

# Care Talk

The voice of excellence in social care

Let's Talk Social Care! Issue **120** | April **2023**

# Living a Good Life

In This Issue:



**WE MUST REIMAGINE CARE BY FOCUSING ON HUMAN FLOURISHING**

Stephen Cottrell  
Archbishop of York



**I'M NOT LOOKING FOR A 'GOOD LIFE', JUST A 'GLORIOUSLY ORDINARY ONE'**

Anna Severwright  
Co-convener,  
Social Care Future



**THE FRAGILITY OF THE ADULT SOCIAL CARE SECTOR HAS BEEN EXPOSED**

Kirsty Matthews  
CEO, Hft



**WHAT KEEPS ME AWAKE AT NIGHT**

Sarah Pickup  
Deputy Chief Executive,  
Local Government  
Association

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## Contributors

Thank you to everyone who has contributed to this magazine. Do keep your articles, news and views coming!

- Dr Cecilia Anim**  
Former President, Royal College of Nursing
- Nadra Ahmed CBE**  
Chairman, National Care Association
- Dr Cecilia Anim**  
Former President, Royal College of Nursing
- Julie Bass**  
CEO, Turning Point
- Beth Britton**  
Trainer and Social Care Consultant
- Aneurin Brown**  
Managing Director, Hallmark Care Homes
- Lucy Campbell**  
CEO, Right at Home UK
- David Collins**  
Product Manager, Person Centred Software
- Stephen Cottrell**  
Archbishop of York
- Jonathan Freeman MBE**  
CEO, CareTech Foundation
- Karolina Gerlich**  
CEO, The Care Workers' Charity
- Professor Martin Green**  
Chief Executive, Care England
- Katherine Greer**  
Co-researcher, Praxis Care
- Holly Irwin**  
Acting Head of Workforce Transformation, Skills for Care
- Jim Kane**  
CEO, Community Integrated Care
- Gillian Luggar**  
Care Manager, Promedica24
- Chris Luck CB MBE**  
CEO, Shaw Trust Group
- Rebekah Luff**  
Senior Research Analyst, Social Care Institute for Excellence
- Cath Magee**  
Area Manager, Making Space
- Alf-Erik Malm**  
CEO, Global Health Technology AS
- Rob Martin**  
Managing Director of Care Services, Anchor
- Kirsty Matthews**  
CEO, Hft
- Debra Mehta**  
Writer and Author
- Luke Murphy**  
PBS Manager, Home From Home Care
- Phil Orton**  
Chief People Officer, Making Space
- Mike Padgham**  
Chair, Independent Care Group
- Sarah Pickup**  
Deputy Chief Executive, Local Government Association
- Kelly Pirotte**  
Group Head of Learning and Development, Keys Group
- Amanda Scott**  
CEO, Forest Healthcare
- Anna Severwright**  
Co-convenor, Social Care Future
- Deborah Sturdy CBE**  
Chief Nurse, Adult Social Care
- Melanie Weatherley MBE**  
Co-Chair, Care Association Alliance
- Lydia Woodall**  
Service Manager, Making Space

## Contact us

**Advertising:**  
[advertising@caretalk.co.uk](mailto:advertising@caretalk.co.uk)

**General:**  
[info@caretalk.co.uk](mailto:info@caretalk.co.uk)

**Editor:** Lisa Carr  
[lisa@caretalk.co.uk](mailto:lisa@caretalk.co.uk)

**Communication Executive:** Kirsty Hollins  
[kirsty@care-awards.co.uk](mailto:kirsty@care-awards.co.uk)

**Graphic Designer:** Tony Johnson  
[tony@tonyjohansoncreativdesign.co.uk](mailto:tony@tonyjohansoncreativdesign.co.uk)

**Tell us your news, views and suggestions!**  
[editorial@caretalk.co.uk](mailto:editorial@caretalk.co.uk)

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 Suite 2, Slapton Hill Farm, Slapton, Towcester,  
 Northamptonshire NN12 8QD 07973 403535

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- WELLBEING AT WORK
- MAKING ACTIVITIES MEANINGFUL
- MORE THAN MEALS: THE ROLE OF NUTRITION IN PROMOTING WELLBEING

# Calling all senior leaders of excellence to social care!

Care Talk is delighted to host the **2023 Social Care Leadership Awards**.

These unique awards will recognise, celebrate and promote great leadership in the Social Care Sector, over and above Registered Manager level and share knowledge and expertise in leadership.

We are looking for nominations for senior leaders in social care who have demonstrated strong, innovative leadership to ensure a quality outcomes that make a real difference to care delivery.

## AWARDS CATEGORIES:

the lifetime achievement award  
the executive award  
the care home leader award  
the clinical nurse manager award  
learning disabilities & autism award  
the workforce development leader award  
the quality assurance leader award  
the home care leader award  
executive children and young people leader award

## Finalists join top leaders and decision makers in social care!

Finalists and guests will be invited to the esteemed **Social Care Top 30** Gala Dinner, a bespoke event that celebrates leadership from care providers and other key influencers in the sector. The event will take place on 12th October 2023 at the Hilton Bankside, London where the category winners will be announced along side winners of the **Social Care Top 30**.

Nominate online at: [www.socialcaretop30.co.uk/scl](http://www.socialcaretop30.co.uk/scl)  
Closing date for nominations 31st July 2023

## Circulation List

Has this month's Care Talk been read by all your staff? Use our list to be sure!

- Chief Executive
- Managing Director
- Registered Manager
- Supervisor
- Care Staff
- Ancillary Staff
- Service Users
- Families

### Welcome to the April issue of Care Talk.

'Levelling Up' is a phrase that is frequently bandied around the political arena but still seems to be more rhetoric than reality. It is hoped that by levelling up and giving more support in less wealthy areas, everyone will have equal access to opportunities to be able to live a good life.

**Living a Good Life** is the theme of this month's issue and is something that everyone should be able to aspire to. It is also something that is at the very core of the Archbishops' Commission on Reimagining Care.

In his article on page 9, Stephen Cottrell, Archbishop of York, looks at how the recommendations of the Commission's report support the ethos of allowing everybody to **Live a Good Life**, and why **We must reimagine care by focusing on human flourishing**.

One of the commissioners for the Reimagining Care Commission is Anna Severwright, Co-convenor at Social Care Future. As someone who has drawn on social care for over 10 years, Anna has experienced first-hand a culture that has been task rather than aspirations focussed. Turn to page 12 to read Anna's insightful article, **I'm not looking for a 'good' life, just a 'gloriously ordinary one'**.

In order to empower people who draw on social care to realise their aspirations and ambitions, those that deliver care and support must also be supported to **Live A Good Life**. In her article, Care workers deserve **A Good Life too!**, page 14, Karolina Gerlich, CEO at The Care Workers' Charity, looks at why the value of social care as a profession must be truly appreciated in order for the sector to survive and achieve parity of esteem with the NHS.

Parity of esteem through embracing equity was at the heart of last month's International Women's Day. To mark this occasion and as part of our podcast series, *Conversations in Social Care*, Care Talk brought together a group of social care's senior female leaders to discuss the this year's theme #EmbraceEquity. Turn to page 24 to read an excerpt from this, **Talking #EmbraceEquity for International Women's Day 2023**.

On the theme of women leaders, nominations for this year's Women Achieving Greatness in Social Care Awards are now open at [www.thewags.co.uk](http://www.thewags.co.uk). We are really looking forward to honouring more high achieving women at this year's event on 21st November at London's Marriott Grosvenor Square.

Happy reading

Lisa





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The **Garden Landscaper** Award • The **Care Handyman/Person** Award • The **Housekeeper** Award

The **Workforce Development** Award • The **Housing Developer** Award • The **Building Design** Award

The **Care Commissioner** Award • The **Integrated Retirement Community Hero** Award

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# Living a good life



**Professor  
Martin Green OBE**  
Chief Executive, Care England

**There is often much talk about the quality of services, but in truth, what people want is a quality life, and we need to shift the agenda in social care away from thinking about services and processes and start reminding ourselves that people need to live well, rather than receive care.**

This is not easy to achieve. It requires us to think creatively about how we deliver support and very intricate knowledge of the person and their likes, preferences, and desires. Only when we understand the person can we start to construct truly personalised support.

*“Technology is not an ending in itself; however, incredibly creative and innovative.”*

One of the biggest impediments to delivering truly personalised care is the current way in which it is commissioned. The focus is always on time in the task, not on people and outcomes, and services that respond to people’s needs have to be flexible and responsive, and this is not the current approach that is taken in commissioning. Older people get a particularly bad deal from the current system, which is riven with ageism. If you look at how local authorities commission care, they demand personalised care packages. However, they all commission on block contracts and deliver the same amount of money, regardless of a person’s needs. If we are going to move towards truly personalised care, this has to stop.

The Care Act clearly defines a personalised approach to care and shows citizens what they should expect from the care and support system. The Care Act is very much about personalisation and flexibility. It creates a good framework that should enable people to live well and have fulfilling lives with the right amount of support when needed.

There are big challenges to delivering on the aspirations of the care act because the current approach to commissioning has also produced a one size fits all approach to providing care. If we are going to truly give people a life rather than a service, we will have to radically change how we deliver care. This would be difficult at the best of times, but it seems all but impossible when we are starved of resources and have enormous workforce challenges.

However, history tells us that it is at times of the greatest challenge when the burning platforms are created that allow us to reconfigure services and think differently about the future. We are also lucky to be at a time when technology is developing at a real pace, and we see a range of new technological innovations that help us to deliver care and improve efficiency. This is not in any way to negate the fantastic work that care staff do, and we will always be a relationship based person to person service. However, we should still use technology where we can improve outcomes.

This brings me to the most important thing about using technology, which is a must to improve the life of the person receiving support. Technology is not an ending in itself; however, incredibly creative and innovative. It seems the measure of success when we deploy technology is the service user’s experience and how it improves their lives and increases their choices, autonomy and control.

As well as deploying technology more effectively, we also need to think about how we deploy staff and create situations where people can receive support in the most flexible way. I recently had a very interesting conversation with someone developing an Uber-type response for home care services. The premise of this new approach is that people draw down on care and support when they need it, and you have a complex system of people who are all known to the individual and who can deliver care and support at various times.

The great thing about this innovation was that the person who uses the service decides when they want it and what it will deliver. Contrast this with how services are commissioned by local authorities, which tell citizens how long and when they will get it. Services are commissioned by local authorities, which tell how long you will get and when you will receive it.

In residential care, we have seen increasingly personalised support which enables people to live their lives. They want to live and have much more flexibility in receiving support. We’ve seen some great examples of the deployment of technology in residential care, which helps to improve the quality of people’s lives. I recently saw the new Alexa for care homes, which enabled people to access support when they wanted to and use their voice to control things like the television, radio, lighting, or ask for food or drinks. It also allows people to keep in contact with family and friends because the technology is so simple to use that you have to ask the system to phone your loved one, and the whole process is very easy. Whilst the workings of technology may be very complicated, the important thing for people who use services is to keep it simple and easy to use.

Whatever our challenges, we never stop innovating and developing care to enable people to have a life rather than a service.

@ProfMartinGreen @CareEngland



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## A little about us

BKR Care Consultancy was founded in 2011 and has since grown to become a leading Care Consultancy firm in the UK.

For Further Information

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The Old Surgery, 48 Bushloe End, Wigston, Leicestershire, LE18 2BA

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# We must reimagine care by focusing on human flourishing



**Stephen Cottrell**  
Archbishop of York

**What would it look like to develop a radical and inspiring vision for care and support that enables every human being, regardless of age or ability, to flourish?**

*“Care and support is everybody’s business.”*

The Archbishop of Canterbury and I asked the Reimagining Care Commission to answer this question, bringing together a group of experts from a wide range of fields relating to social care.

At a time when social care has been regularly in the news and the Government has introduced – and then reversed – funding reforms, the Commission has taken a distinctive approach. Its work has been grounded in theological principles, reaffirming and celebrating that we are all made in God’s image, intimately known and deeply loved for who we are, not simply for what we contribute.

In turn, that led the Commission to seek to reframe the debate; not to ignore the challenges facing social care, but to articulate a big, bold vision for our society about what it means to care for one another.

In its new report, ‘Care and Support Reimagined’, the Commission has developed three big ideas to transform care and support.

First, we need to rethink attitudes to care and support. Care and support is not just about ‘vulnerable’ people ‘over there’; it’s everybody’s business. Rather than thinking narrowly about the practical tasks that people need in order to get through the day, we need to consider much more broadly the care and support that we all need in order to live flourishing lives. Care and support must attend to our emotional, physical, and spiritual needs and aspirations. As a matter of urgency, we must reassess our own attitudes within our society, never seeing older people and disabled people as burdens

to be managed, but as gifts to be cherished. All of us, individuals, communities and government, have a part to play. You might call it ‘one another care’.

Second, we need to rebalance roles and responsibilities. It is about time we had a proper conversation about our mutual responsibilities when it comes to care and support. The Commission is calling for the development of a National Care Covenant, which would set out what is expected of individuals, families and communities, alongside local and national government. I believe this could be a game-changing idea, because it is about listening to people, finding out what matters most to them, and making sure that we have a system that reflects the reality and complexity of people’s lives. Following its comprehensive Listening and Engagement Exercise, the Commission has made suggestions about what it hopes would be reflected in the outcome of the Covenant: more investment in, and emphasis on, community-led support; a new deal for unpaid carers; a stronger role for the state; and a renewed commitment to our responsibility as engaged citizens.

Thirdly, we need to redesign the way care and support is organised. Our long-term aspiration should be for a society in which care and support is free at the point of need, regardless of wealth or income, provided in a range of ways that reflects the diversity of needs. In the meantime, the Commission has called for a simpler system which gives people who draw on care and support and their families more say about the type of services they receive. Churches have an important role to play alongside others in offering first-contact help in the community. Yes, this will cost money, but we cannot afford to continue as we are, with people who draw on care and support and their families carrying the burden of unaffordable costs.

This report encourages us to be more generous, to consider the role we all have to play in a building a better, fairer society in which all can flourish and feel valued. I believe a National Care Covenant really could be a game-changer, so let us commit to working together so that everyone has the care and support they need to live a full life.

*“We all have a role to play in building a better and fairer society in which all can flourish.”*

# Living later life to the full



**Rob Martin**  
Managing Director of Care Services  
Anchor

**At Anchor, helping people enjoy later life is our passion. For nearly 60 years we have been providing a range of housing and care options, activities and services that support people and enable them to continue to live fulfilling lives. As England's largest not-for-profit provider of care and housing, we believe a vital component to achieving this, is maintaining ones physical and mental wellbeing.**

In an ageing society, our housing, care and support is needed more than ever. Recent ONS statistics show that over 11 million people – 18.6% of our population – are aged 65 and over<sup>1</sup> therefore the importance of staying physically fit and healthy in later life can't be understated. It contributes meaningfully to positive wellbeing, something that we champion through our numerous wellbeing initiatives and programmes.

