

# EXECUTIVE SUMMARY

## Improved outcomes through partnership working: A vision for social care

This report offers a timely and practical contribution to national conversations about the future of adult social care in England. It explores what effective, adult-to-adult partnerships look like between the social care sector and the wider health and care system, their impact, and the conditions required to enable and sustain them.

Written by **My Home Life England**, part of **City St George's University of London**, we draw on a **two-year appreciative inquiry** supported by the **Rayne Foundation**, involving **90 stakeholders** across the care, local government and health sectors, a **literature review, case study examples** of promising approaches identified through the inquiry, and insights from working with over **2,600 care leaders**.

We set out a **vision for a future** in which **care providers are respected and engaged as equal partners** within the health and social care system - working alongside statutory bodies to shape, deliver and improve services. We imagine a **shift in culture and behaviour** that moves beyond compliance, control and transactional relationships, towards mature, trusting, adult-to-adult ways of working, resulting in **benefits that ripple outwards across the sector**.

### What does good partnership look like?

We identified that **adult-to-adult relationships are at the heart of good partnership working**. Where relationships are rooted in respect and shared purpose, and people are engaged as equals, the system becomes more effective, more human, and more sustainable. Mutual accountability, shared learning, and respect for the professional knowledge and values that each partner brings, can **deliver significant outcomes for social care, including**:

- Better design of initiatives that potentially saves money on both sides.
- A sector that feels trusted, valued and supported, with knock-on effects on the quality of the care provided and on sector resilience.
- Better engagement of registered managers on initiatives that affect them and reduced duplication of initiatives.
- Reduced likelihood of unforeseen care service crises.
- Improved hospital discharges.
- Reduced pressure on council adult social care quality teams by enabling care associations to develop their role.

Ultimately the experience for the person drawing on care and support is improved due to more effective, better coordinated and more personally responsive care.

In the report we outline 11 examples of promising approaches, taken from across England and Northern Ireland. These shine a light on how a shift in relationships towards mutually respectful and trusting adult-to-adult partnerships is resulting in many of these benefits becoming reality.

## The challenges

While the ambition for more integrated working is widely shared, partnership between care providers and statutory bodies often remains limited by deep-rooted cultural and structural barriers.

Across our inquiry, care providers often described **a persistent imbalance in power and voice** - where decisions are imposed, expertise is disregarded, and compliance is prioritised over collaboration. These dynamics are reinforced by commissioning and procurement processes, safeguarding systems, regulatory approaches, and organisational behaviours.

To help understand these dynamics, our inquiry drew on **Transactional Analysis** - a model that describes common patterns in human relationships. In this framework, many current interactions position statutory bodies in the *parent* role and care providers in the *child* role, leading to dependency, frustration, or disengagement. By contrast, adult-to-adult relationships are built on mutual respect, openness and shared responsibility.

Registered managers in particular often experience this power imbalance, feeling isolated and undervalued - responsible for care delivery but excluded from system-level decisions. Mistrust, fear of blame, and long-standing negative assumptions about social care further inhibit effective partnership. These patterns are widespread, and changing them requires courage, consistency and reflection from all involved.

## What works

Despite the challenges, we uncovered many examples where more relational ways of working are already in place - and making a difference.

**Through our interviews, workshops, literature review and detailed case studies, we identified key behaviours, structures and mindsets that enable effective partnership.**

These include:

- Respectful relationships grounded in trust and shared goals.
- Recognition of the leadership role of care providers, particularly registered managers.
- Transparent, inclusive systems that value care provider insight.
- Strong local and national forums, and care associations acting as independent, strategic connectors.
- System leaders who model humility and suspend hierarchy.
- Investment in leadership development and relational skills across the care sector.



The evidence suggests that where adult-to-adult dynamics are prioritised, the system becomes more responsive and resilient. Providers are more engaged, joint problem-solving improves, and people receiving care benefit from more person-centred support.

Many reforms focus on redesigning systems, but lasting change depends on how people relate to each other. **The case studies in this report show that trust, respect and equal partnership unlock widespread benefits:**

- Care becomes more connected.
- Outcomes improve for those drawing on care and support.
- Councils build stronger partnerships with providers.
- Commissioners co-design better services.
- The NHS sees fewer crises.
- Regulators work more supportively.
- Staff collaborate and grow.
- The care sector leads its own development.

Everyone gains when relationships are built on trust, mutual respect and shared responsibility.

## Making it happen

The **shift to relational partnership** between the care sector and the wider system is already happening in some places. But to make it the norm, not the exception, we need **deliberate cultural change** across all parts of the system.

This includes **change within individual care leaders themselves** - enabling them to influence how they are perceived by external stakeholders, and in many cases move from a hierarchical parent-to-child dynamic to a more equal adult-to-adult relationship.

At My Home Life we have worked with thousands of care leaders across the UK, supporting them to improve how they engage with external agencies. Through this work, we have witnessed care leaders shift from feelings of defensiveness, anger and anxiety, to becoming more confident, articulate, curious, collaborative, and open to compromise. We have seen the benefits of this ripple out through the sector.

## Recommendations

In the report we offer a series of **practical, relationship-focused recommendations**. These include:

- Embed person-centred and relationship-centred care. Focus on what matters most to people and families and ensure that frontline relationships are supported by trust throughout the system.
- Embed mutually respectful, adult-to-adult dynamics as a guiding principle in system working.
- Enable the national care sector to reflect on how it might change its own governance, behaviours and practices, in order to challenge the myths and attitudes held by the health and social care system and the wider community.



- Recognise and resource the leadership of registered managers. Support the potential future care leaders and enable them to develop a new vision for the care sector.
- Strengthen the role of local and national care associations and forums.
- Reflect on whether current processes reinforce hierarchy or foster trust.
- Invest in relational skills and cultures, through training, leadership development, coaching and peer support.

This work starts with each of us. Everyone involved in health and social care - commissioners, providers, regulators, policymakers - has a part to play in creating more equitable and effective relationships, and we invite you to take ownership of this work in your local context.

The report also includes **reflective questions** to support honest conversations across the system, and invites continued dialogue about how we build a more collaborative, respectful and person-centred future for adult social care.

Use these questions. Share the examples. Convene your own conversations. Invest in the relationships that underpin everything else. If we want a system where people feel safe, heard and supported - whether they are delivering care, drawing on it, or working alongside it - we need to start by relating differently.

**The future we want is already emerging. Let's build it together - one respectful, adult-to-adult relationship at a time.**

### Final reflection

This report comes at a time of major change in England's health and social care system. The **Health and Care Act 2022** created **Integrated Care Systems (ICSs)** to promote collaboration, yet adult social care providers often remain on the margins of decision-making.

Recent policy shifts - including the **planned abolition of NHS England**, cost-cutting and **mergers of Integrated Care Boards** - risk weakening local engagement and capacity. At the same time, national reviews and government plans, including the **Casey Review** (Department of Health and Social Care, 2025), the **Messenger Review** (Messenger & Pollard, 2022), and **Fit for the Future - The 10 Year Health Plan for England** (Department of Health and Social Care, 2025), call for culture change, stronger trust-based relationships, and genuine partnership working at local level to deliver shared outcomes and improve quality of life.

See the full report at: [myhomelife.org.uk/partnership-working](http://myhomelife.org.uk/partnership-working).

To be part of the ongoing discussion, contact [mhl@citystgeorges.ac.uk](mailto:mhl@citystgeorges.ac.uk).

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