

A black and white photograph serves as the background. It depicts a young woman, likely a caregiver, sitting and talking to an elderly woman. The caregiver is on the right, wearing a dark t-shirt with 'STURB' and 'OUND' visible, and holding a small box. The elderly woman is on the left, wearing glasses and a cardigan. In the foreground, there are two white cups on a table.

Recognising and reinforcing the value of social care in prevention

Introduction

This short guide explains the contribution and value that social care makes to prevention, public health and health promotion to support the health and wellbeing of people drawing on care and support.

Prevention in adult social care does not have a clear definition, but is about preventing adverse events for people, such as illness, deteriorating health, accidents, unnecessary use of services and loss of independence.

Who's it for?

The guide is aimed at a range of audiences across social care and health. That might be someone who employs personal assistants through a direct payment or personal health budget, a care worker, care provider, regulated health professional, or social care professional or commissioner.

The information is useful across all social care settings. Some social care services or roles have a specific prevention focus. They include reablement services, independent living services, activity co-ordinators and health and wellbeing workers. But all social care services seek to prevent adverse events.

Why is prevention important?

Prevention is one of the key responsibilities for local authorities in The Care Act 2014 with a focus on health and wellbeing.

Local systems have a responsibility for an integrated approach to prevention and wellbeing to respond and support their local population.

[Read more about a joined-up approach to prevention.](#)



Prevention features in the [‘A Workforce Strategy for Adult Social Care in England’](#) which sets out what we know about the social care workforce and what we need to do differently over the next 15 years.

We know the shape of care is changing. Changing needs mean we will increasingly need an integrated workforce focusing on personalisation, prevention and wellbeing. We will require new, different roles and skills to meet those changing needs.



Prevention, as defined in the Care Act Statutory Guidance (2016), is about the care and support system actively promoting independence and wellbeing. This means intervening early to support individuals, helping people retain their skills and confidence, and preventing need or delaying deterioration wherever possible.

[SCIE have further information about prevention.](#)

The evidence base

Skills for Care carried out [research into prevention](#) with social care providers and commissioners in 2019.

The vast majority of providers we spoke to said that prevention is business-as-usual to deliver high quality care.

There was an equally strong agreement that prevention is embedded within the everyday activities of care workers, rather than a stand-alone activity.

The research identified four consistent themes which remain very relevant.

- Supporting people who draw on care and support to live as healthily as possible through lifestyle changes and prevention of infections and accidents.
- Helping to reduce inappropriate use of health or care services.
- Preventing or reducing the escalation of health issues.
- Supporting people to remain as independent as possible.

The providers we spoke to were very positive about how their prevention activity has supported better outcomes for people drawing on care and support and said their prevention activity had enabled them to:

- be more responsive to people's health needs
- provide more tailored and person-centred care
- identify problems earlier and prevent escalation
- reduce the need for emergency health services and hospital admissions
- promote independent living and reduce social isolation.

Almost all providers advocated greater integration of health and social care, which was echoed by commissioners, to maximise the benefits of prevention activity.



Levels of prevention

Prevention can be described as [different levels of intervention](#) and expected outcomes. The three most commonly talked about are:

Primary

- This is about stopping an illness, accident or need arising, by knowing the people at most risk of those conditions.
- In social care this could include workers supporting people to take up flu / covid (and other) immunisations, or to be active and eat healthily. Or supporting people to take up offers of a safe home check by the fire brigade or slipper swap from their Integrated Care System (ICS).

Secondary

- This is about noticing that people are becoming ill or losing independence and taking quick action to reverse this and / or get the treatment they need.
- Social care examples might be noticing a pressure ulcer developing, or supporting someone to go for cancer screening.

Tertiary

- Helping people manage their own health conditions to improve their quality of life and their life expectancy.
- A social care example might be helping someone find easy read information about managing their diabetes, or supporting them with exercises recommended by an occupational therapist (OT) or speech and language therapist.

In addition to these three levels, prevention can also be **primordial**. This is about reducing risks for an entire population, regardless of their individual risk, through a focus on social and environmental conditions.

An example includes having safe pavements to promote physical activity; this, in turn, decreases risk factors for obesity, cardiovascular disease, type 2 diabetes, injuries from falls etc. A social care example might include a local authority having accessible information available to help people find support in their local community, or a project to develop and train community champions for suicide prevention¹.

It can also be **quaternary**. This is about protecting individuals (persons/patients) from medical interventions that are likely to cause more harm than good.

Social care examples would include restraint reduction, preventing inappropriate or extended hospital admissions, or overmedication. It might also be delegated healthcare, and staff being able to support people to take over the counter 'homely' remedies when appropriate.

In real life, these levels might not matter, as one activity might be across all three definitions of primary, secondary and tertiary.