One recent example includes our Move Into March initiative, which launched this Spring, to encourage residents, colleagues, as well as the nation, to get more active.

During lockdown, many people were walking more for both their physical and mental wellbeing. Since then, the busy schedule of everyday life has come back with full force. That's why as part of Move Into March, we have been encouraging residents and colleagues to track the time they spend being active, to meet NHS guidelines, which suggest older adults should do 150 minutes of moderate intensity aerobic activity weekly.

Residents and colleagues alike have been doing sponsored runs, logging time doing dance classes or have got involved by simply tracking their daily walks around their homes or out and about visiting local landmarks. It's been a great way for people to improve their general wellbeing and share their fun experiences on social media.

***“Zest is Anchor's accessible and fun physical activity programme.”***

Move Into March is just one of many wellbeing initiatives that take place at Anchor. Across all our care and housing locations there are a variety of activities taking place, ensuring that there is something for all residents to get involved in.

Another of which is Zest, Anchor's accessible and fun physical activity programme. It's available for care home residents to access online with a new live exercise session taking place every week. The programme is designed to be suitable for all needs and abilities and features a mix of dance-based active routines, dance moves, mobility work, and gentle moving and stretching abilities. The benefits of dance extend far beyond meeting movement targets – it provides joy and often brings back fond memories, greatly contributing to both physical and mental wellbeing. The programme goes a long way to help residents achieve their recommended target of physical activity.

***“Dance provides joy and often brings back fond memories.”***

For those that can't make Zest sessions or want a different form of exercise at any time of day, Be Active offers a range of online resources including exercise routine videos, podcasts and tips on how to keep the mind and body active. This includes the 10 Today series, a programme made up of 10-minute audio workouts hosted by Anchor resident and qualified fitness instructor, Terry Keen. These inclusive programmes provide resources and opportunities for everyone to stay active and live healthy lifestyles, no matter their age and ability.

As an organisation we're committed to encouraging people to have fun and take part in movement all year round. There are plenty of ways for people to get moving in whatever way works for them. I'm planning to be out running with my Border Collie this Spring to make sure I hit the NHS guidelines on staying fit, I typically look for a challenge to work towards in the summer months. How will you get moving more?

<sup>1</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/voicesofourageingpopulation/livinglongerlives>



Zest session at Anchor's Oakleigh care home



## Join the National Care Forum

Make sure you are aware of all the latest guidance, thinking and intelligence in response to the fast changing situation with COVID-19

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- NCF is a trusted voice working with the government, DHSC, LGA and PHE to ensure, regulation and guidance is relevant and reflects the needs of the care sector
- NCF will be ensuring that the voice and experience of members influence the critical social care reform agenda, advocating for experience led change with the Secretary of State, Minister and senior policy makers
- NCF members are supportive, collaborative, connected organisations
- NCF are strategic leaders in Digital Social Care and have dedicated digital transformation staff to support your digital transformation journey
- NCF #HeretoCare Campaign is ensuring the amazing work happening in the sector is being recognised at national & local government and in the media

Not-for-profit and voluntary sector care providers face different issues from private and statutory sector agencies.

NCF is the national association that represents only not-for-profit and voluntary sector care organisations.

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NCF works directly with not for profit care & support providers across the UK supporting members to improve social care provision & enhance the quality of life, choice, control & well-being of people who use care services.

# I'm not looking for a 'good life' just a 'gloriously ordinary one'\*



#socialcarefuture

**Anna Severwright**

Co-convenor  
Social Care Future

**It may sound odd not wanting a good life, but life is more complicated. The ups and downs that we all face weave together into the beautiful tapestry that is our life. But like many disabled and older people my life, opportunities and hopes feel limited due to an extra barrier: lack of the right support.**

I have drawn on social care for over 10 years now and in all that time my life felt frozen at 25. Because the professionals I saw mostly focussed on my health or practical needs, so did I. No-one asked me what I wanted from my life to give it meaning or purpose so I felt those were not things I could have or should want anymore. That took a heavy toll on my mental health.

As a result, during the early Covid-19 lockdowns, when everyone was stuck indoors, I felt more a part of society than I had for years. Suddenly nobody could spontaneously pop round to a friend's house or go out in the evening. They were experiencing more of my reality and our daily lives were suddenly more similar. But lockdown ended, most people went back to their busy lives and I felt left behind again.

So over the last few years I have been slowly trying to change this, remembering the things I used to want from my life before becoming disabled, and reclaim those. But while doing this I have also been trying to change other's experiences of social care too, in my role as co-convenor the movement Social Care Future and last year being involved in two inquiries looking at the future

of social care. The first, called Reimagining Care, saw the Archbishops of York and Canterbury ask a group of commissioners (of which I was one) to look beyond the present situation to what social care should be like in a modern society. The second, a report called 'A Gloriously Ordinary Life', was written by the House of Lords Adult Social Care committee (and I was a special advisor to the committee).

Both of these reports were striking in that they took as their starting point people's lives not systems. They both listened deeply to a broad range of people's lived experiences and used what they heard to shape the way forward, where too often still today, the voices of people drawing on care are largely absent. The Archbishop's report talked about everyone being able to flourish in their lives and the House of Lords report used 'Gloriously Ordinary Lives' and the Social Care Future vision throughout to describe what social care should enable everyone to be and do. This starting place for debates about reform should be the norm, not the exception.

It is positive that many of the most influential voices in the social care sector are now united behind the Social Care Future vision which starts "We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us." But the adoption of this vision doesn't change people's reality today, often facing cuts to their care or budgets, fighting for basic support or struggling along without any at all.

To make this vision a reality for everyone in society it will take greater investment, a different culture of working where power is shared with people who draw on support, in genuine partnership, and where people have far greater choice and control over their support and their lives. It means strengthening our relationships in communities and connecting us with the things that keep us well, making it easier for people to direct their own support and incubating innovative models of care to support us to live independently in the place we call home.

It also demands that we contend with a deeper, less tangible challenge – social attitudes. Both reports talked about the need to change societies' attitude to ageing, disability and social care. They placed emphasis on seeing social care as something that affects all of us so that it gets public and political support, and recognising that although at times in our lives we may need some support, we still have things to contribute to our communities and want the same things in our lives. As Social Care Future moves into its next phase, changing the public story of the role and value of social care, and of people who draw on it, will be at the heart of our work.

***"Many of the most influential voices in the social care sector are now united behind the Social Care Future vision."***



We all want to live in the place we call home, with the people and things we love, in communities where we look out for one another, doing what matters to us.



HOUSE OF LORDS

#HLAdultSocialCare

\*A phrase developed by Tricia Nichol and used by the House of Lords Adult Social Care Committee as the title of its 2022 report.

# Care workers deserve A Good Life too!



**Karolina Gerlich**  
CEO  
The Care Workers' Charity

**When we think about living a good life in the social care sector our minds automatically think of making sure that those who draw on social care live well (which is particularly important) but those who are often forgotten are those providing the care. Our care workforce. A workforce full of caring, nurturing people who should be seen as human beings, equally deserving of living a good life.**

*“Giving until there is nothing left to give is something we often see and hear from care teams.”*

Put on your own oxygen mask before assisting others is something we hear every time we fly during safety demonstrations, but this is a life lesson too, which so many people DON'T do!

For empathetic people such as care workers' it is such an alien concept. Like a mother with her children most could not imagine sorting themselves first, but it is a mistake so many make. Giving until there is nothing left to give is something we often see and hear from care teams, and it is something we really need to stop.

When Abraham Maslow created his Hierarchy of Needs, he argued that humans have five essential needs: physiological, safety, social, self-esteem and self-actualisation (also known as self-fulfilment). At the bottom of the pyramid are our physiological needs, such as food, water, sleep, and warmth. Without those needs being met it is very difficult if not impossible to meet the others. Care workers in their roles are responsible for supporting others in meeting their needs at all levels not (regardless of what the government funds or the public thinks) just the basic needs.

What the care worker grant applications to our charity show is that care workers themselves struggle greatly at the moment in meeting their very basic needs let alone self-actualising.

According to an analysis by the Health Foundation, over a quarter of the UK's residential care workers lived in, or were on the brink of, poverty from 2017 – 2020. Considering that the Covid-19 pandemic did not hit until March 2020 this shows that coronavirus is not to blame for these results and care workers suffered long before the current cost-of-living crisis began.

Analysis by the Kings' Fund showed that 50% of social care workers will earn within 30p of the national minimum wage – but 9 in 10 supermarkets were paying more than this in June 2022.

Simon Bottery at Kings' Fund said - *“For social care, the minimum rate for staff over the age of 23 in June 2022 was £9.50 – the statutory minimum set by the national living wage. It has been estimated that around 50 per cent of care workers (which would equate to 395,000 of the 790,000) earn within 30 pence of the national living wage level. Unfortunately for social care, and the people it serves, in June 2022 nine of the 10 largest supermarkets were paying more than this.”*

No one is disputing that supermarket staff are essential and should be paid well but the level of responsibility is far higher for care workers' who support people with personal care, manage medications, and build knowledge and understanding about various conditions such as dementia, Huntington's disease, and Parkinson's, support with nutrition, exercise, and oral health as well as building trust and a good rapport with those who draw on their care AND their families.

We believe that care workers MUST be seen as professionals and paid as such for the social care workforce to survive.

Even empathetic, caring, people who do what they do for the good of society have limits. Once someone reaches the empty stage it can affect mentally, physically, and indirectly affect everyone around them too for once you are unhappy, unwell, and exhausted you can no longer be the provider, protector, and supporter. While others are managing to pay their bills and feed their children without the worry of getting to the end of the month, going on holiday, enjoying a gym membership without getting into debt, or simply allowing their children to have a treat without having to skip a meal to pay for it – these are just some of the things that will send good, genuine, experienced care workers' off to a Tesco checkout or a Morrisons' shelf replenishment position.

***“We need to support care workers as whole individuals and not just perceive them as tools designed to deliver care.”***



Care workers' must be supported to have a good life. Out of work they have their own families, friends, troubles, worries and ambitions and should be able to afford basics and holidays and treats not just "scraping by" and "making ends meet". Care workers support people and are people themselves. We need to support them as whole individuals not just perceive them as tools designed to deliver care and to be discarded once they delivered what they are needed for.

We need care workers to be well paid, have all of their needs met, have hobbies, afford nice holidays and self-actualise if we want them to deliver outstanding care to everybody but mostly because they deserve it as fellow human beings.

***“Care workers should be able to afford holidays and treats not just making ends meet”.***

# Unlocking the potential to create the best lives possible



Community  
Integrated  
Care

**Jim Kane**  
CEO  
Community Integrated Care

**Social care is a highly skilled sector that provides rewarding careers, brings billions of pounds to the UK's economy, and at its best, enables people to lead full and independent lives in their communities. At some point, all of us will likely lean on the social care system, whether requiring support directly or through the care of a loved one. It is, undoubtedly, the backbone of our society.**

## Creating the Best Lives Possible

In 2022, Community Integrated Care unveiled its new five-year strategy, *Best Lives Possible*, which advocates for this very statement; ensuring that the people we support and the people who support them, live the fullest, happiest and most inspired lives.

Best Lives Possible lies at the heart of our charity's philosophy of care and support – ask anyone, in any role, at Community Integrated Care why they do their job, and I can almost guarantee they'll tell you just that! For us, this means developing a deep understanding of each person we support and who they are at their very core. It's about more than assisting people with their basic needs; it's hearing their voices, appreciating their values, celebrating their passions and supporting them to accomplish their dreams.

It also means continuing to advocate for people with disabilities and championing social inclusion across our communities. To raise awareness and have the biggest impact possible, we know that collaborating beyond the social care sector is key. That's why such an important part of the work we do is within our communities, forging new partnerships and opportunities.

We're proud to have worked with some really high-profile partners over the past year to promote disability inclusion on a national and global scale. From our trailblazing Inclusive Volunteering programme with Sport England - providing countless life-changing opportunities for the people we support - to working side by side with technology experts, Okta, to improve digital inclusion across our organisation, our teams have continued to break down barriers.

We've also showcased what can be achieved when we come together with other like-minded organisations, using our collective power to make a difference to

people's lives. By continuing to join forces, within the care sector and beyond, I hope we can extend our impact even further, make the perceived 'impossible' possible and play a huge part in ensuring that *all* people and all generations can live their best lives.

## A sector with extraordinary potential

Social care has the potential to enable every person with support needs, regardless of age or background, to live a full life of choice, independence and dignity. However, too often we witness a narrow narrative and focus from those in power, with policy and debate frequently focusing on older people's care. Whilst this too is vital to our society, the social care system encompasses so much more.

With NHS England reporting that local authorities received almost 2 million requests for adult social care support in 2021-22 alone<sup>1</sup> – that's about 5,420 requests per day in England - the magnitude of the sector's impact is clear. However, funding and support from the Government rarely reflects this.

In December last year, we launched the second instalment of our ground-breaking <sup>2</sup>Unfair To Care report. Demonstrating that social care workers are still undervalued by more than £8,000 compared to their equivalents in the NHS, the report highlighted how unfair pay is an injustice that not only impacts our dedicated colleagues and people who draw upon support, but society and public services at large.

There's so much more that could be done - and that needs to be - to unlock the potential that social care has, and to provide incredible support for people with disabilities of all ages and *all needs*, so that they can live *fulfilling and aspirational lives*.

***"It's about more than assisting people with their basic needs; it's hearing their voices and supporting them to accomplish their dreams."***

**Adult Social Care Activity and Finance Report, England 2021-22**, <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2021-22>

<sup>2</sup><https://www.unfairtocare.co.uk>



# Care staff are equally deserving of a pay rise



**iCG**  
The Independent  
Care Group

**Mike Padgham**  
Chair  
Independent Care Group

**Last month UNISON announced that staff at the Care Quality Commission (CQC) had voted to take strike action over pay. More than 700 workers were balloted by UNISON and of those who took part nearly three quarters voted to strike and 92% for action short of a strike, such as refusing overtime. In response to this, Mike Padgham, Chair of The Independent Care Group in North Yorkshire shares his views.**

There would be a certain irony if we were to see industrial action by the Care Quality Commission; the body entrusted with regulating the sector and ensuring there is proper, uninterrupted quality care of the country's most vulnerable.

I wouldn't for a moment suggest that Care Quality Commission staff don't deserve better pay and that I don't respect their right to take industrial action in pursuit of that aim, but I am also very keen to see those less able or likely to withdraw their labour get better pay too.

