



# IMPACT

Improving Adult Care Together



Economic  
and Social  
Research Council



The  
Health  
Foundation

**“Good support isn’t just about  
‘services’ – it’s about having a life.”**

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# **Introduction to IMPACT: UK Centre for Implementing Evidence in Adult Social Care**

“Good support isn’t just about  
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# About us

- **£15 million UK centre** funded by the **ESRC** and the **Health Foundation**
- Led by Professor Jon Glasby, with a **Leadership Team** of 13 other academic, policy and practice partners (including people who draw on care and support, and carers), and a **broader consortium** of key stakeholders from across the sector and across the four nations of the UK
- An **implementation centre** (not a research centre) – to support the use of evidence in the realities of practice and to improve services and lives
- IMPACT works **across Northern Ireland, Wales, Scotland and England** to make sure that it is embedded in and sensitive to the very different policy contexts in the four nations, as well as sharing learning across the whole of the UK
- We have an **inclusive definition of ‘evidence’** (knowledge gained from different types of research, the lived experience of people using services and their carers, and the practice knowledge of social care staff)
- Very **embedded in the realities of local practice**, but also committed to **building lessons learned into national policy and practice**

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# Objectives

- **Increasing the use of high-quality evidence**, leading to better care practices, systems and outcomes
- **Building capacity and skills** in the adult social care workforce to work with evidence of different kinds to innovate and deliver better outcomes
- **Developing relationships** between a wide range of stakeholders across the sector, to improve outcomes for people who draw on services and their families
- Improving understanding of **what elements of evidence implementation do and do not work in practice**, and using this to overcome barriers

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# Delivery Models

## Facilitators

Individual change agents/knowledge brokers, placed within local organisations to **enable collaborative working**

## Demonstrators

Major strategic issues/long-term projects using coaches (incl. with lived experience) to **facilitate local change, support evaluation and apply learning in other contexts**

## Networks

Bringing local people together to work on **practical solutions to common/everyday issues**, sharing learning with other groups working on the same issue (a network of networks)

## Ask IMPACT

Collating common queries/challenges/dilemmas, and **producing accessible evidence**/guides in response, building a trusted repository of evidence over time

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# Early engagement

Learn more about the IMPACT centre showcased in the "making home" exhibition at The Exchange.

Introducing IMPACT



UK Parliament  
POST

POSTnote 670

By Katherine Davis  
and Abbi Hobbs  
May 2022



# Agenda

- **10:05-10:15** Overview of Facilitators and an example of it in practice - **Orla Fitzsimons**
- **10:15-10:25** Overview of Networks and an example of it in practice - **Laura Doyle**
- **10:25-10:35** Overview of Demonstrators and an example of it in practice - **Helga Sneddon**
- **10:35-10:45** Break out rooms
- **10:45-10:55** Return to main session
- **10:55-11:00** Close

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# Improving Support for Unpaid Carers

IMPACT Facilitator Project, South Eastern HSC Trust/Carers NI,  
Northern Ireland: 2024/2025

Orla Fitzsimons

[o.fitzsimons@ulster.ac.uk](mailto:o.fitzsimons@ulster.ac.uk)

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# What are Facilitator projects?

- A **bottom-up** approach to change within services.
- Facilitators work in local organisations to implement an **evidence-informed theory of change project** co-created and reviewed between IMPACT and the host agency
- Facilitators **stimulate** local change through:
  - Sharing and gathering evidence
  - **Co-producing recommendations** for change **with local people who use services, unpaid carers and social care staff** in partnership with the host agencies.
- IMPACT **shares learning and outcomes** from this project and others, **across the UK and the adult social care sector**, to promote **the voices and expertise of people who draw on care and support and their unpaid carers, staff and volunteers, in the improvement of adult social care services.**

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# What is the project about?

*“This project, hosted by the South Eastern HSC Trust (SEHSCT) and Carers NI, seeks to improve how information and support is experienced by unpaid carers in the SEHSCT area, to better target and plan effective resources and supports for unpaid carers, which in turn should improve the lives and experiences of all unpaid carers living in the SEHSCT area.”*

The SEHSCT and Carers NI, have asked IMPACT to explore, with local people and staff in organisations working to support unpaid carers, **what works** in the local area, **to support unpaid carers**.

*“Good support isn’t just about ‘services’ – it’s about having a life.”*



# Who are unpaid carers in NI?

- **An unpaid carer is a person, (e.g; a family member, friend or neighbour), who looks after someone who is their child, another family member or friend, who is ill, disabled or older and is not paid to do so.**
- There are over 220,000 people providing unpaid care in Northern Ireland, representing 1 in 8 of the population. (NI Census 2021)
- **These unpaid carers are a diverse population, including over 180,000 carers of working age and over 2,500 carers aged under 15.** (Carers NI Carers Poverty Commission Report, November, 2024)

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# What did IMPACT do?