For example:

- Supporting one person go swimming regularly is likely to reduce their risk of obesity and cardiovascular disease (**primary prevention**).
- At the same time, it may be recommended by their GP / social prescriber to support them with their depression (**secondary prevention**).
- As well as supporting them to manage a physical disability to help them stay as mobile as possible (**tertiary prevention**).
- Which could enable them to reduce pain medication and avoid side effects (**quaternary prevention**).

While the swimming pool having good access could be a **primordial level** preventative activity.

The point is that the things we do to stay well are important. It's the role of social care to enable people to do the activities that are beneficial to them.

Public health and social care

Public health focuses on preventing disease, prolonging life and promoting health. This includes tackling health inequalities, including those driven by racism and discrimination. An example of this is the range of health inequalities affecting autistic people who are at higher risk of almost every health condition that has been studied². It is also the inequalities affecting people who have a learning disability³.

For example:

- Compared with the general population, people with a learning disability were 3 to 4 times as likely to die from an avoidable medical cause of death. Most of the avoidable deaths in people with a learning disability were because timely and effective treatment was not given.
- Compared with the wider population, the average age at death for people with a learning disability is 23 years younger for men, and 27 years younger for women.
- In the previous five years, the proportion of women aged 50 to 69 with a learning disability who received breast cancer screening was 51%. This compares to 65% of women in the same age group without a learning disability.

All these inequalities are greater for people with a learning disability from Black, Asian, and minoritised ethnic backgrounds, with the average age of death being 34 years compared to 62 years for White individuals⁴.

Many Integrated Care Systems (ICSs) are in a great position to adopt ideas that can prevent accidents and early death for groups, for example, by having 'slipper swap' schemes⁵ to reduce falls.

Other roles that support public health

There are lots of wider roles outside of social care that contribute to supporting people to live well and improve their health. Many of the different professions listed below are those that social care workers regularly work alongside, such as pharmacists, social prescribers, housing officers, registered nurses, nursing associates and allied health professionals, such as occupational therapists and physiotherapists.

Public health broadly consists of three different strands, often called ‘the 3Ps’: health **promotion**, **prevention** of ill health and health **protection**. Good social care, and many other public services will often include an element of two or all of these, often by supporting people to access other services.

The fire service, for example, provide a preventative service to some people by assessing their home and environment and taking steps to prevent fire, accidental deaths and accidents⁶. In some areas they also provide community response to prevent people waiting for an ambulance if they have fallen but are uninjured⁷.

Social care workers have a great opportunity to find out about schemes like this and enable the people they support to take advantage of them.



The Royal Society for Public Health [released a Wider Public Health Workforce report](#), setting out many of the opportunities available.

Strength-based approaches to prevention

By taking a strength-based care planning approach social workers, regulated healthcare professionals, care workers and personal assistants can support people to take steps to improve and promote good health. This means avoiding harm and side effects from inappropriate health services or medicines, and maintaining their independence.

Strength-based means focusing on ‘what’s strong, rather than what’s wrong’. It enables people to do as much as they can for themselves, to use the resources in their community, and have the right level of support at the right time. It can be about planning ahead and thinking about options before they are needed. This may be helping people think about their personal approach to risk taking. For example, whether they like lots of company or not, so that when they need care (and might have to pay for it) they have the best chance of arranging the care that’s right for them. This is using their family’s emotional and financial strengths to get the best possible life.

Digital technology

Digital technology offers opportunities for people to help maintain independence and improve their quality of life and health outcomes through technology enabled care. Examples of this would include someone having ‘telehealth’ technology⁸ to monitor health issues thus avoiding visits to a surgery or visits from a district nurse. Another example would be someone using video calls to have support around their home, rather than needing people to come to their home. This prevents unnecessary services and also reduces risks of visits being missed due to severe weather.

Find out more about [digital technology in social care](#).



Free e-learning about prevention

This e-learning module offers practical guidance on how your practice relates to public health approaches and how to further integrate these approaches into your day-to-day work. It is tailored specifically for people who work in adult social care.

Key topics covered include preventing illness, protecting mental and physical health, promoting wellbeing and healthy aging.

If you work, or manage people who work, for a registered provider, this module provides evidence of supporting the CQC Single Assessment Framework: Effective – Supporting people to live healthier lives.

Find [more information and a link to the module](#).

Summary

We hope that this guide and our [prevention webpage](#) will help you to recognise the important preventative aspects of your work and encourage you to explore how to build on these.

¹ www.papyrus-uk.org

² www.cam.ac.uk

³ www.nice.org.uk

⁴ <https://raceequalityfoundation.org.uk>

⁵ <https://virtualviews.midandsouthessex.ics.nhs.uk>

⁶ www.twfire.gov.uk

⁷ www.essex-fire.gov.uk

⁸ <https://www.merseycare.nhs.uk/our-services/liverpool/telehealth-health-technology-service>



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