The pay award recently announced for NHS staff is well deserved but it must be matched by a similar increase in pay to frontline social care staff who do much the same jobs. If it isn't, then the gap between NHS staff and social care staff pay will grow even greater and it will become impossible to recruit into a sector that is already going through the worst staff shortages in its history, with 165,000 vacancies.

We can't lose any more staff or the care of our residents and homecare clients will be further jeopardised.

It is unlikely that social care staff will strike because of the make-up of the sector but nevertheless they surely deserve the same pay rise as those who did walk out.

It seems very harsh, and unfair, to reward those who, understandably, exercised their democratic right to strike for better pay and not give similar reward to those who have not gone on strike but have continued to keep working and caring for the people they look after.

We all clapped on our doorsteps for NHS and care workers for their bravery side by side during the pandemic – it isn't fair that one is now treated differently when it comes to pay.

*"I want to see the Government set a National Minimum Wage for social care on a par with NHS staff."*

After battling through the life-threatening and deeply distressing Covid-19 pandemic, if anyone deserves a proper pay increase it is social care staff who fought to keep the most vulnerable as safe as they could. But because there are dwindling resources within social care, providers will struggle to give an appropriate pay rise to staff who work extremely hard to give people the care they need, both in their own homes and in care and nursing homes.

The results of the Cost of Care Exercise have revealed a £2.88bn shortfall between Govt funding and the actual cost of delivering care during 2021-22. That translates to hundreds of pounds a week difference between what care and nursing homes are paid and the true cost of delivering care. Add to that the

horrific increases in fuel and utility costs during the current cost of living crisis and you can see why care providers are struggling to survive, let alone pay their staff better. The net result of this is that care staff can get better pay doing other jobs and we currently have that huge vacancy figure in the sector, which is crippling the delivery of care. That figure will only become greater if the growing disparity between NHS and social care pay is not addressed quickly.

I want to see the Government set a National Minimum Wage for social care on a par with NHS staff. Then the Government must increase funding to local authorities and ring fence it to be spent on social care, to help employers pay that Minimum Wage. That would end the disparity that exists between social care and NHS staff and also create some consistency in pay for social care staff across the country.

**PARITY OF  
ESTEEM FOR  
CARE  
WORKERS!**

# Harnessing AI to transform access to social care legal advice and support



**CareTech**  
foundation

**Jonathan Freeman MBE**  
CEO  
CareTech Foundation

***"In England, justice is open to all - like The Ritz." So quipped judge Sir James Matthew at the turn of the 20th century.***

***"The Foundation and Access Social Care recently signed a new partnership to launch a 'legal chatbot.'"***

The sad reality is that justice and the law, as Sir James was highlighting a century ago, is all too often only really open to those with the financial means to afford it. This is particularly true for community care-related law where those without the funds to engage lawyers on private rates are far too often unable to access the information to which they are legally entitled. The CareTech Foundation's new partnership with Access Social Care seeks to address this denial of legal rights to so many.

The Foundation and Access Social Care recently signed a new partnership to launch a 'legal chatbot.' The chatbot delivers legal information about community care and welfare benefits, to older or disabled people, their families, and carers. It offers free legal advice to people with social care needs and supports them to get the care they are entitled to. As two leading social care focused charities, this partnership really makes sense!

Over the last three years, with an aging population, COVID-19, and the impact of the cost of living crisis, we have seen a sharp increase in the number of older and disabled people across the country struggling to get the health and social care to which they have a right. There are half a million people currently waiting for assessments for care and support provision, and 94% of adult social services directors in England do not believe there is the funding or workforce to meet care costs in their area.


We know that there are laws that guarantee us our basic rights. However, in a time of crisis, many people are simply too overwhelmed to challenge the system, don't know their rights, and cannot afford lawyers. There is also a lack of legal support available; since 2010, there has been a 77% reduction in community care legal aid cases, and 67% of the population do not have access to a community care legal aid provider in their local authority area. This innovative new partnership will ensure that, during this difficult time, the chatbot will help to ensure that individuals get the advice and support to which they are legally entitled.

In response to soaring demand for community care law advice, this partnership will develop on the existing ground-breaking and award-winning online chatbot – a piece of artificial intelligence that is co-designed and produced with experts by experience. Available 24/7 to anyone who needs it, the free chatbot provides legal information accessible in different formats. Users are also easily able to create a personalised template letter with details of their specific situation, which can be sent to local bodies to ask for support and challenge social care decisions. Using legal and rights-based language is very effective; these letters have been tested with real users and are proven to improve social care outcomes.

Furthermore, together we will aim to broaden the legal information and advice available through the chatbot. This will include developing more culturally appropriate content for underserved communities, who have statistically worse social care outcomes. Through the Foundation's in-kind agreement, staff within CareTech Ltd will also have the opportunity to feed into the design and content of the chatbot to help improve the user experience. The more people that engage with it, the better it becomes!

Saera, a social prescriber working in Croydon, told Access Social Care:

*"I had been trying for over six months to get a social care assessment for a family I was helping - even though there were serious safeguarding concerns. I used your chatbot and the local authority called back on the same day to arrange the assessment! Using rights-based language can be transformative."*



Access Social Care is one of the last remaining specialist health and social care advice providers in the country. Their 14-person legal team have a 98% success rate, but with millions of people being denied the care they have a right to there is an urgent need to reach more people, fast. This is not a need that can be met with individual casework alone, which is why the chatbot is a vital piece of technology.

Without access to justice, our rights do not exist. At the heart of this work is a commitment to putting people first: equipping anyone who needs it with free, expert information twenty-four hours a day and empowering them to fight for the social care to which they and their clients are entitled.

All of us at the Care Foundation are thrilled to be able to support this brilliant service and much-needed innovation to enable those with social care needs to optimise their legal rights.

We encourage everyone in social care to connect with us so we can improve the chatbot and enhance understanding and provision of legal rights of those connected to the sector.

Let's make accessible legal advice a right – and a reality – for all so that individuals in need can get the social care to which they are legally entitled!

**@jonathanfreeman**

***“I used your chatbot and the local authority called back on the same day to arrange the assessment!”***

# Addressing workforce challenges with a blended recruitment model



**Amanda Scott**  
CEO  
Forest Healthcare

**Delivering person centred care is reliant on having a team in place who are not only skilled and experienced to be equipped to deliver excellent care, but also really know the resident they are providing the care to.**

*“It became imperative that we took a two-pronged approach to our revised strategy.”*

Significant efforts were made to ensure that recruitment and retention at Forest Healthcare were a priority and this focus began before the pandemic changed the challenges we all faced. Despite the pandemic our workforce held strong, and we were able to limit the use of externally contracted agency staff to a modest level. In 2020 our extent of agency use was 4.9% of our overall payroll cost, and we reduced this in 2021 to 4.3%. By March 2022 it was evident that vacancies were beginning to rise, as the effects of burnout, Brexit and the impact of mandatory vaccinations took their toll, resulting in a rise in agency costs to 9% of the payroll.

It was evident that our recruitment approach would need to accelerate. Our recruitment partner, and our own recruitment monitoring noted a reduction in interest and subsequent applications. The overwhelming feeling became, ‘there is no calvary coming’. Whilst we had been investing in, and enhancing our engagement platform, it became imperative that we took a two-pronged approach to our revised strategy.

Firstly, we undertook a full team member survey. We outsourced this to a company skilled to tailor questions to focus on identifying what we do well and what were the opportunities to improve. Significant investment of time was given in preparing the current workforce to understand how important their participation was resulting in a response of 74%, thus providing a valuable sample size, and allowing us to develop a group and home by home ‘People Plan’. This remains a live document with positive actions and outcomes recorded

throughout the calendar year, ensuring we continue to engage our workforce team to ensure they feel listened to and valued.

Secondly, in April we engaged with a company to support us with recruiting from overseas. It was very evident that a workforce existed who wanted to come to the UK, with current unsolicited contacts received on a weekly basis from people hoping to gain sponsorship. We worked with the company to establish our vacancies by current and future job role, aware that a number of future hires would aspire to obtaining registration with the NMC after joining us. Three workstreams were established, licence and certification, interview and selection and finally induction. The applications for a licence and certification was led by our CFO, who worked with the legal team and the Home Office to ensure the process was robust. With frustrating delays from the Home Office, our CFO wrote to the MP’s of the constituencies where recruits were most needed to ask for support. Our COO and Home Managers led the recruitment process ensuring through partnership with the supporting company that interviews, and screening were detailed and thorough, not only recruiting for skill set, but looking for empathy and passion to work in the field of social care, aligning with our own core living values.

Our in house learning and development team prepared a bespoke orientation, induction and supervision plan. The recruitment company supported the candidates preparation for arrival, sourcing accommodation, orientation to the local area and supporting practical aspects such as banking, shopping and registering with a GP.

The process has been well executed, the key being clearly designated responsibilities and close communication. The most significant challenge has been and continues to be, the length of time to achieve the licence and certificates. From engaging with our overseas recruitment partners in April 2022 it took until October 2022 to welcome our first overseas hire to Forest Healthcare. Having now received over 2022 additional highly valued team members, we are about to embark on a pulse survey to capture early feedback and ensure that this workforce feel integrated and engaged and learn anything we can to support future hires.



# Supporting a generation in crisis



PROMEDICA24

**Gillian Louggar**

Care Manager  
Promedica24

**The sandwich generation has a lot on their plate. As the cost of living rises and pressure continues to increase on the care sector, many people have found themselves stuck between ageing parents and dependent children, picking up the slack of caring duties.**

It's a heavy burden, working in care we see plenty of people burnt out by the sheer scale of their responsibilities. Already impacted by rising expenses, the challenges of care can quickly become overwhelming, leaving people with little energy left for their own lives and wellbeing.

With this in mind, the care sector needs to consider how we can help the people who are helping everyone else. To do this, we need to first understand the obstacles they are facing. One Promedica24 client Bev, had been anticipating a restful early retirement and was looking forward to having some more time to herself. However, after agreeing to help an elderly friend and two relatives, she soon found herself stretched too thin. Bev describes the people she cared for becoming "completely reliant" on her, as the only person they trusted to provide the care they needed.

She also found herself wrestling with serious issues faced by the elderly, with some of the individuals she supported suffering from depression and dementia. Even as she gave up huge portions of her life to provide for others, Bev describes feeling that she was "trying to please everyone, and it never being enough", with her husband and children taking second place.

**"Members of our communities cannot bear the burden without any support."**

As the UK grapples with an ageing population, more and more people like Bev are going to find themselves with these sorts of caring responsibilities, and we are currently ill-equipped to support them. The consequences are far reaching, with women in particular at risk of being impacted as they are typically more likely to find themselves with caring responsibilities.

Today, families tend to live further apart than ever before, making it a challenge for relatives to share the burden of care amongst a wider group. Like Bev, many face the challenge alone. At the same time, tightened budgets have left families with reduced options, and an obvious lack of social care support in communities nationwide. In rural areas, this combination of factors has had an especially significant impact.

**"Bev describes the people she cared for becoming "completely reliant" on her."**

For Bev, it was only after visiting her doctor that she came to terms with the toll her care duties were taking. The doctor asked when Bev thought she last felt happy; she couldn't remember. She realised she was not able to continue to take on the burden of care for so many others.

These problems are complex, and can be overwhelming for people facing them, so it should come as no surprise that our solutions cannot be one size fits all either. Every person is unique, and whatever care they're receiving, be it domiciliary, live-in or residential, requires a flexible approach.

Though it's true that both care providers and the NHS are facing significant demand, the solution cannot be to offload that challenge onto members of the sandwich generation. The care sector must chart a better course, supporting people to live as independently as possible, and in their own communities for as long as possible, without members of those communities having to bear the burden without any support.



Bev

# The fragility of the adult social care sector has been exposed



**Kirsty Matthews**  
CEO  
Hft

**Last month, Hft launched its sixth annual Sector Pulse Check report looking into the state of the adult social care sector, with an aim to highlight the most compelling challenges facing the sector as a whole. The results were conclusive - the adult social care sector is on the brink of collapse and now is our chance to make a change.**

For the first time, this year Hft partnered with Care England for the survey and reached 192 social care organisations across England and Wales. I am really pleased that we were able to reach so many organisations to allow us to better report on our sector, the results of which will help inform our campaigning work moving forward so we can target the most perilous areas and influence meaningful, long-term change to maintain the sustainability of our sector. The results revealed the underlying fragility of the adult social care sector. Perhaps one of the most pertinent responses reads, "The sector is now actually collapsing. It's no longer a future threat, we are failing our vulnerable." Our findings reflect the starkness of this statement. They reveal that one third of adult social care providers surveyed considered exiting the market amid financial pressures in 2022 as 82% were either in deficit or experienced a decrease in their surplus. This is the highest figure since 2017 and was even higher for learning disability providers specifically at 84%. It is likely that, without Government intervention, this number will only continue to increase.

*"One third of adult social care providers surveyed considered exiting the market amid financial pressures in 2022."*

We also found that the average vacancy rate in adult social care providers was 21%, with an almost unanimous 95% citing that an increase in staff pay would be the most impactful measure to improve recruitment and retention. This will not be a surprising statistic for those working in social care to read. What has been surprising, however, is the lack of corresponding action and funding from the Government to partner with us to solve this problem.

*"We are recommending the establishment of a minimum care wage, tied to NHS band 3."*

We also wanted to know what the impact the cost of living crisis and the increase in energy bills had on our sector. In fact, utility bills were the second most cited cost pressure in 2022 (second to workforce pay), revealing the very real impact of spiralling energy costs over the past 12 months.

It is salient that, building on this research, we take urgent steps to act on it to guarantee the future sustainability of care and support across our sector. Therefore, alongside Care England, we are recommending the establishment of a minimum care wage, tied to NHS band 3, that considers not only just the National Living Wage, but also the unique skill of our workforce, and the intrinsic link between the social care sector and the NHS.

We are also calling on the Government to continue its enhanced support for energy costs equivalent to that offered through the Energy Bill Relief Scheme, and remove the 5% VAT surcharge currently applied to energy bills until energy prices stabilise closer to 2021 levels. The undeniable, and detrimental, impact of the increase in energy bills over the past year cannot be ignored.

We want to see the whole sector thrive and believe the recommendations in our report illustrate key issues that Government could act upon to provide a longer-term solution to ensure the sustainability of our essential sector. Whether an organisation for learning disabled people or a care provider for the elderly, there is always someone who relies on our care and support and we must not forget that they are at the centre of what we do.

This is exactly why we will use this research to impact meaningful reform, ensuring the sustainability of our sector and providing a more secure future for both social care staff and those who rely on our support.