- Reviewed the published evidence;

*“This review aimed to explore the potential for systematic change to enable improved information and support for unpaid carers.”*

- Co-produced a ‘theory of change’ in partnership with host agencies
- With support of host agency staff, **the Facilitator engaged with;**

**1. 65 unpaid carers**

**2. SEHSCT Carers Co-ordinators and other unpaid carer support staff**

**3. 9 local community and voluntary organisations supporting unpaid carers**

**4. MLA’s through NI Assembly All Party Group on Carers**

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# Evidence review: What did we learn?

*“Whilst unpaid care is, for many, undertaken through love, there remains identified costs to unpaid care, including;*

- *Negative impacts on unpaid carers’ physical health,*
- *Emotional health and wellbeing,*
- *Social isolation,*
- *Exclusion and*
- *Unpaid carer and family poverty.”* (IMPACT Facilitator Project Evidence Review, September, 2024)

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# Theory of Change

- Using three themes revealed from the evidence review.....
- Improving support needs of unpaid carers, highlighting different groups of unpaid carers have different information and support needs
- Improvement in social care, (for both unpaid carers and the people they care for)
- The potential for 'learning health systems' in social care to improve support for unpaid carers .
- ...we co produced and carried out the project plan....

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# Engagement phase



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# Highlights

- Host agency collaboration CRITICAL to the Facilitator engaging with isolated unpaid carers from different unpaid carer groups....
- **Unpaid carers CONNECTION with each other and with information and supports locally found to be difficult.....**
- Lived experience of unpaid carers not visible in support and information services design and delivery.
- **Passion and commitment of all unpaid carers, staff and volunteers working to support unpaid carers, to make things better, clearly visible!**

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# Next steps

- The SEHSCT and Carers NI, will receive a written report on the project and
- With the help of IMPACT and Ulster University, we will share the learning about the project, and also what the local community think is important in supporting unpaid carers.
- You can find out more information about IMPACT and this project at [www.impact.bham.ac.uk](http://www.impact.bham.ac.uk)

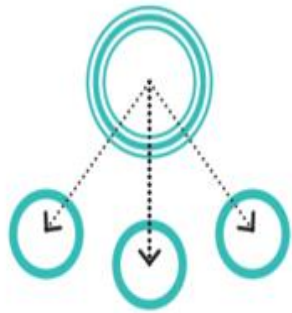
“Good support isn’t just about ‘services’ – it’s about having a life.”

# Questions?

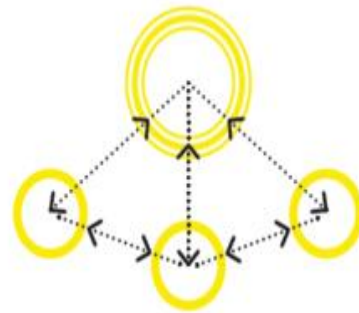
[o.fitzsimons@ulster.ac.uk](mailto:o.fitzsimons@ulster.ac.uk)

T:07752303854

Teaching vs. facilitating



One directional dissemination of knowledge through a teacher



Accompanying and shaping a learning process together



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# IMPACT's Network Model

Laura Doyle

[l.doyle1@ulster.ac.uk](mailto:l.doyle1@ulster.ac.uk)

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**On a scale of 1-9, which  
Bette Davis are you?  
(answers in the chat)**



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# What are IMPACT Networks?

- Networks bring together people with lived or practice experience of adult social care to discuss key challenges facing adult social care and use evidence to develop potential ways forward.
- Each Network comes together over four meetings to develop 'action plans', mapping out **what change they want to see, what needs to happen to make that change, and who needs to be involved.**
- There are local networks across the four nations of UK.
- Local networks:
  - Are coordinated by an organisation/ person subcontracted by IMPACT (not employed) Include **8-10 people** (including people with lived experience, practice knowledge, decision-makers)
  - Meet **4 times over a period of 6 months** (online or in person)
  - Discuss a particular issue using discussion materials summarising evidence provided in advance
  - Members share experiences and suggesting practical ideas for positive change to create an 'action plan'.

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# Previous and current Networks

## 2023-24

- Transitioning from long-stay hospitals - Compass People
- Wellbeing of Care workers - Northern Ireland Social Care Council (NISCC)
- Remodelling the front door - Brain Injury Matters
- Rurality and Social Care - Carers NI
- Care Homes and community relationships - Spa Nursing Care



## 2025-26

- Technology in care to promote greater independence/prevention - DSCNI
- Involving people with lived experience in strategic decision making - Parent Action and DHCNI
- Strengthening inclusion/anti-racist practice - BASW NI
- Carers, transitions and co-production - Brain Injury Matters and Carers NI
- Recovery-based approaches to mental health - Laura Doyle

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# Topic: Recovery Based Approaches to Mental Health



For some people, in particular health professionals, recovery means **reducing or curing** the symptoms of mental distress. For those who follow a **recovery based approach** to mental health, recovery means managing their symptoms, regaining control of their life and learning new ways to live the life they want.

