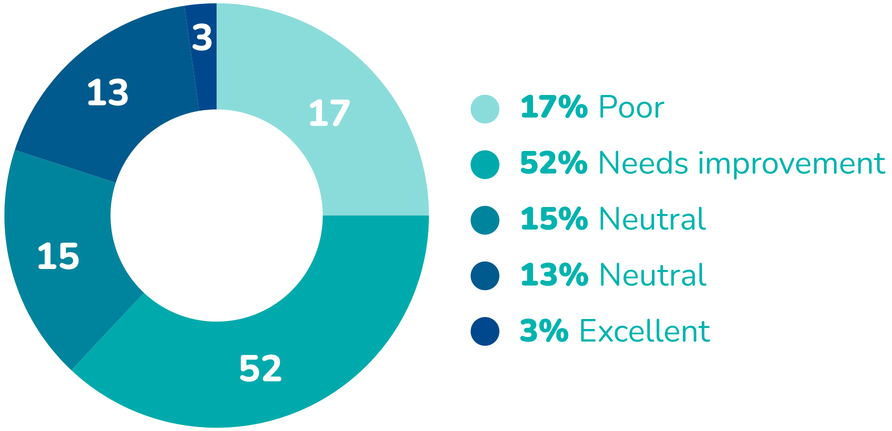
> “*Too many unqualified workers being used to support teams.*”

> “*Due to new immigration rules, many local authorities are not hiring candidates who need a work visa. This external factor and the policy changes are affecting recruitment outcomes and reducing access to skilled and qualified workers.*”

How would you rate the current availability of resources for supporting children and adults with multiple care needs?

Resource availability remains a significant pressure, with **70%** of respondents rating it as poor or in need of improvement. Comments point to long waiting lists, limited specialist community support and uneven provision across regions, suggesting that current services are not keeping pace with the complexity of need.

This gap leaves many commissioners without the options required to meet people's needs safely or effectively.



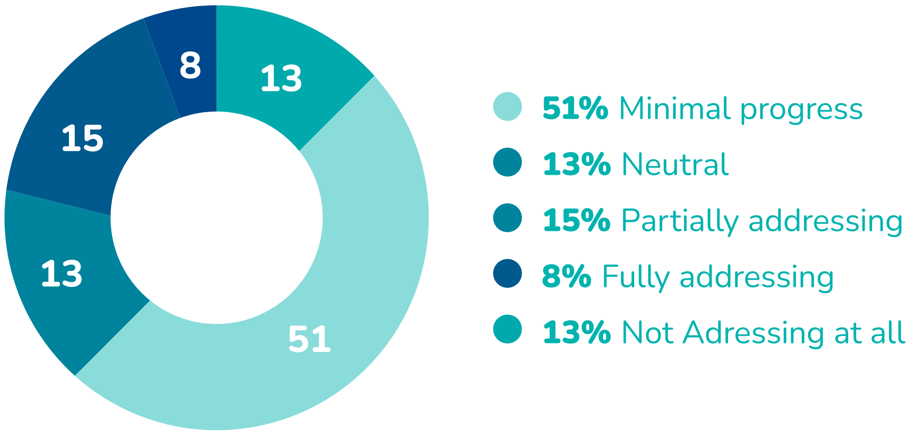
How well do local services cope with the rising demand for support for people with a learning disability, autism and/or mental health needs?

Capacity gaps remain a major issue, with **60% reporting limited or no capacity,** and only **2.6% describing local provision as strong** for people with learning disabilities, autism and mental health needs. **This level of strain means many areas are operating with very few options, making it harder to respond quickly or plan support that genuinely fits people's needs.**

Commissioners emphasise particular difficulty supporting people whose needs span multiple diagnostic groups, leading to delays, unplanned placements, and system pressure.

Effectiveness of Commissioning Strategies for People with Multiple Care Needs

Most commissioners feel current strategies are not meaningfully addressing gaps: **12.8% say gaps are not addressed at all, 51.3% report minimal progress,** and **12.8% remain neutral,** while just **23.1%** believe progress is partial or full. Comments describe commissioning as **slow, fragmented, and reactive,** with significant barriers to innovation.