**WAGS**

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IN SOCIAL CARE**

**2023**

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*“The majority of staff within the sector are women, and the awards is a great way to recognise their significant accomplishments.”*

Professor Vic Rayner, CEO, National Care Forum

**THE CATEGORIES**

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- ★ The **Third Sector Leader** Award ★ The **New Business** Award ★
- ★ The **Girl Power** Award ★ The **Woman in Tech** Award ★
- ★ The **Outstanding Partner** Award ★ The **Rising Star** Award ★
- ★ The **Talent Development** Award ★ The **Communications Guru** Award ★
- ★ The **HR and Recruiter** Award ★ The **Social Change Agent** Award ★
- ★ The **Equality and Diversity** Award ★ The **Wellbeing at Work** Award ★
- ★ The **Social Care Superwoman** Award ★ The **Inspirational Volunteer** Award ★
- ★ The **Lifetime Achievement** Award ★

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# Talking #EmbraceEquity for International Women's Day 2023



**Nadra Ahmed** CBE  
Chairman  
National Care Association



**Dr Cecilia Anim** CBE FRSA FRCN  
Former President  
Royal College of Nursing



**Lucy Campbell**  
CEO  
Right at Home



**Prof Deborah Sturdy** CBE FRCN  
Chief Nurse for Adult Social Care  
Department of Health & Social Care



**Melanie Weatherley** MBE  
Chair  
Lincolnshire Care Association

For last month's International Women's Day 2023, Care Talk brought together some of social care's senior female leaders to discuss #EmbraceEquity and what this means for a female strong workforce. Our expert of esteemed experts discussed their journeys into senior leadership and overcoming the challenges along the way. Panellists also shared their thoughts on the importance of inclusivity, diversity and intersectionality in the sector.

**Q: What was your inspiration to join the social care sector? At what point did leadership become a part of this vision?**

#### **Nadra Ahmed**

"When I got married, my in-laws felt that I wasn't to work outside, so they set up a care home and made the decision that I would run it. I knew nothing about it at all, which is how 'subservient women' type thinking works. That may be how it came about, but I took it on with a passion. Working in social care makes you appreciate the workforce, and it is a predominantly female workforce. It's very special people that work in social care, and for me, working in social care feels like home."

#### **Dr Cecilia Anim**

"I have a child with a learning disability so my passion is for ensuring this service is fit for purpose. Yet, no matter how hard people in social care are struggling to keep the service going they are overlooked. I was not going to sit back and let this happen."

#### **Lucy Campbell**

"Social care has won my heart and it will always have it. I couldn't imagine working anywhere else. In terms of leadership I've always been incredibly ambitious and I feel very privileged to be in a leadership role within the sector where I can influence positive change."

#### **Prof Deborah Sturdy**

"I think I've been on this pathway a long time. As a student nurse I was so appalled at how people were treated in an NHS setting. I was going to leave nursing at that point but my tutor said you've got two options: you can leave, or try and do something about it. So I did something about it!"

#### **Melanie Weatherley**

"It's interesting how no one spoke about leadership in terms of their own career and ambitions, but 'what can I do for other people?' Be it the people who draw on our services or deliver them. That's what makes leadership in social care different."

*"One of the most powerful ways to discuss diversity is to get people with lived experience to tell their stories."*



**Q: Name one challenge in your career and how you overcame it?**

**Dr Cecilia Anim**

"There were a lot of challenges in my career but I will pick three: my race, my gender and being the mother of a disabled child. 'Can she do it?' 'Is she capable of doing it?' There were always questions or doubts in people's minds. I overcame these with the help of allies and advocates in the workplace."

**Prof Deborah Sturdy**

"I think one of the things women suffer from is imposter syndrome. Throughout various points in my career as the only woman in the room, there are times I've felt intimidated and have been subjected to misogyny in very male-dominated situations. Having a support network around you is critical, to everyone but I think especially for women, who feel that imposter syndrome far more than men"

**"Why can't we encourage person-centred employment?"**

**Q: In what ways are diversity and intersectionality implicated in discussions around female leadership in social care?**

**Dr Cecilia Anim**

"We need to look at people in the terms of what they can offer, not who they are. We need to create an awareness that a person's race or gender does not make them a good or bad worker. Let's find out what she can do."

**Prof Deborah Sturdy**

"I think one of the most powerful ways to discuss diversity is to get people with lived experience to tell their stories. We don't do enough story-telling. It's a really impactful way to make people more aware of these nuances and challenges."

**Melanie Weatherley**

"There's a view that female leaders are just going to be the same as all the male leaders, but that's not what we're looking for with respect to true equity. We focus on this issue a lot in terms of the people we support and person-centred care, but why can't we encourage person-centred employment?"

**"If there is no room at the table, take your own chair."**

**"Social care has won my heart and it will always have it."**

**Q: What can we as women leaders do collectively to support our rising stars in the sector to succeed?**

**Dr Cecilia Anim**

"I encourage networking for a lot of the people I come into contact with because we can sit, listen and learn from other people's experiences. Ultimately you give them allyship, coaching and mentoring. It's not speaking for them: you give them a voice and then you amplify it."

**Lucy Campbell**

"As a franchise model, we give the opportunity for people to come into the sector without any experience. We have a number of younger female staff, and something I notice is how they take on things that are out of their control. One of the things I coach them on is knowing that each challenge eventually passes and that you grow with experience. It's important to talk about our experiences, and it's okay to be vulnerable."

**Prof Deborah Sturdy**

"I've always tried to be a role model, particularly for the younger women who I work with,

but we need a way to formalise mentorship. Our legacy is how we ensure there is a talent pipeline behind us, but it needs some co-ordination, some collective thinking about how we can do this."

**Q: And finally, if you have one word of wisdom or caution to give to our rising stars and women leaders of the future what would it be?**

**Dr Cecilia Anim**

"We have to be at the table where the decisions are being made. If there is no room at the table, take your own chair."

**Lucy Campbell**

"As long as you're getting up, showing up and doing your absolute best that is good enough."

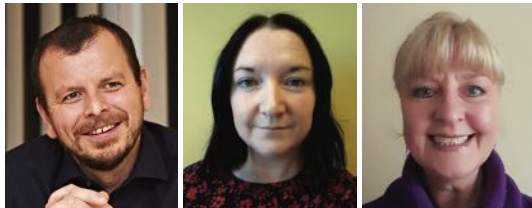
**Prof Deborah Sturdy**

"Use your power and be the difference."



To listen and watch the full podcast visit [bit.ly/3LRvVBh](https://bit.ly/3LRvVBh)

# How we can help former carers to thrive



**Phil Orton**

Chief People Officer  
Making Space

**Lydia Woodall**

Service Manager  
Making Space

**Cath Magee**

Area Manager  
Making Space

**The charity Carers UK estimates there are around 10.6 million unpaid carers in the UK, who support others living with illness, frailty, disability, a mental health condition or substance use.**

Research from NHS England reveals that many people don't recognise their role as unpaid care. But in failing to acknowledge their value, unpaid carers are negating the wealth of skills and knowledge they possess. And, when their caring duties come to an end, this valuable experience is often lost.

As health and social care providers, there are three fundamental areas in which we can support former carers and help them to move on: transition, recognition and retention

*“Care professionals should help carers to recognise that their role is not redundant – just different.”*

## Transition

Caring responsibilities rarely end suddenly – for carers of people with conditions that deteriorate rather than improve, the loss is gradual. If residential care is required, carers often tell us the sudden change in circumstances leaves them feeling unwanted and lonely.

In residential settings, care professionals should help carers to recognise that their role is not redundant – just different. The carer is still the expert in understanding the needs of their loved one: they are best placed to champion their cause and to help professionals deliver personalised care.

Practical support is always welcome - carers who express an interest should be invited to volunteer and offered training. As well as taking the first steps to formalising their skills, the carer will learn from professional support workers, who in turn will gain valuable personal insight.

For carers keen to take a more active role in consultations, providers are ideally placed to signpost them to local healthcare trusts, commissioners and local authorities. Being listened to and sharing lived experiences that contribute to improvements in care are validating.

For carers whose responsibilities end when health improves, the transition can be just as jarring. In these circumstances, helping them to recognise their value and harness their skills can be a very positive experience.

## Recognition

We can help former carers to formalise their skills and experience to create compelling CVs, and to build the confidence to apply for paid roles within our organisations. Many members of our Making Space team found us by using our services, and we highlight training and employment opportunities to all our groups.

Bereaved carers have just eight weeks before losing their carer's allowance. While grieving for their loved one and their loss of purpose, they also have to tackle the job market. As care providers and as employers, we can help to facilitate this life change by ensuring our relationship with carers doesn't come to an end.

Carers who don't want to enter the job market shouldn't be overlooked - their experience is equally as valuable within the care sector. Training need not be reserved for those seeking employment: it can also benefit those who want to offer peer-to-peer support, undertake advocacy work or simply befriend others going through similar experiences.

Not all former carers will want to enter employment; not all will want to speak for others. In our experience, what they do all want is to be listened to, to be recognised, and to be supported in the choices they make.

## Retention

As the health and social care sector, we should be setting the standards for recruitment and retention of former carers.

It's incredibly important to remember that before people became carers, they likely had their own careers. It would be very short-sighted of us as employers to focus only on the (valuable and valid) skills gained from caring and ignore any previous experience.

The care sector offers many roles which aren't focused solely on care and support: maintenance, management, catering, activities and administration. We also need people who can advocate for carers on our boards.

When we have strong connections with people who understand the value of caring, we have a rich and varied pool of talent with the values and skills we need in care settings. At Making Space, we promote vacancies to our carer groups as a priority: we already know they share our values, everything else can be taught.

*“It's incredibly important to remember that before people became carers, they likely had their own careers.”*

We are the caring sector: we have a responsibility to drive change and create a cultural shift so employers across the board recognise and reward the skills and experience of carers.



# Creating 'a world on their terms'



**Luke Murphy**  
PBS Manager  
Home From Home Care

**2nd April is World Autism Acceptance Day, with celebrations and awareness raising continuing across the whole month. Here Luke Murphy, PBS Manager at Home From Home Care, looks at the role of innovation to allow all autistic people to live their best lives.**

There are times in our lives where we experience difficulties but having the right sort of support can really help when it hasn't been your day. This applies to most people, but is particularly relevant when considering the role of care in helping autistic people to live their best lives.

Many autistic people experience poorer 'traditional' quality of life outcomes and score lower on wellbeing measures than the neurotypical population; things like employment, relationships, health, and general living situation can all be impacted. That's not to say that scoring lower on a questionnaire means that you are unhappy, but having the right sort of support at the right time can really make all the difference to someone's life.

As a Positive Behaviour Support (PBS) Manager at Home From Home Care in Lincolnshire, my focus is on supporting autistic people and individuals with a wide range of complex mental health and physical needs, to enhance their quality of life. Whether it's through residential care, day services or specialist integration services we tailor the support we provide to each individual to ensure it is truly person centred.

*"Care can, and should, rise to meet the needs of everyone, helping them to live lives to the fullest."*

For individuals who use our residential services, everything is bespoke to their needs. From the physical environment, such as bedrooms and living spaces to the social environment, such as lifestyles and interest, we support the development of a Capable Environment.



Parents, family members and loved ones are undoubtedly one of the most significant support networks that most people have, but that's not always the kind of help a person might want for certain situations. At Home From Home Care, we aim to help each individual become a master of their own destiny and create "a world on their terms". We support and encourage people to live as independently as possible and pursue their interests, exploring and discovering new experiences and playing an active role within the wider community... although effective support does also require pointing out that not everything is always a good idea and coping strategies are valuable for responding to challenges.

As you'll know, care is in a crisis; from a lack of funding to a lack of workers, the sector faces serious problems which threaten the quality of services or the number of people that can be supported, particularly people with the greatest need. So, as care providers, we need to overcome these to provide the support autistic people need.

*"We aim to help each individual become a master of their own destiny."*



For us, we've developed technology and innovated a New Model of Care that enhances the support we provide. As a result of this, and investment in our amazing team, we've managed to defy the trends that are shaking the industry. The high-tech, data-informed systems our team has developed in-house over 12 years has transformed our capability to deliver care: Nine of our 11 homes are rated Outstanding, with the others rated Good, and we're fully staffed (a very rare achievement these days).

Across the organisation, my colleagues and I log and report everything as part of the daily routine. Everything is digital; it's quick and straightforward and the data is monitored by a central team of Intersourcers who view and compare millions of data points. Equipped with the big data picture for each individual we support, they detect trends, spot anomalies, and give informed real-time advice based on facts generated in real-time. This means issues are resolved before they aggregate and become problems. Importantly, data gives each individual a voice; we operate under the mantra that an individual's actions and behaviours are their way of expressing what they are feeling, even more so when they are non verbal. Using our comprehensive data insights in partnership with the individual, enhances their decision making and reduces frustrations.

Our data informed model reduces the traditional workload of managers and support workers, freeing up their time to focus on the individual in a more informed way and enabling us to work more efficiently and effectively. As well as helping us to do our jobs, our data informed NewModel creates lots of exciting new opportunities for career progression and advancement, and it's even used to manage flexible working schedules, flexible payments and loyalty bonus schemes that boost our pay.

The reason I'm writing about this isn't to boast about our achievements; it's to encourage. Care can, and should, rise to meet the needs of everyone helping them to live their lives to the fullest. We just need to move away from the traditional and archaic and modernise. We need to innovate and focus on working smarter and truly understand what is possible in this new, data-informed world.

[www.homefromhomecare.com](http://www.homefromhomecare.com)



# Inspired By Hope – why we created an art exhibition



shaw trust

**Chris Luck CB MBE**

CEO  
Shaw Trust Group

**As part of Shaw Trust's 40th anniversary celebrations we hosted an art exhibition, *Inspired by Hope*, with more than 70 works created by children and young people we support through our children's services and from colleagues with lived experience of care.**

*"It epitomised our approach of putting the child at the centre of our work."*

Although a laudable project in its own right, why, did we do it?

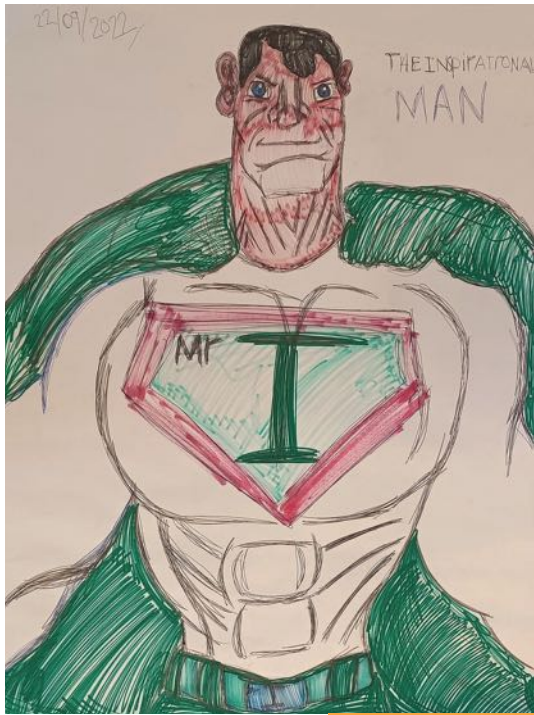
For us it epitomised Shaw Trust's Homes to Inspire approach of putting the child at the centre of our work, ensuring the children and young people we support experience a breadth of opportunity not usually associated with care services. Such additional extracurricular activities should not only be the preserve of children from settled homes; the confidence and social capital these extracurricular activities create must be open to all. One young person told us that the Art Exhibition was their first time in a gallery, demonstrating why it was an important project.