In recent years, people working in mental health services and policy makers have **shifted the direction** of how mental health services work towards principles **of participation** and a **human rights**. For example, it is people deserve to receive good quality healthcare and people with mental distress have the right to participate in decisions regarding their treatment.



In Northern Ireland, the Bamford review in 2007 led to a significant reduction in long stay mental health hospitals to transition towards a model of more people living in the community. Subsequently more attention was given to recovery. However, lack of funding and systemic barriers is still limiting the implementation of recovery based services. Research also shows that the medical model is still the dominant in Northern Ireland.

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## Who was involved in this Network?



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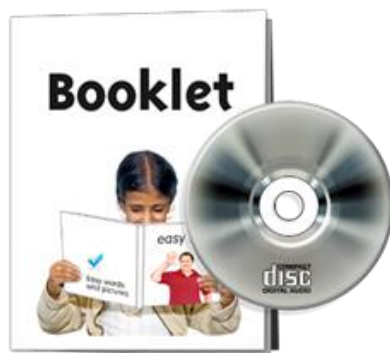


# Local Action Plan



## NI Recovery Approaches

The network wanted to share their stories to offer hope for others in their mental health recovery. They want a stronger transition from hospital into the community and want to contribute to reducing the stigma associated with mental health.



## Next Steps

1. Collect stories of recovery from people with lived experience of mental health recovery
2. Create video resources for training and education for others
3. The Mental Health Recovery colleges will use the resources to help implement a wellness recovery plan & support transition from hospital to community

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# Key themes for collective action

- Across the UK, this Network met over the four sessions to discuss how to improve the implementation of recovery-based approaches to mental health.
- There were three **key themes** identified by the networks where it is possible to work on **collective actions** in addition to their local action plans for change:
  1. **The transition from long stay hospital to the community** (the networks to **share their resources**/potential link to a previous network transitions from long stay hospitals)
  2. **Community as a resource** propose a **campaign to raise awareness** about the importance of the community to support recovery and the wellbeing of everyone.
  3. **Education, training and sharing experiences of recovery** - work together to develop a **series of different resources about recovery-based approaches**.

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# Upcoming Networks

2025-26



1. Citizen leadership (Disability Action and CILNI)
2. Exploring the use of A.I (artificial intelligence) in adult social care (DSCNI)
3. Meeting the social care needs of refugees and people seeking asylum (Laura Doyle)
4. Using data to improve services (DSCNI)
5. New models of home care (Southwest Carers and Families (SWCF) and Vela Microboards NI)

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Find out more about our projects, people and progress:

**<https://impact.bham.ac.uk/>**

**@ImpAdultCare**

**Dr Laura Doyle**

**[l.doyle1@ulster.ac.uk](mailto:l.doyle1@ulster.ac.uk)**

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# Demonstrator Projects

Dr Helga Sneddon

[Helga.Sneddon@hscni.net](mailto:Helga.Sneddon@hscni.net)

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# Demonstrator projects



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# Demonstrator projects in NI

- Asset-based and community-led approaches to integrated health and social care – MEAPP
- Exploring information available during the transition from children's to adult services - MENCAP
- Exploring safe and effective delegation of health and care tasks – CILNI and SHSCT
- Implementing Managed Budgets for people with a learning disability – ARC NI and SPPG
- Evidencing outcomes for Self-directed support - HSC Trusts
- Aging carers of adults with learning disability - SPPG

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# Demonstrator projects in rest of UK

- Building lived experience into strategic planning
- Embedding a culture of prevention based on what matters to communities
- Changing perceptions of social care
- Day opportunities for people with a learning disability
- Reducing violence, discrimination and abuse experienced by social care staff
- Social work/ social care practice with older people
- Coproducing better ways to manage and respond to wait lists
- Creating integrated health and social care teams
- Improving the health and wellbeing of Personal Assistants



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# Implementing Managed Budgets in NI

Self-directed support includes:

- Direct Payments
- Managed Budgets
- Trust commissioned support
- Combination approach

Progress since Sept 2024:

- Analysis of system from an implementation science lens
- Development of new proposed model
- Piloting in 5 Trusts

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To find out more about Managed Budgets contact:

**Dr Helga Sneddon**

**Helga.Sneddon@hscni.net**

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# Breakout rooms

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# Questions from the groups

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# Opportunities to get involved

- Join our Northern Irish Assembly – assemblies meet twice a year to discuss IMPACT projects and the broader social care landscape
- Email [impactcentre@contacts.bham.ac.uk](mailto:impactcentre@contacts.bham.ac.uk) to find out more
- The IMPACT Co-Production Advisory Group is currently recruiting an additional member for Northern Ireland: we're looking for one representative from Northern Ireland who draws on care and support. Find more about the role in Northern Ireland:



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**@ImpAdultCare**  
**@impadultcare.bsky.social**  
**IMPACT on LinkedIn**

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