Priority Areas for Improving Commissioning

Across all groups, commissioners repeatedly call for:

- **More local community resources**
- **Education, funding, wider provision**
- **More training in mainstream services**
- **More accommodation options that are affordable and in the local area**
- **Greater choice, control and flexibility**
- **More Early Intervention & Prevention funding**

> *Children with learning disabilities need more one-to-one support in the community, and to support parents with respite.’”*

> *Increased empowerment and employment opportunities.’*

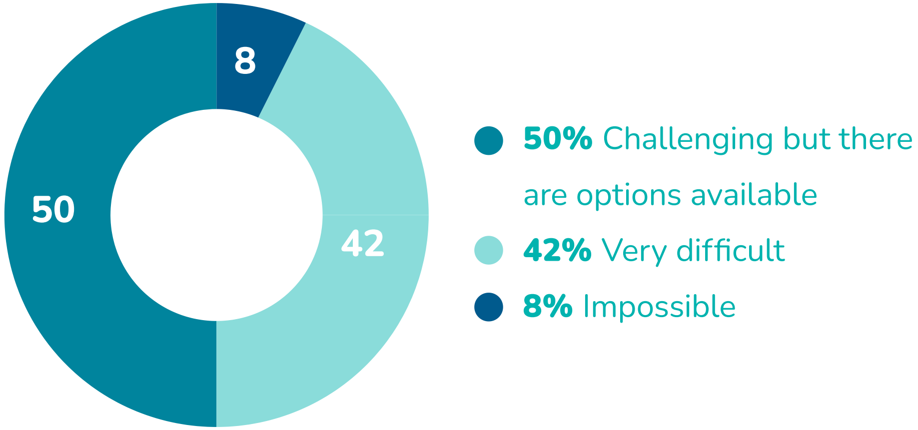
> *Most importantly, being listened to, having choices, more collaboration between professionals, and not being constrained or limited in access to what is available.’*

> *“Better diagnostics and assessments, providing thorough functional assessments to enable better understanding and support. In adults, help is often only available if there is a significant learning disability or if the person is already in crisis.”*

Needs vary by group: autistic people require timely and proper assessment and neurodiversity-informed pathways; mental health needs stronger crisis and post-discharge support; children services require trauma-informed practice and lower caseloads; older people need dementia-skilled staff and day support.

Difficulty Accessing Suitable Housing and Placements

Securing appropriate accommodation is described as one of the most persistent obstacles commissioners face: **7.9% say it is impossible, 42.1% very difficult,** and **50% challenging with limited options,** with **0% reporting ease of access.** The responses reflect a system constrained by limited supported living, lack of adapted properties, long waiting lists, and regional scarcity - particularly for people with higher complexity or mobility needs.



Barriers to Finding the Right Accommodation in Local Areas

Commissioners consistently point to high costs, lack of availability, insufficient adaptations, and a competitive property market as key barriers. The free-text responses add nuances, including inconsistent housing processes, inadequate support for care leavers, shortages in mother-and-baby units, and properties unsuitable for behaviours of concern.

Key barriers mentioned:

- High rents and unaffordable options
- Shortage of social housing
- Long waiting lists for adapted homes
- Closures of residential settings

> *Lack of step-up accommodation - and long waiting lists for what does exist - often means people have to move into 24-hour residential settings while they wait for a supported living or extra-care place. This increases the risk of becoming institutionalised.”*

> *Not enough accommodation is available for children leaving care, and foster carers are not paid enough to encourage them to keep young people under Staying Put arrangements. Many young people are not ready to move on at 18 and are vulnerable to losing their tenancy and becoming homeless. There is also not enough support to help them prepare for this stage in life.”*

> *Lack of willingness to invest in purchasing property is leading to expensive out-of-borough placements.”*

> *I am not sure it is just about having a property - it’s also about the person being able to access the right support.”*

Provider Market Capacity and Availability

Placement availability remains critically limited, with **58.3% reporting a lack of availability, 33.3% saying availability is only just sufficient,** and only **8.3%** seeing any growth in their local market. Commissioners link these shortages to escalating demand, staffing pressures, financial instability among providers, and geographic disparities.

Timescales for Property Adaptations

Only **12.5%** of adaptations are completed within **0–3 months,** while most take **6–9 months (37.5%), 9–12 months (12.5%)**, or even **18+ months (12.5%). This means that three out of four adaptations take longer than six months, and many extend well beyond a year.** These delays hold up hospital discharges, prolong temporary placements and increase the likelihood of out-of-area placements.