*"To be honest it's my first time in a gallery, I'm proud of myself that my first experience in a gallery is to see my art piece. It's a really wonderful memory that I will keep."*

From the start of the project, we engaged with young people, encouraging them to consider the topic 'inspiration' and naming the exhibition at their suggestion. Art as therapy has long been recognised for its benefits: its ability to take us away from our everyday lives and its power to make sense, create perspective and redraw boundaries. This outlet for our emotions and freedom of expression was a powerful motivator and I



Julie Williams - Inspired By Hope



Allen - My Superhero



Loretta - Millennium Bridge

heard first-hand how participating in the Art Exhibition helped grow confidence as the artists' contributions and talents were recognised.

One young person shared: *"art is important to me because I can express things that I can't say, things that I can't word properly, that I'm afraid someone will not understand in the way that I want to be understood."*

Another spoke of how: *"art has helped me through some really, really tough times due to not being in the greatest of places mentally and physically. It's helped me to escape."*

Our work providing homes for young adults with care experience, residential homes for children and our innovative ten-year partnership in Somerset supports some of the country's most vulnerable young people: those that have 'been through the system' and too often, been let down by it. For many of these children and young people being seen through their art was an opportunity to demonstrate their potential not their past.

This approach reflects our ambition to offer more to our children, to enable them to strive for betterment. Because for us our responsibilities go beyond contracted care. Care isn't a 9-5 job and not everyone can do it. It takes commitment, strength and passion and must be rewarded through good progression, strong employee packages and recognition. As a sector we should all be striving for this.

As an employer we are proud the majority of our regional managers, registered managers and deputy home managers started their careers with us as support workers. They have grown as we have grown to become the ninth largest private residential children's home provider and the only not-for-profit, charitable provider in the top 10.



George - Forever Family

This charitable status enables us to reinvest our surplus, or profit, for a purpose. It gives us the freedom to create art exhibitions that celebrate and recognise the importance of social capital for our children and young people. We want to see more strategic partnerships such as our own with Somerset Council, where commissioners responsible for children's wellbeing, the health services that support the children and the providers who home them all work together to ensure our children and young people get the support they need to grow and develop into engaged, purposeful adults.

***"We want the children and young people we support to have the same opportunities we all want for our own children."***

Put simply, at Shaw Trust's Homes to Inspire and children's services we want the children and young people we support to have the same opportunities we all want for our own children.

View the *Inspired by Hope* online art exhibition at: [www.shawtrust.org.uk/inspired-by-hope](http://www.shawtrust.org.uk/inspired-by-hope)

# Easy and accessible care notes to carers worldwide



**David Collins**  
Product Manager  
Person Centred Software

**In 2022, NHS England launched the ‘Health and social care integration: joining up care for people, places and populations’<sup>i</sup> policy, setting out measures to make integrated health and social care a universal reality for everyone across England regardless of their condition and where they live.**

According to Workforce Intelligence<sup>ii</sup>, workers with non-EU nationality filled over 143,000 UK care sector posts in 2021/2022, while EU nationality workers filled over 103,000 positions. Furthermore, the NHS has estimated up to 1 in every 10 people in the UK has some degree of dyslexia.

Naturally, this would suggest that it’s paramount that care providers search for innovative ways to make the care sector more inclusive and accessible to all workers regardless of their English language skills or potential learning difficulties.

## Going Digital

As part of the government’s efforts to improve health and social care for all, they passed the Health and Care Act 2022, which launched new legislative measures to make it easier for health and care organisations to deliver joined-up care for people relying on multiple services. The proposal was to implement integrated care systems (ICSs) and aim to deliver better, more integrated care for people, enhancing the flow of information between professionals.

The NHS Transformation Directorate is providing £25 million in funding to ICSs throughout 2022/2023. The funding is intended to assist care providers in adopting digital technology to improve the quality and safety of care, helping to make people’s lives happier and more fulfilled.

ICSs will assist care providers in implementing a Digital Social Care Record (digital care planning system) that will allow them to obtain accurate information instantly, enabling them to provide better-integrated care.

One solution that makes the care sector more inclusive and accessible to carer workers is Person Centred Software’s digital care planning system (a Digital Social Care Record), helping to improve the quality of care for all.

Person Centred Software’s Digital Care System’s icon-driven interface can be used by everyone, even if:

- **English is not your first language**
- **You have dyslexia**
- **You haven’t used a smartphone before**

After all, everyone works differently, so a digital care planning system that everyone can use and understand must be available to bring the best out of every individual working in a care setting.

## Person-centred care

To make recording care notes quick and seamless for care workers, icons are central to Person Centred Software’s Care App’s design, resulting in more care being recorded than ever and more time spent with residents.

Icon-driven care notes are more person-centred because they:

- **Save care worker’s time, giving them more time to spend with residents**
- **Increase the number of care notes recorded**
- **Improve the accuracy of care notes**
- **Reduce the time it takes to physically transcribe care notes, enabling care teams to record information at the point of care whilst reducing the risk of errors**

something that is impossible with paper or many other systems.

Working in a person-centred way involves working in partnership with the individual to plan for their care and support. Person Centred Software’s Digital Care System was developed to meet this requirement and is tailored to everyone’s needs.

For example, if a carer was to bathe a resident, a bath icon is listed on the dashboard, which pre-populates a care note allowing the carer to add more detail if they wish. The carer can then input how long the bath took and what type of bath the resident had using the icons, in addition to what help was required and whether the resident was happy or unhappy.

*“A digital care planning system that everyone can use brings the best out of everyone working in care.”*



Suppose the carer wanted to report something unusual, like an accident, incident or h/o; a dropdown would appear for the carer to either fill in manually or record the notes using the speech-to-text feature. Using the speech-to-text feature, care workers can accurately convert their voice into text without typing on the handset.

*“Ultimately, our primary goal was to create a universally understandable icon set that was recognisable to users from all backgrounds, experiences and languages. This is why we wanted to ensure if English wasn’t a carer’s first language, they could click on an icon to write the care notes for them – ensuring the evidence of care is recorded at a much faster rate and is universally understood to all its users.”*

**[www.personcentredsoftware.com](http://www.personcentredsoftware.com)**

*“A universally understandable icon set is recognisable to users with all languages.”*

i [www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations](http://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations)

ii [www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Workforce-nationality.aspx](http://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Workforce-nationality.aspx)



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# I believe in positivity and action in equal measures



**Kelly Gough**  
Manager  
Pendle Brook Care Home



**Kelly Gough, Manager of Pendle Brook Care Home, Nominated for Two Prestigious Awards for both the Great British Care Awards and Women Achieving Greatness in Social Care Awards. Kelly has been a part of the RochCare family for over 18 months and has been instrumental in the success of Pendle Brook Care Home.**

Kelly has been praised for her dedication to providing the highest quality of care to her residents, and her commitment to creating a positive and supportive work environment for her staff. Kelly's approach to leadership is based on her strong belief that providing excellent care is a team effort.

She works hard to ensure that her team is well-trained and supported, so that they can provide the best possible care to their residents. Kelly's ethos of care fits perfectly with the overall culture of Rochcare. She is passionate about creating an environment of respect and support for her staff, and she is dedicated to providing the best possible care for her residents.

The impact of Kelly's approach to leadership has been felt throughout Pendle Brook Care Home. Her commitment to providing excellent care has led to an increase in recruitment and retention of staff, and her dedication to creating a positive and supportive work environment has led to higher levels of staff and resident wellbeing.

*"When our kitchen and house-keeping staff were short-staffed I stepped in to cover their shifts."*

When asked about her leadership methods, Kelly had this to say; "I believe in leading by example. I'm not afraid to roll up my sleeves and do whatever needs to be done to get the job done. For example, when our kitchen and housekeeping staff were short-staffed due to Covid, I stepped in to cover their shifts. I'm also always looking for ways to motivate and encourage my team.



I believe in positivity and action in equal measure, it's about leading with pride. When my staff see me go the extra mile, they'll want to work hard. They know I'm not just hidden away in an office, they can see me on the floor with them and I think that is a real motivator, knowing that someone is working as hard as you are.

Having a happy staff is crucial for the residents, staff who are willing to go the extra mile will always result in the general feeling of the home being better. So I always want to try and ensure that morale is high, smiles are wide and that everything is running the best it can at any given time.

Athar Mahmood, Deputy CEO, added; "Kelly is one of our most valued employees. She has an incredible work ethic and is always willing to go the extra mile for our clients. Kelly embodies the company values of family and professionalism. She is always willing to listen to our clients and provide them with the best possible service. Kelly is an excellent example of what it means to be a part of the Rochcare family."

*"I try to ensure that morale is high and smiles are wide."*

# A turning point in my career



**Julie Bass**  
Chief Executive  
Turning Point

**Julie Bass, Chief Executive at Turning Point, talks about her experience of stepping into her first Chief Executive role as the first lockdown was coming into force.**

I moved into the Chief Executive role at Turning Point on 1st April 2020, 3 weeks after the World Health Organisation announced that we were in a pandemic. I have always taken my role in delivering safe, high-quality services very seriously, but this felt like an even greater weight of responsibility. We rapidly pulled together, united by a shared determination to keep people safe, be that through rolling out infection control measures into our care homes, moving our NHS talking therapies services online or encouraging people to take up the vaccine. Organisationally, we were well placed, in terms of our governance, communication and risk management processes. Given the choice, I probably would not have chosen to take on my first chief executive role during a pandemic, but I am also so proud of how Turning Point responded.

I entered the world of health and social care via an unconventional route starting work at 18 on a trainee programme with a global insurance firm and eventually going on to become a chartered insurer. I worked in London and Hong Kong and by 26 I was HR Manager for the Asia Pacific Basin. When my children were small, I wanted to travel less so I set myself up as a consultant which was how I first came across Turning Point. I was so impressed by what I saw that I felt compelled to seek a permanent role within the organisation. I approached the then Chief Executive to enquire about opportunities. I initially got involved in projects, before taking on an Interim Operational Director role in 2009. After nine months, I became permanent leading to my appointment as group managing director in 2016.

*“I probably would not have chosen to take on my first Chief Executive role during a pandemic.”*

*“I am part of a supportive group of women Chief Executives which has provided an invaluable source of peer support.”*

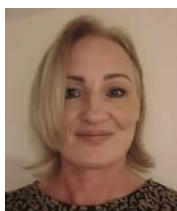
I knew nothing about the delivery of health and social care services when I began my operational role at Turning Point. I was, however, experienced in risk management, people and leadership and it soon became clear that these were crucial ingredients in providing high quality health and social care. My time in the world of insurance taught me that creating good teams is key to success in any field. I know that if you invest in your colleagues, they will invest in you, and this has stood me in good stead at Turning Point.

Following Lord Adebowale’s announcement that he intended to step down after 20 years as Chief Executive, I had to think very carefully about whether I really wanted the top job. My roles previously were behind the scenes, and I therefore didn’t have the external profile that the previous Chief Executive had. But I very quickly realised that I didn’t need to emulate Victor; I could take a different approach to engaging with the external world. I am part of a supportive group of women Chief Executives which has provided an invaluable source of peer support alongside other leadership networks like the VODG CEOs and the Association of Mental Health Providers.

I have always been committed to supporting other women in their careers, for example through mentoring and championing women’s rights as well as amplifying the voices of people we support. I recognise that my position as Chief Executive gives me a great platform to do this. The health and social care workforce is predominantly female and the majority of unpaid carers are women. Today, the sector is facing unprecedented challenges. As a woman in a health and social care leadership role, I am duty bound to raise awareness of some of the issues that disproportionately affect women such as low pay and tightening eligibility thresholds but also to champion the amazing work that happens in the sector.

Turning Point is a national 3rd sector social care provider specialising in mental health, learning disability and drugs and alcohol.

# Decades in dementia care



**Aileen Beatty**  
Regional Support Manager  
and Dementia Lead  
Akari Care



**Interviewing people who work in this sector has always felt a bit of a privilege, if I'm honest, but sometimes there's a real upping of the ante when it's someone who has been making their mark for nearly 40 years!**

*“Aileen also worked on the other side of the fence... as a CQC Inspector.”*

And so it is with Aileen Beatty - Regional Support Manager and Dementia Lead for Akari's 32 care homes. There's just so much I want to ask her, and so many aspects of a long career we could focus on given the number of jobs and environments she has spent time in, but I mostly want to know...why? Why dementia care?

*“Well, I guess it all started with the first person I met with the condition...I was in the Girl Guides and to get a badge I went to work in a care home, and then I volunteered to go in on a Saturday morning and met a lady though I didn't know at the time she had dementia. She gave me a little card with her address on and wanted me to go and visit her...always sat with her hat on waiting to go home. Eventually I realised she wasn't going home, and that experience was the inspiration to begin what has become my career in care.”*

Aileen's journey has included working as an Activities Assistant, Modern Matron, Clinical Lead for a Behavioural Support Service, Inspector for the Commission for Social Care Inspection, Ops Manager for the Alzheimer's Society and Inspector for the Care Quality Commission (CQC), and guess what? She's still really interested in what she does. I suggest that perhaps that might be because she has moved around a fair bit...ruling the changes every so often...

*“Yes, I always want to be in a dementia specific kind of role, so that's never changed but I think it's all about developing and learning and acknowledging the feeling that you don't want to get stale and stuck in a rut. Change has been roughly every three or four years. Basically things come along and you think that looks really interesting!”*

And talking of interesting, what stands out for me from the innately impressive CV is that Aileen also worked on the other side of the fence...for CQC as an Inspector. How might she have felt about that - about the world of enforcement? "

*“Hmmm. There were lots of aspects I found interesting and enjoyed but I found enforcement quite hard and things had changed since I was last in the role: it had become much bigger and you rarely knew where you were going until quite short notice. And yes, we were there to inspect and regulate but there was now no possibility of a rapport with a care home - no relationship to be formed which could engender support rather than purely enforcement.”*

Aileen readily explained that she often expected a lot and was pretty critical at times but that she saw how home managers have one of the most difficult jobs out there in a full-on busy environment. She admits to feeling a little guilty about the times she would go in and have a negative view:

*“Hindsight's a great thing, of course. We need to look at one another respectfully and supportively - recognise the pressure people are under especially now at possibly the most difficult time I've ever seen in care. There needs to be recognition of the challenges people face and see the importance of learning from one another and working together.”*

With such a breadth of experience, what might be the secret to staying so interested in her field?

*“It's just a fascinating topic that can take you in so many different directions and you meet such amazing people - residents, staff, relatives - with never two days the same, and it's probably one of the most complex areas of nursing. There's A+E with all their machines and they can tell you when something's going wrong but in this area there isn't a machine that's going to beep and tell you somebody's about to become upset - you have to use your eyes and ears and heart and think about people and pay attention. It's so complex and interesting. And yes, we know care is not always perfect but you think well, if I can do something to make it as good as possible...”*

Aileen has been making it as good as possible for decades - inspiring, changing and touching the lives of literally hundreds and hundreds of people and perhaps all because an old lady once wore her hat every day, always expecting to go home.

*“I was in the Girl Guides and to get a badge I went to work in a care home.”*



Debra Mehta

# Battling the pandemic with military precision



**SOLEHAWK**  
CARE YOU CAN BELIEVE IN

**Steve Massey**  
Operational Manager  
Solehawk Ltd



**Teaser: what does a Lincolnshire care home have in common with the RAF?**

**No, you'll never get it.**

**Answer: Steve Massey, winner of The Great British Care Awards, Covid Hero Award.**

*“Steve was in the RAF for 19 years before leaving to buy a small care home to run with his wife.”*

Operations Manager in charge of nine care homes and 550 employees, it came as quite the surprise during our interview to find out that he was in the RAF for 19 years before leaving to buy a small care home to run with his wife who was a nurse. Never thinking for one moment that he would end up in the world of social care, it's now been 27 years and he wouldn't have it any other way.

So given his role now, does he feel like he's come a long way?

*“It's got me the job I wanted in the end. I've always liked to take the lead whenever I can. The Caring Group has been totally fantastic over Covid-19. They let me do as I saw fit and supported me even when times were hardest and we weren't really making any money. This allowed me to do what I did for the homes.”*

Which was?

*“It was absolute chaos at the start - we had hospital discharges which led to the virus running rife. The speed was incredible. Several people were dying every day in some of the homes. Teams were supporting each other as best they could but no one at the top was the go-to. Within a week, I got everyone together and from then on I led, and continue to do so. I'm their eyes and ears, always. I dealt with all the legislative changes and ensured they had everything they needed when they needed it.”*

Steve's voice noticeably drops when he explains how one of the Newcastle homes had 20 deaths and they also lost four staff members, one of whom he was chatting normally with on a Monday and she was gone barely six days later. He knew all the residents and staff personally:

*“It blew me away and was very hard for everyone not to attend funerals. What we did last year was hold a remembrance service for the people we lost. And we're doing the same again this year. But that one was a special service we streamed across all our homes. And frankly, I take my hat off to the staff who, despite the ongoing tragedies, were physically turning up every day regardless.”*

And yet, alongside the catastrophic loss and the endless workload of deciphering the ever changing legislation and guidelines, Steve utilised his 'thinking outside the box' military training in some unusual ways:

*“Well, when we didn't have enough masks, I went to Screwfix and bought goggles. And my son who lives in Scotland runs a gin distillery so I persuaded him to convert gin to alcohol for handwash because we couldn't get it from anywhere else. And like many care homes, we got pods early on but I insisted they were actually inside the building for everyone's comfort. We've only just taken them down because they've been so popular.”*

The pods may have been dismantled but the frustrations surrounding guidelines and regulations remain. For instance, Steve also runs homes in Scotland and the rules are different: masks aren't required in care homes there but they are here. And certainly, going forward, adequate time must be given for any changes to be introduced.

It's clear Steve doesn't like to sit in the background and now I better understand why there's often a call for the army to step in when there's a disaster: people from the Forces embody so many of the skills required to strategise and creatively solve problems with flair and precision.



Debra Mehta

## WHAT KEEPS ME



## AWAKE AT NIGHT



# Sarah Pickup

Deputy Chief Executive, Local Government Association



**In 2015/16 the Care Quality Commission said that “we may be approaching a tipping point”. They were referring to the combination of a fragile adult social care market and pressures on primary care and the impact of this on secondary care performance – all in the context of a growing and ageing population, more people with long term conditions and a challenging economic climate.**

It was almost as if they had a crystal ball, all that was missing was a pandemic, war in Ukraine and a cost of living crisis.

It feels as if we have been teetering on this tipping point since then, sometimes frighteningly close to the edge. Yet in this same period there has been much talk of reform and of “fixing social care” and there is a much greater awareness and acceptance of the interdependencies of the NHS and social care and refreshed ambition to integrate around the people who need support and to focus on reducing health inequalities, prevent the escalation of need and improve population health.

One question is what is meant by “fixing social care” and much of the political focus has been on tackling the issue of the cost of care individuals, particularly those facing catastrophic costs by the introduction of a cap on the cost of care as well as more generous capital thresholds for charging.

Yet there is so much more to fix.

A White paper, “People at the Heart of Care” set out a 10 year vision for social care in December 2021 but successive changes in government, as well as the arrival of double-digit inflation, have delayed progress and led to the deferral of the implementation of charging reform and a revisiting of priorities for spending.

*“It feels as if we have been teetering on this tipping point, sometimes frighteningly close to the edge.”*

*“In every part of the system people are so busy fighting fires that there is little time to look at how we should change.”*

There are amazing and dedicated people working in the care sector but in every part of the system people are so busy fighting fires that there is little time to stand back, join with partners and look at how we could and should change. In places there are innovative practices and new ways of commissioning, enabling or delivering support but to make this the norm councils, care providers, voluntary and health sector partners and people who draw on support need time to work together and redesign the system so that it is fit for purpose in the future.

This needs pump priming but it also needs long term funding solutions which can deliver better support to unpaid carers and allow staff pay to better reflect the skilled nature of the work and the value to society and the development of support that will deliver the best possible outcomes for people and communities. I think there are 3 particular areas of focus that could take us towards this better future:

- **We need to ensure that people can access information and advice and preventative support and that this is actively promoted and targeted where appropriate based on assessed risks to individuals and in communities.**

- **In addition we need to make sure that, if people need health or care interventions, that there is a focus on recovery or enablement with support focused on achieving this.**

- **Finally, for people who need to draw on longer term support this should be designed with them, around their needs to use available resources in the best possible way.**

There is a lot of agreement about the need for investment and reform but, after years of delay the scale of investment needed to deliver a better vision of the future poses a major challenge to government and to society. It is a challenge we will need to rise to if we want to step right back from that tipping point to a new equilibrium.



## ASK THE EXPERTS

# Living 'A Good Life!'

Last December's report, *A Gloriously Ordinary Life* from the House of Lords Adult Social Care Committee, and more recently the Reimagining Care Commission's report, suggests rethinking attitudes to adult social care, giving greater choice and control for people who draw on services.

In light of this we are asking individuals who draw on services:

**"What is important to you to be able to live 'A Good Life' and how can good support help with this?"**

*"With support I volunteer at a charity shop twice a week which has enabled my confidence to grow."*



**Laura**  
supported by  
Autism at Kingwood

*"For me to live 'A Good Life' I like to spend time with people. I want to look after my mental health and physical wellbeing. With support from Autism at Kingwood I volunteer at a charity shop twice a week. This has enabled my confidence to grow. I started working in a quiet room but with time and support I now work at the front serving customers.*

*I really enjoy meeting the people and often lots of dogs come into the shop. Most customers stop for a chat and I can meet the dogs. I am lucky enough to have a friend who helped me get used to dogs so now I am able to go out for walks in the countryside. I really enjoy the countryside. I also enjoy it when people who support me take me on a nature drive or to places with birds and animals.*

*Last year my fab support worker helped me start a small veg patch. It was lovely to eat the produce I grew from seed. Eating fresh produce tastes delicious and is good for me. I also enjoy exercising and singing in Rock Choir I always feel better after all these activities."*



**Newby Lee**  
Who lives in the Delrow  
Community,  
Camphill Village Trust



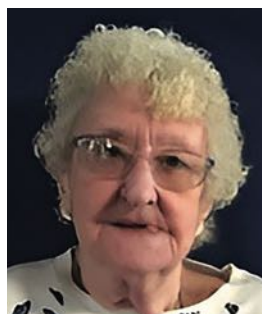
*"I like to be busy but I don't want people doing things for me all the time."*

*"The most important thing for me is to stay where I am. I love this house and my friends that live with me. I like being able to do what I want. I can choose my activities and when I want to do them. If I want to stay in and watch the horse racing I can. I like to be busy but I don't want people doing things for me all the time. If they make me a cup of tea, then that's alright.*

*I like keeping busy preparing the vegetables and doing the cleaning. I like going shopping but sometimes I can't because of my knee. Staff help me a lot and I like it if they are happy and friendly. I'm getting older so sometimes, I like to have a chat and I like it when they sit and listen to me. I ask them to watch tv with me, but sometimes I don't want to be with anyone and I just want to watch the TV on my own - especially in the evenings."*



**“‘A Good Life’ for me means retaining purpose, and control over my life.”**



Sanctuary  
Supported  
Living

**Joyce Thornton**

Who lives in the Trellis House Retirement Community, Sanctuary Supported Living

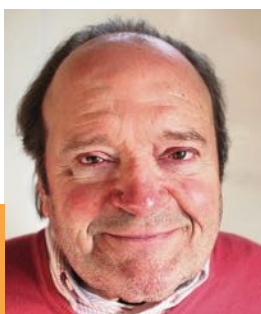
*“Where I live is very important to me to live ‘A Good Life’. I’m so pleased to be at Sanctuary Supported Living’s retirement community, Trellis House, where I can live a full and purposeful life. The staff here don’t take over, they encourage me to maintain my independence and keep my brain active.*

*‘A Good Life’ for me means retaining purpose, and control over my life. I can socialise with others of similar age and interests. I look forward to the daily activities and Trellis House’s approach to wellbeing and inclusion means that between 1950’s-style tea and knitting, (which is my favourite pastime!), there’s lots to keep me occupied. And if you’re feeling low, and you just fancy a cup of tea and a chat, there is always somebody around - the little things make all the difference. At 87 I have three children, nine grandchildren, and eleven great grandchildren, and so it’s very important that I spend time with my family too.*

*But the cherry on the cake is my peace of mind. I’m free to enjoy more of the things I love. I have a cleaner now and no chores certainly makes for ‘A Good Life’ too!”*



**John Evans OBE**  
Independent Living and  
Disability Rights Activist



**“People’s own expertise and insight into their lives and experiences are more than invaluable.”**

*“A House of Lords report in December talked about living a ‘Gloriously Ordinary Life’. This struck a chord with me because no one’s asking for anything special. In the 1980s, friends and I started, Project 81. It saw young disabled people move out of residential care and was the beginning of independent living in this country. Back then we said we wanted “to live in an ordinary street with ordinary people”. Now everybody seems to be wanting to use this description 40 years on!*

*Yet it can only happen with co-production being front and centre and fully embraced. Service users and carers used to ‘give their views’ and then professionals would go off and ‘feed in’ those views to make changes to social care. Nowadays the relationship - between people who draw on care and support and those who provide care and support - is about working with people who receive care, and carers, designing services and finding out what people really want. It’s called co-production. The Care Act 2014 was the first piece of legislation to include co-production. Back in the day, we were keen to see the following statement in everything and finally it’s in law: ‘Any decision made about a disabled person’s life should directly include them in the process.’*

*So really, to live a ‘Gloriously Ordinary Life’, it’s vital to be at the centre of the design, delivery and evaluation of services; because people’s own expertise and insight into their lives and experiences are more than invaluable.”*



## CO-PRODUCTION COUNTS!

# Praxis Care co-researcher lives her dream



Praxis Care

**Katherine Greer**  
Co-researcher  
Praxis Care

**Katherine Greer is involved with Praxis Care on two levels: not only does she access mental health support, but she is also employed as a co-researcher, using her lived experiences to help inform research projects. But how did she get here?**

In an interview with CEO Andy Mayhew, Katherine talked about her initial referral to Praxis Care, and how they supported her: *“I was referred to Praxis Care for support to reclaim my life back. Slowly with the medical professionals and Praxis Care I have achieved that, and more. Praxis gave me a vital one-to-one support without taking away my independence.”*

One facet of Praxis support is a weekly group meeting, which Katherine was attending regularly on Thursday afternoons, and that led to her involvement in Research:

*“One of the Support Workers was looking on the computer for things we could get involved with in the community. She came across the fact that Praxis was looking for Peer Researchers to get involved with them for research,”* said Katherine. *“I did not know what a Peer Researcher was. I asked and the Support Worker informed me, ‘That is a person with lived experience in the subject being studied.’ I decided after much thought that I was in a good place mentally and physically. I applied for the job as Peer Researcher.”* After interviews with Paul Webb, Praxis Care Head of Research, and Dr. Gavin Davidson, Professor of Social Care and Praxis Chair of Social Care at Queen’s University Belfast, she was successful with her application and began work as a Peer Researcher.

**“I am a human being that deserves being treated with equality, respect and knowing that my opinion counts.”**

Praxis Care co-researchers develop skills and self-confidence and get a supportive form of employment. Paul Webb said, *“We are continuing to develop the support, which we provide to people who use services,*

*by working with colleagues from Queen’s, Ulster University, HSCB and current co-researchers, and have developed an accredited training programme in basic research methods.”*

After becoming a co-researcher for Praxis Care two years ago, Katherine embarked on an academic challenge. With support from Paul Webb, she joined a prestigious list of people securing a post graduate Ulster University certificate in Development and Co-Production in Social Care Research, which will lead her towards a career devising care programmes for other service users.



**Dr. Gavin Davidson**, Praxis Chair of Social Care and Professor of Social Care at Queen’s University Belfast, **Paul Webb**, Head of Research at Praxis Care, **Katherine Greer**, Co-Researcher and **Claire McCartan**, Research Fellow at Queen’s University Belfast

*“The only type of work I have done since my mental health illness is Peer or Co-Researcher...Having walked the walk of having a mental illness and devised positive coping strategies, I am able to maintain a productive lifestyle again, empathise subjectively with the clients of Praxis Care and understand their struggles...the clients open up more about how they are feeling, the real nitty-gritty. They feel on an equal level with the Peer Researcher.”* The benefits of this work are immense. Katherine said, *“I have found that working as a Peer Researcher has drastically improved my self-worth, confidence, and esteem. It gives your ego a boost when your opinions are listened to and acted upon. I do not feel stigmatised as being different, a mental case. I am a human being that deserves being treated with equality, respect and knowing that my opinion counts.”*

Katherine has recommended that co-production is used more at Praxis, and suggested recruitment panels and staff training involve more people with lived experience. She is well on her way to fulfilling her dream: *“I want to complete further studies in social care and my ambition is to work for Praxis Care as a service user consultant who can help design individual care programmes to help staff better understand the needs of those they are supporting.”*

Care Talk has a packed agenda of events ahead.  
We are proud to be media partners and supporters for some  
fantastic events listed below.