Overall, the findings show that current adaptation timelines fall far behind the pace of need, leaving people waiting in settings that are not suitable or sustainable.

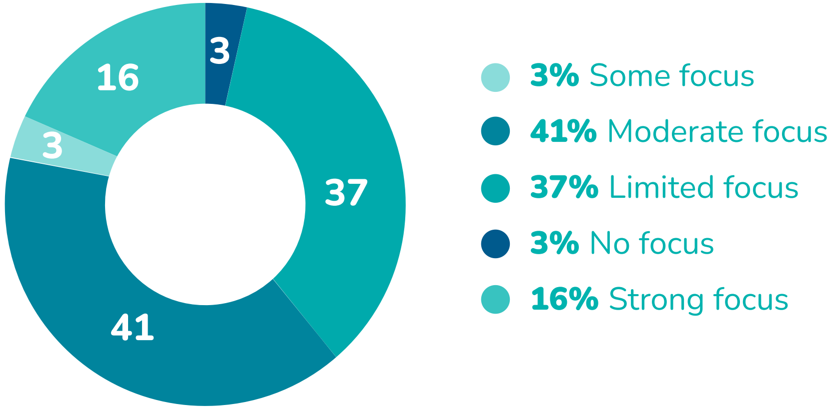
Planning for Future Housing and Support Needs

Planning for future housing and support needs is seen as largely insufficient. Only **24.2%** feel current planning is even "somewhat effective," while the rest describe it as neutral **(21.2%)**, limited **(42.4%)**, or ineffective **(12.1%)**, with no respondents rating it as strongly effective. Comments point to siloed planning, weak long-term forecasting and a lack of coordinated transitions, particularly for young people moving into adulthood.

Local action appears limited. Many report little or no visible progress, while others mention early steps such as supported housing strategies, scoping future demand and using council-owned assets. Taken together, the findings show that future housing planning remains patchy and underdeveloped, leaving many areas unprepared for increasing complexity and demand.

Focus on Cultivating Providers to Develop Future Services

The spread shows uneven regional commitment to building future capacity, which, in turn, shapes market resilience.



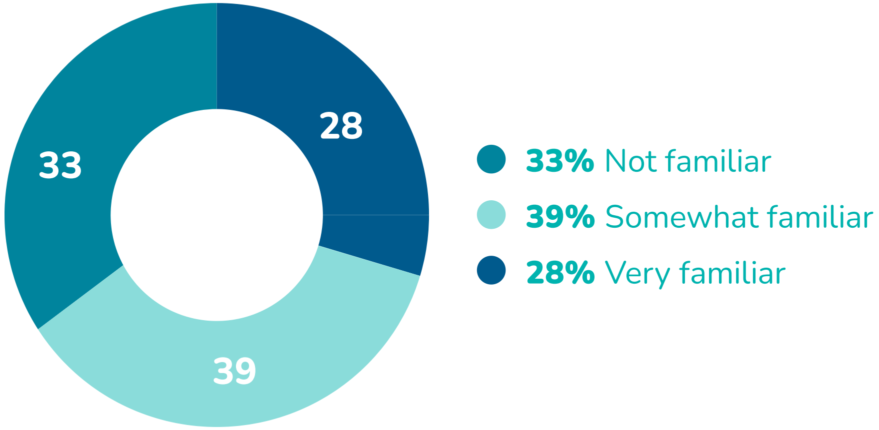
Key Barriers to Creating the Right Housing and Support Options

Barriers often stem from funding pressures, limited suitable housing, delays in planning, and the sheer complexity of the system. Respondents spoke about landlords turning down Local Housing Allowance rates, a lack of available properties or land, difficulties finding and keeping skilled workers, and processes that feel overly cautious and slow.

- "Too much health and safety… things take forever."
- "Funding, lack of decision-making."

Familiarity With Mental Health Act Reforms and NHS 10-Year Plan

The findings point to a gap between national policy developments and the level of clarity teams receive to apply them in future planning and day-to-day practices.



Expected Impact of Recent Policy and Legislative Changes

Half of respondents **(50%)** believe the reforms will have a negative impact, with far fewer feeling neutral **(31.3%)** or positive **(18.7%)**. Their comments show a sense of caution, shaped by worries that the changes may place even more pressure on a system that already feels stretched.