## Coming up...

### **The National Learning Disabilities & Autism Awards**

England & Scotland - 30th June 2023  
The ICC, Birmingham

### **The Housing With Care Awards**

9th June 2023 Marriott Regents Park, London

### **Social Care Top 30 Awards**

12th October 2023 Hilton Bankside, London

### **The National Children & Young People Awards**

27th October 2023 The ICC, Birmingham

### **Great British Care Awards Regionals**

**Yorkshire & Humberside - 2nd November 2023**

The Royal Armouries, Leeds

**East of England - 3rd November 2023**

Milton Keynes Dons

**West Midlands - 4th November 2023**

The ICC, Birmingham

**Scotland - 8th November 2023**

Grand Central Hotel, Glasgow

**North East - 9th November 2023**

The Grand Gosforth Hotel, Newcastle

**North West - 11th November 2023**

Kimpton Clocktower Hotel, Manchester

**Wales - 16th November 2023**

The Marriott Hotel, Cardiff

**South East - 17th November 2023**

Hilton Metropole Hotel, Brighton

**London - 18th November 2023**

Hilton Bankside, London

**South West - 23rd November 2023**

Aston Gate, Bristol

**East Midlands - 24th November 2023**

East Midlands Conference Centre, Nottingham

### **Women Achieving Greatness in Social Care Awards**

21st November 2023 The Marriott Grosvenor Square Hotel, London

\*please note: some dates/venues subject to change.

Great British  
Care Awards



# THE REGIONAL AWARDS

SPONSORSHIP  
OPPORTUNITIES  
NOW AVAILABLE:  
info@  
care-awards.  
co.uk

2nd November 2023  
**YORKS & HUMBER**  
The Armouries  
Leeds

3rd November 2023  
**EAST OF ENGLAND**  
Milton Keynes  
Dons

4th November 2023  
**WEST MIDLANDS**  
ICC  
Birmingham

8th November 2023  
**SCOTLAND**  
Grand Central Hotel  
Glasgow

9th November 2023  
**NORTH EAST**  
The Grand Gosforth Hotel  
Newcastle

11th November 2023  
**NORTH WEST**  
Kimpton Clocktower Hotel  
Manchester

16th November 2023  
**WALES**  
The Marriott Hotel  
Cardiff

17th November 2023  
**SOUTH EAST**  
Hilton Metropole Hotel  
Brighton

18th November 2023  
**LONDON**  
Hilton Bankside Hotel  
London

23rd November 2023  
**SOUTH WEST**  
Aston Gate  
Bristol

24th November 2023  
**EAST MIDLANDS**  
East Midlands Conference Centre  
Nottingham

CELEBRATING EXCELLENCE IN SOCIAL CARE

NOMINATE NOW AT:  
[www.care-awards.co.uk/nominate](http://www.care-awards.co.uk/nominate)

Dates and venues may be subject to change

IN ASSOCIATION WITH



HEADLINE SPONSOR:



The ICC  
Birmingham  
30th June 2023

THE  
**BEST**  
— OF THE —  
**BEST**  
IN SOCIAL CARE AND SUPPORT

### THE CATEGORIES

- The Employer Award ● The Employer of People With a Disability Award
- The Newcomer Award ● The Support Worker Award
- The Manager Award ● The Learning Disability Nurse Award
- The Making a Difference Award ● The Oliver McGowan Training Award
- The Social Care Covid Hero Award ● The Frontline Leaders Award
- The Supported Housing Award ● The Breaking Down Barriers Award
- The Sporting Chance Award
- The Supporting Older People With Learning Disabilities Award
- The Great Autism Practice Award ● The People's Award
- The Award for Outstanding Contribution
- The Positive Behaviour Award
- The Supporting People With Profound and Multiple Learning Disabilities Award

**CLOSING  
DATE FOR  
NOMINATIONS:  
12TH MAY  
2023**

NOMINATE NOW AT:  
[www.nationalldawards.co.uk](http://www.nationalldawards.co.uk)



# Celebrating Excellence in Social Care!



Peter Andre and Steve Walls

17th March saw over 1,200 people come together for celebration of excellence in social care, at the Great British Care Awards National Finals, at Birmingham's ICC. After impressing the short listing panel with their nominations, wowing the judges at the interviews the finalists were amongst the best of the best in social care.

This year the awards fell on St Patrick's Day and there was certainly plenty of luck and charm to be found in a room full of regional winners, representing the best of the best in all areas of social care. The event was hosted by Steve Walls and this year's celebrity guest was Peter Andre. There was entertainment galore, including Irish dancers, a Freddie Mercury Tribute and live music from The Rick Parfitt Jnr Band.

The Great British Care Awards celebrate excellence and innovation in the sector and pay tribute to hard working, dedicated social care professionals who have gone above and beyond in the most challenging of circumstances to ensure the best possible outcomes for the people they support.

Nominations are now open for this year's Regional Awards which take place during November this year.



The Rick Parfitt Jnr Band



Freddie Mercury Tribute

## Meet the winners!

The Care Home Employer Award  
**Southern Healthcare (Wessex) Ltd**



The Home Care Employer Award  
**Bluebird Care, Wandsworth, Clapham and Stretham**



The Care Home Worker Award  
**Robert Kabanga**  
Leycester House, Berkley Care Group



The Home Care Worker Award  
**Yves Tshamba**  
Access Your Care



The Care Newcomer Award  
**Kayleigh Carter**  
Saracen Care Services



The Care Home Registered Manager Award  
**Brendon Prior**  
Fairfield ROC- Northwest



The Home Care Registered Manager Award  
**Mike Durrant**  
Butterfields Community Care



The Care Home Cook/Chef Award  
**Paul Wright**  
Mysing Care



The Dignity in Care Award  
**Martyna Kozielska**  
 Astar



The Dementia Carer Award  
**Janet Thompson**  
 The Rainbow Care Group



The Care Home Team Award  
**Balcarres Care Team**  
 HC-One



The Home Care Team Award  
**Vale Place**




The Care Home Activity Organiser Award  
**Naomi Dalglish**  
 Woodstock Care Home



The Ancillary Worker Award  
**Cy Gadd**  
 Nesbit House



The 3 Rs Award  
**Courtney Katramanos**  
 Right at Home



The Workforce Development Award  
**Liz Norton**  
 Collingham Care Consultancy




The Care Innovator Award  
**Matthew Nutting**  
 Radfield Home Care




The Frontline Leaders Award  
**Michelle Cox-Coley**  
 Holmleigh Care Homes Ltd



The Home Care Co-ordinator Award  
**Becky Bartlett**  
 Complete Care West Yorkshire Ltd



The Care Assessor Award  
**Ffion Caunes**  
 Worthington Lake - Millennium Care



The Putting People First Award  
**Lynne Taylor**  
 Happy Futures



The Palliative Carer Award  
**Britannia Household**  
 Belong Crewe



The Housing With Care Award  
**Kirkdale House**  
 Community Integrated Care



The Social Care Nurse Award  
**Nick Nystrom-White**  
 Bespoke Health and Social Care



The Unpaid Carer Award  
**DISC (Dementia Information and Support for Carers Graduates)**  
 Making Space



The Outstanding Contribution to Social Care Award  
**Jonathan Beebe**  
 PBS4



The Social Care Covid Hero Award - Individual  
**Jade Vallance**  
 Active Prospects



The Social Care Covid Hero Award - Team  
**Condoover College Team**



Nominations for the **2023** Regional Awards are now open!  
[www.care-awards.co.uk/nominate](http://www.care-awards.co.uk/nominate)  
 Let's celebrate social care and help it get the recognition it deserves! [www.care-awards.co.uk](http://www.care-awards.co.uk)



## LEADING THE WAY IN SOCIAL CARE

# Aneurin Brown

Managing Director, Hallmark Care Homes

**The social care sector is such an incredible sector with so many opportunities. The work we do changes lives for the better but all too often we hear too much of the negative and not enough of the positive. As leaders in the sector, it is incumbent on us all to shout louder and raise the profile of all the amazing things that our fabulous teams do every day!**

Throughout my career I've never been afraid to put my hands up for things which were outside of my swim lane. Sometimes the best way to learn is to put yourself outside of your comfort zone and be brave.

I have always been keen to encourage, support and develop internal talent. I believe I have become quite good at spotting people's abilities over the years, and our team recognition event, the Hallmark Awards has helped us to identify our rising stars. When recruiting for new roles, this has now become our first port of call and there are many examples across the business of people who have been promoted.

This isn't the only matter of importance when it comes to retention however. It's also important to look at pay, benefits and training. Hallmark has taken strides to improve their recruitment offering and is proud to be a Real Living Wage employer. In November 2022 we announced a £1.3m support package to help our team members with the cost-of-living crisis. As part of this team members were paid the new Real Living Wage rate five months early, and all had access to a £250,000 support fund, alongside Westfield Health benefits, a pension, Blue Light Discount Card and Hallmark Rewards.

We have also been reviewing team recognition funds, awarding bonuses for Good CQC/CIW ratings and length of service and will soon be launching an exciting new leadership training programme which will be tailored to a range of roles. We are also continuing this year with our empowerment days which encourage our team to let go of their limiting beliefs so they can truly deliver great care to residents.

We are continuously looking at ways we can support our people and are looking forward to implementing our 2023 plans which will identify and develop Hallmark's next generation of leaders.

*"Our empowerment days encourage our team to let go of their limiting beliefs."*

Coming into health and social care a bit later in my career from a background in live events, television and theatre I've often thought about the similarities between the two sectors.

There is nothing more special than watching a conductor leading an orchestra. This really resonates with my leadership style, bringing together a team all playing the same tune, allowing everyone to play their individual part, a part often that I wouldn't be able to play.

It may sound a bit cliché but an important part of leadership for me is surrounding myself with the very best team of leaders. I am very proud to work with the team that I do.

Taking care of the small things is also crucial. I love detail and am a firm believer that if the basics are in place, then the bigger things like strategy etc. will follow.

Quite often we hear, 'what is the difference between a leader and a manager?' and I think that they are one of the same. Leadership requires a very fine balance between management and empowerment, knowing when to step in and give clear direction and when to sit back. Good leaders must motivate their employees, they must inspire and provide that much needed guidance.

To me, leadership is leading from the front, providing support, encouragement, taking steps together as a team, understanding directly what the challenges are and really having that visibility.

*"Throughout my career I've never been afraid to put my hands up for things which were outside of my swim lane."*





**Aneurin Brown**  
Managing Director  
Hallmark Care Homes



# Calling all senior leaders of excellence to social care!

Care Talk is delighted to host the **2023 Social Care Leadership Awards**.

These unique awards will recognise, celebrate and promote great leadership in the Social Care Sector, over and above Registered Manager level and share knowledge and expertise in leadership.

We are looking for nominations for senior leaders in social care who have demonstrated strong, innovative leadership to ensure a quality outcomes that make a real difference to care delivery.

## AWARDS CATEGORIES:

the lifetime achievement award  
the executive award  
learning disabilities & autism award  
the workforce development leader award  
the quality assurance leader award  
the care home leader award  
the clinical nurse manager award  
the home care leader award  
executive children and young people leader award

## Finalists join top leaders and decision makers in social care!

Finalists and guests will be invited to the esteemed **Social Care Top 30** Gala Dinner, a bespoke event that celebrates leadership from care providers and other key influencers in the sector. The event will take place on 12th October 2023 at the Hilton Bankside, London where the category winners will be announced along side winners of the **Social Care Top 30**.

Nominate online at: [www.caretalk-business.co.uk/scps](http://www.caretalk-business.co.uk/scps)  
**Closing date for nominations 31st July 2023**

# Putting housing at the centre of care and support



scie social care institute for excellence

**Rebekah Luff**  
Senior Research Analyst  
Social Care Institute for Excellence

**“How do we ensure that older people have a range of housing to meet their needs at the time they need it?”**

In 2020 the Commission on the Role of Housing in the Future of Care and Support was set up to consider this very question. Led by Social Care Institute for Excellence (SCIE) and funded by the Dunhill Medical Trust, the Commission was a substantial piece of research and policy work. With the focus on the Housing with Care Awards, now feels like a good time to reflect on the Commission, where we are now and some of the upcoming opportunities. We published our report ‘A place we can call home’ in November 2021. It is an evidence-based vision and roadmap for providing more options for housing with care and support for older adults.

## What are some of the housing challenges facing older people?

### People engaging the system

- There is a low level of public understanding of the housing options available and people struggle to navigate the system
- There is concern about the cost of housing options. It is hard to compare between services and people do not know what represents good value for money
- There is a lack of information, advice and advocacy specific to housing options
- The voices of older people and their carers are not consistently heard or listened to in policy, planning or delivery

### The system

- It is a fragmented sector and it is not always clear who has responsibility for national or local planning
- There are significant regional disparities in supply and many areas lack housing options. Gaps in supply further relate to social inequalities with some groups currently being particularly badly served

## The Commission roadmap

Our 10-year roadmap for change set out immediate, medium and longer term priorities at both national and local levels. We focused on where we are now, where we want to be in 10 years’ time and how can we get there. Key elements of this roadmap were supported in ‘People at the Heart of Care: adult social care reform white paper’ published in December 2021.

## Place-based plans for local areas

One immediate priority for local areas was to develop place-based plans for housing for older adults. This is pivotal so that local areas better understand current and future needs and can plan for them. Providers can see how they fit into the plan, including new opportunities. Importantly, this plan should be shaped in partnership with the local authority, the NHS, local planning authorities, social care and people who draw on care and support.

At SCIE we are developing a toolkit to help local areas with developing their plans and provide some helpful examples. In the Commission it was clear that the local partnerships that are needed to develop and drive forward plans can be hard to form and sustain. We’re working with Socialudo based at the University of Stirling to pilot the use of a ‘Serious game’ as a novel way to bring together these partnerships and reduce silo working.



## Co-production

The Commission outlines seven principles of excellence that all forms of housing with care and support should meet. One of these is co-production and shared decision making as meeting people’s needs is only possible if people themselves have been involved in the commissioning, planning and design of housing development and in shaping their own care and support plan.

SCIE are delighted to be supporting the Housing with Care Awards, Tenant Co-production Award, a wonderful opportunity to recognise and promote excellent practice in this area and continue to shine a light on the benefits of co-production within housing with care.