Effectiveness of Digital Technology in Adult Social Care

While **22.2%** feel digital tools work very well and **44.4%** see some benefit, almost a quarter **(22.2%)** say they are not effective, and **11.1%** report that digital systems are not used at all. Commissioners acknowledge better communication and record-keeping where digital tools are in place, but they also highlight real-world barriers such as digital exclusion, uneven rollout, and varying levels of digital confidence across teams.

Priorities for Innovation and Investment

Top priorities include **community-based services (82.5%), training programmes (47.5%), and AI tools for care planning (35%), with remote monitoring (27.5%)** also valued.

> *Community-based services must be strengthened.”*

Effectiveness of Partnerships with Providers

The results show mixed experiences with provider partnerships. While **33.4% describe them as effective,** many respondents fall into the **neutral group (38.9%),** and **27.8% say they are ineffective.**

Commissioners highlight communication gaps, uneven provider quality and inconsistent expectations as common challenges. **Overall, the findings suggest that partnership working remains too inconsistent to ensure reliable outcomes.**

Integration With NHS and ICB Structures

Based on the responses, the care system shows a significant lack of integration between services. Around **80%** of respondents describe their local arrangements as not integrated, minimally integrated or only partially integrated, while just **19.4%** report working within a mostly integrated system.

Many areas have put formal integration mechanisms in place, such as joint brokerage, pooled budgets, co-located teams and shared governance. However, commissioners consistently report that **these structures are not translating into genuine collaboration in practice.** Even where the right models exist on paper, the day-to-day experience remains fragmented.

The spread shows uneven regional commitment to building future capacity, which, in turn, shapes market resilience.

As one respondent put it, ***"When a child has complex needs, everything is a fight."***

Ideas for Strengthening Integration

Commissioners propose more joint commissioning, earlier multi-agency planning, unified systems, and clearer national guidance.

Key suggestions:

- Joint budgeting
- Shared IT systems
- Regular cross-agency meetings
- Clearer responsibilities

> *It feels like we are at war, not working together."*

> *Closer alignment of budget, planning, delivery, and governance, leading ultimately to fully integrated joint commissioning."*

> *Consistency with national policy and its application is needed, rather than everything being so heavily localised. A clear, consistent and fully funded fee methodology should be part of national policy, and it must acknowledge acuity, local cost differences and fair pay across Health and Social Care. This would help reduce competitive tendering based on price and the competition for market capacity from the NHS and local authorities, which drives costs up."*

What additional support or resources would help improve collaboration between health, social care, and third-sector organisations?

Across the responses, commissioners repeatedly describe **structural, practical, and cultural barriers** that make collaboration between health, social care, and the third sector difficult. Several themes clearly stand out:

Lack of unified systems:

Strong calls for a single recording platform, shared data processes and integrated IT systems. Multiple systems that don't connect with each other cause delays and duplication.

Unclear roles and accountability:

Collaboration breaks down when responsibilities are not defined - "everyone assumes someone else is responsible."

Capacity and workload pressures:

Joint work slows because teams cannot find time for meetings or shared planning; lower caseloads and dedicated joint-working roles are needed.

Inconsistent national guidance:

Different interpretations of policy across regions create confusion and uneven practice, especially for people with complex needs.

Unaligned funding:

Without pooled budgets or shared financial structures, agencies pass responsibility rather than work together, limiting integrated solutions.

> *One reporting system - currently we have at least five."*

> *Mandatory planning for vulnerable adults and children, with a named person responsible for keeping plans on track. Better working relationships. People understanding their role and the roles and responsibilities of other professionals, and people being accountable."*

Availability of Skilled Professionals

Based on the responses, workforce shortages remain a major barrier to effective care and support. Nearly **86%** of commissioners say there are not enough skilled professionals to meet current needs, while only **14.3%** feel their area is adequately staffed.

To strengthen practice and improve outcomes, respondents emphasise the need for investment in core training areas, including:

- **Person-centred planning (78%)**
- **Mental health support (70.7%)**
- **Dementia care (56.1%)**
- **Digital skills (39%)**

Respondents also emphasise **trauma-informed training, autism/ADHD awareness, and a better understanding of the MCA and the Human Rights Act.**

Priorities for Improving Adult Social Care

Commissioners prioritise better joined-up working, more community options, stronger workforce retention, early intervention, improved housing, and updated commissioning frameworks.

> “*We need more experienced social workers and clearer operating procedures.*”

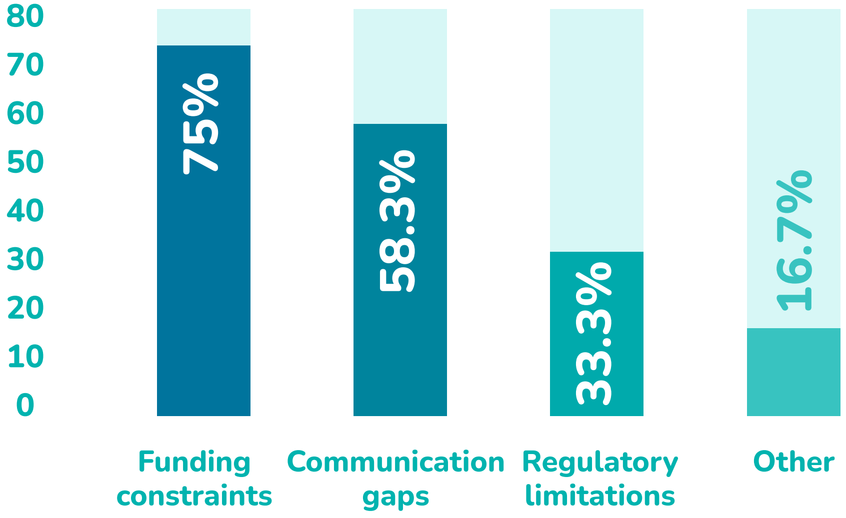
Frequency of Engagement with Providers

Engagement varies: **48.4%** engage weekly or monthly, **33.4% engage quarterly or rarely,** and **6.1% never.** Updates on people’s health follow a similar pattern, with many describing inconsistent information flows.

Barriers to Effective Collaboration between Commissioners, Social Workers, Providers, and Other Stakeholders?

Main barriers include **funding constraints (75%), communication gaps (58.3%), and regulatory limitations (33.3%).**

*Respondents could select more than one answer in this section.



> *Decisions take too long, and families are left struggling.”*

What Innovative Solutions or Models of Care Have You Explored or Implemented to Improve Outcomes for People with Multiple Care Needs?

Commissioners describe initiatives including **micro-enterprises, shared lives, joint funding, AI in report writing,** and **Small Supports programmes.** Some areas report limited innovation due to capacity pressures.

Top Investment Priority for Next 12 Months

The highest priority is workforce development **(48.6%)**, followed by service integration **(25.7%)** and specialised facilities **(14.3%)**, indicating a focus on stabilising the system before expanding it.

Effectiveness of Metrics Used to Evaluate Services

Metrics vary widely - from KPIs and ASCOF to outcomes-based reviews and re-admission rates-but many commissioners note these measures are **limited,** inconsistent, or poorly aligned with lived outcomes.

> *ASCOF and KPIs are limited.”*

Areas for Improvement Across the Sector

Top priorities include:

- Increased funding **(64.1%)**
- Better housing options **(64.1%)**
- More training opportunities **(53.8%)**
- Stronger leadership support **(53.8%)**
- Healthier work environments **(56.4%)**

Expectations for the Future of Adult Social Care

Expectations are overwhelmingly concerned: many predict **deterioration before improvement,** citing workforce shortages, funding pressures, and rising complexity.

> “*Things will get worse before they get better.”*

> “*We are already in crisis.”*

What do you think are the biggest opportunities to improve adult social care services for people with learning disabilities and autistic people?

The responses highlight clear opportunities to strengthen support for autistic people and people with learning disabilities. These include investing in skilled and fairly paid professionals, creating better housing environments, and offering more flexible, personalised support through greater use of personal budgets.

Many emphasise early intervention, stronger community-based options, and the importance of listening to people with lived experience. There is also a call for more creativity, less reliance on traditional service models, and better integration across health, social care and local decision-makers.

> “*Highly trained staff and environments people actually want to live in.”*

Final words

Constraints are one of the most persistent barriers in care. Time pressure, fragmented assessments, and systems that operate in silos slow decisions and create avoidable strain. Instead of supporting understanding, processes can become obstacles.

When assessments are coordinated, and systems function in a clear, organised way, care is able to respond rather than react. Fewer constraints allow people, families, and teams to focus on what matters - understanding needs, reducing risks, and enabling people to live the life they want.

Fewer constraints mean better care, better lives, and a better future for all.

catalyst
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