To nominate for The Housing With Care Awards visit [www.housingwithcareawards.co.uk](http://www.housingwithcareawards.co.uk)



## LEADING THE WAY IN SOCIAL CARE

# The Care Sector: do what it says on the tin!



**Kelly Pirotte**  
Group Head of Learning  
and Development  
Keys Group

**I have always been interested in working in the Care Sector but having a disabled child cemented this desire. It gave me a new perspective and a fresh outlook on how I wanted to spend my professional life. I want to ensure that the kind of service that the people we care for is the kind of service that I would want for my own child. That's what drives me.**

I have been working in the Health and Social Care Sector for over ten years now. My work has largely spanned the Learning and Development (L&D) field, and while some of it was focused on Mandatory Training — I found my real passion when my career direction moved towards employee development. It's all about people. I have always recognised that our people are by far and away our most valuable asset and that high standards of care can only be met by carefully selected, motivated and able individuals.



Many organisations talk the talk but one of the things that attracted me to Keys Group was not only the mission, but the desire to embed this mission throughout the organisation. Taking care of the vulnerable and focusing on social justice are at the heart of the mission and this was even more essential for an organisation operating during the pandemic.

As we all found, leading during the pandemic presented so many challenges. As a sector, we had to be creative and find innovative ways of delivering engaging Learning and Development sessions online. Some of this innovation will remain but we need to ensure that we do

not unintentionally create disparity in provision or widen some of the inequalities that already exist.

Through these challenging times, I have tried to lead with empathy and support. Listening to and engaging with diversity of thought has been key to ensure that we are able to continue to be solutions focused in uncertain times. At the heart of all this, my experience as a mother has taught me that Leadership comes in many different forms and the empathetic skills I have learned in my personal caring responsibilities are transferable to my professional work. As a woman and as a mother, we have these skills but also the tenacity to get things done. My experience with my son has meant that sometimes, I have to fight to ensure he receives the support he needs and deserves. All the people we support deserve this same advocacy.

*“My experience as a mother has taught me that Leadership comes in many different forms.”*

Sometimes, we are tired of hearing the cliché of “women being great multi-taskers” but I come across so many women who astonish me with their ability to juggle busy professional lives alongside caring responsibilities. I think I have developed some of these capabilities myself. As many experts acknowledge, “LeadHERship” for the 21st century recognises that traditional “feminine” qualities are the required skills and competences needed for the modern world to help us navigate through the complexities of a volatile post pandemic environment. I am excited about the various leadership programmes we are developing at Keys Group including our Emerging Leaders programme which identifies individuals with the Leadership seed; a seed that simply needs nurturing to blossom into its full potential. For our aspiring female leaders, glass ceilings are there to be broken through and imposter syndrome needs to be understood but removed as a potential barrier to success.

And this isn't just the right thing to do as it also makes perfect business sense. We are all acutely aware of the challenges around recruitment and retention in our sector so making the most of the talent of all our people is so important. And although I have focussed here on female leadership, making the most of the talent in other marginalised groups is also critical to the success of our sector.

# Putting people first: why a person-centred approach to care is vital



**Holly Irwin**  
Acting Head of  
Workforce Transformation  
Skills for Care

## **Holly Irwin, Acting Head of Workforce Transformation at Skills for Care discusses what person-centred care means and why it's so important.**

Person-centred care means putting people at the heart of care and support. The purpose of social care is to support people in living the lives that they choose, and so it makes sense that those people are the ones setting out what that care looks like.

A person-centred approach to care is supporting each person as an individual, and accounting for all elements of what makes them who they are.

This means getting to really know each person that you support on a personal level – what are their experiences, their interests, their opinions, their goals.

While processes and structure are key for care providers, person-centred care means not taking a blanket approach to how everyone is supported. In practice that could mean a care home offering activities tailored to specific hobbies that they know their individual residents have a particular interest in; home care workers supporting people to cook a new recipe using some of their favourite ingredients, or a personal assistant accompanying the person they support to see their favourite actor in their latest cinema release.

*“Our two new resources support people with their personal relationships and their sexual and gender identities.”*

Beyond this, person-centred care extends to truly understanding all aspects of an individual's identity which combine to make them who they are. This could include their age, gender, nationality, race, religion, and sexuality, as well as their current or previous profession, their relationship status, and their familial relationships. We're all complex people and our demographics, our

*“Person-centred care means not taking a blanket approach to how everyone is supported.”*

relationships and our experiences all contribute to the core of who we are and how we see ourselves. This can also impact on the care and support that we might need or how we want to receive this support.

At Skills for Care, we've been working on developing two new resources which support people with their personal relationships and their sexual and gender identities.

Understanding and supporting people with these aspects of their lives is an important part of providing person-centred care.

Our recently published LGBTQ+ learning framework aims to support learning that will develop everyone working across social care to effectively provide care and support to LGBTQ+ people later in life – with an understanding of how their sexual and gender identity will have impacted their experiences through their lives and their current wants and needs.

We've also developed guidance and training materials for care workers on how to support people with personal and sexual relationships. Our sexuality and romantic relationships comprise a huge part of who we are and are an important part of most people's lives.

That's why care workers need to have the skills and confidence to be able to discuss people personal and sexual relationships, and to be able to support them with this part of their lives as needed.

The positive reception to both these pieces of work from across the sector, plus the many stories we hear each day from care providers about how they're providing person-centred care show that great work is already being done in making person-centred approaches a priority in how we provide care and support.

We must keep up that momentum and continue to build on learning and discovering new ways that we can put people first in everything that we do.

<https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Supporting-a-diverse-workforce/LGBTQ-learning-framework.aspx>

<https://www.skillsforcare.org.uk/Developing-your-workforce/Care-topics/Supporting-personal-relationships/Supporting-personal-relationships.aspx>

# The immense value of co-designed and co-delivered training



Beth Britton

**Beth Britton**  
Trainer and Social Care Consultant

**Co-production has long been a buzz word in social care, but I know many people with lived experience have felt that expert by experience 'involvement' in social care has at times been more tokenistic than genuinely all-encompassing.**

After 10+ years working in social care, I can say I've learnt far more from people with lived experience than any textbook. With this in mind, when ARC England<sup>1</sup> approached me about delivering learning disability focused loss and bereavement training, I knew I could never design and deliver this course alone.

## Training in partnership with experts

Luckily, I've worked with learning disability provider MacIntyre<sup>2</sup> since 2013, and I know how inclusive their approach is as outlined most recently in their Big Plan<sup>3</sup>.

During MacIntyre's Dying to Talk Project<sup>4</sup> we worked with many people with learning disabilities, including Jess (and her mum Jo)<sup>5</sup>. Jess has a wonderful ability to talk openly about her thoughts and feelings, making her our ideal Expert by Experience to co-design and co-deliver this training.



**Nicky, Jess and Beth** on a Zoom during the creation of the training

My colleague at MacIntyre, Nicola Payne, Best Practice Manager for Health and Families, has been fundamental in supporting Jess, as well as adding her immense expertise to the topic of loss and bereavement.

Nicola says of working on this training:

*"Myself, Jess and Beth have come together in a co-productive way, in partnership with ARC England, to create an interactive and accessible workshop. We have truly worked collaboratively, and it's been wonderful to see Jess's confidence grow in this topic. Teamwork really can make the dream work with creative thinking and a determination to overcome barriers together."*

## Why commission training that is co-designed and co-delivered?

From my initial discussions with ARC England it was clear they wanted to move their training model from an academic focus to a lived experience focus. Clive Parry, ARC England Director, explains:

*"ARC has been working more closely with people who draw on services in recent years to increase the voice and representation of people with lived experience in our work. We are thrilled to be working in partnership with Macintyre and excited to be able to offer – for the first time - training that has been co-produced and co-delivered by an expert by experience."*

Clive's view is underlined by the thoughts of MacIntyre CEO, Sarah Burslem, who passionately believes that all training must be authentically co-produced:

*"MacIntyre's view is that people with lived experience are best placed to design and deliver training. We are delighted that this has been the case for the MacIntyre and ARC England Loss and Bereavement course. I have no doubt that the impact of this training will be quite profound."*

***"I've learnt far more from people with lived experience than any textbook."***

Jess says of her work on the training:

*"It's been good meeting up with Nicky and Beth on Zoom. I've created videos and I've been able to share my ideas, and even explode a coke bottle! (Join us on the training to find out more!). I've worked with Katie (my support worker) to plan parts of the training in the time between seeing Nicky and Beth. I'm really excited about running our first training session."*

What is the first emotion you think about when you think about loss?



The Jamboard from the first training session



Jess exploding a Coke bottle

*“Jess has a wonderful ability to talk openly about her thoughts and feelings, making her ideal to co-design and co-deliver.”*

### What did learners think?

The real proof of whether a training approach is successful is, of course, feedback from learners. The first cohort from our training told us:

**Phoebe:** “Wonderful training ladies, thank you :-)”

**David:** “It’s been great, well done everyone.”

**Robyn:** “Brilliant training! Thank you, very informative.”

### Want to see this training in action?

Further sessions of our Loss and Bereavement training for ARC England are on: 24th May 2023, 20th September 2023 and 13th March 2024. Find out more and book here <https://arcengland.org.uk/scheduled-short-courses-workshops/>.

### References

- <sup>1</sup><https://arcengland.org.uk>
- <sup>2</sup><https://www.macintyrecharity.org>
- <sup>3</sup><https://www.macintyrecharity.org/news-blogs/the-big-plan/>
- <sup>4</sup><https://www.caretalk.co.uk/opinion/dying-to-talk/>
- <sup>5</sup><https://www.macintyrecharity.org/download/file/7021/>

# Complex care and the impact in the care home sector



forbessolicitors.

**Kella Bowers**

Partner  
Forbes Solicitors

**According to Care Home UK statistics from 2022, there are over 17,000 UK care homes, housing over 400,000 residents, with this population set to rise and particularly amongst those with complex and nursing needs.**

Most care homes concentrate on residential care only, offering residents daily assistance with tasks such as washing, dressing, and eating. Medical and nursing care tends to be procured externally and provided by GPs and district nurses. Estimates suggest only 29% of all UK care homes are registered for the provision of nursing care, and with Alzheimer's Society's data showing around 70% of all care home residents are suffering with dementia or severe memory problems, it's plain to see the bearing that complex health and social care needs are having on the sector.

## Where does the issue stem from?

People are generally living longer, which is a positive. However, with a longer life comes age-related health issues, and modern familial structures often mean that being cared for at home is not a viable option.

When significant health problems require hospital admission and treatment, bed availability and occupancy issues within hospitals often see patients being discharged ever more swiftly. In many cases, the domiciliary and residential care sector is expected to take this strain.

*“The NHS should work with care homes to enable the provision of enhanced healthcare services in all care homes.”*

Home care might be possible, but may not be feasible for those requiring 24-hour assistance. Situations commonly arise where funding is either unavailable or there is an argument about whether health or social care provision should provide financial support. This can leave people, who really should be funded for nursing care, receiving just welfare funding. The care home sector does its best to fill the gap.

As a result, an ever-growing number of people with complex care needs are now living in residential care homes and, understandably, staff find it challenging to fully manage their healthcare. Where the care home has no registered nursing presence, they are reliant on primary care providers for nursing support. District nurses provide most of this care for residents, but as an already stretched resource, caseloads are at breaking point.

## What's the impact of this capacity crisis?

A lack of training, understaffing and skills shortages can leave care homes at risk of claims for injury by both residents and staff. Inadequate resource may also lead to negligent acts or omissions; increased falls, bed sores, or the failure to recognise deteriorations in a timely fashion.

Such incidents seriously compromise the care residents receive and there might also be claims for breaches of a person's human rights if deprivations of liberty are not properly managed and 'least restrictive' options trialled. Claims relating to these types of matters can heighten a care home's risk profile, making insurance renewals potentially unaffordable. This can force homes out of the sector or leave them increasingly reluctant to take on residents with more complex care requirements.

## What's the solution?

Care home innovation is essential, but there also needs to be government recognition and action on both a local and national scale. The British Geriatrics Society recommends that the NHS should work with care homes to fund and deliver programmes to enable the provision of enhanced healthcare services in all care homes. The Society suggests appropriate funding is ringfenced, where possible, for the training and development of care home staff, to ensure they have the required knowledge, skills, and competencies to support residents with complex needs.

Promisingly, in February 2023, the government confirmed it will make £15 million available over 2023 to 2024 to support international recruitment within the adult social care sector. Care workers have been added to the 'shortage occupation list' to support providers in addressing workforce pressures. This inclusion will enable the sector to employ staff from overseas. The funding is to be provided by way of partnerships which consist of a lead local authority, care alliances and other groupings of local providers. Care providers are therefore encouraged to contact their regional local authority to discuss how they intend to use this fund, and ensure they are part of the partnership to enable additional recruitment.

[care@forbessolicitors.co.uk](mailto:care@forbessolicitors.co.uk)





**This month,**  
*Kirsty meets...*

**Alf-Erik Malm**

Chief Executive  
at Global Health  
Technology AS



**Each month I meet key stakeholders and business leaders in the social care sector. This month I met Alf-Erik Malm, Chief Executive, Global Health Technology AS. I caught up with Alf-Erik to discuss sustainability, innovation in health care, and living a longer and healthier life.**

*“We are committed to ensuring good health and promoting quality of life for all, regardless of age.”*

**So Alf-Erik, can you tell us a little about Global Health Technology AS? The history of the business, your products and mission?**

Global Health Technology was established by a committed and lovely lady who wanted to improve the quality of life of a neglected group. Her husband had a stoma, and leaks from this reduced his motivation to socialize. At the age of 62, she decided to develop a solution so that others did not experience the same. Her name is Jofrid Erland, and 10 years later we launched our patented Erland Care Stoma Pad.

The technology and combination of new materials that formed the basis of this product was the start of our skin-friendly series of wound dressings, Erland Care Protective Skin. From day one, the company's vision has been to create ground-breaking solutions that improve the quality of life for users. It still underlies everything we do.

**Your work is also informed by the UN's Sustainable Development Goals – can you elaborate on these goals and why aiming for them is important?**

As part of our vision, we are committed to supporting Goal 3, which wants to ensure good health and promoting quality of life for all, regardless of age. But as a responsible company, we take all the sustainability goals seriously, and believe it is a prerequisite for sustainable operations. We challenge everything we do to ensure that we have the least possible negative impact on the environment. All our packaging has been changed from plastic to paper. Our packaging is designed to require the least possible space during transport and we want to produce as close as possible to our users. For example, all deliveries in the UK, both to Amazon and the healthcare system, are also manufactured in the UK.

**Being based in Norway, to what extent does a Nordic model influence your approach to care?**

The Nordic welfare model ensures good treatment and necessary follow-up for everyone, regardless of income or age. We seek a flat structure where all people deserve to be treated for who they are.

Having said that, we also have to admit that our healthcare system is experiencing major challenges. Even in Norway, hospitals do not feel that they are allocated enough funds, even though we are one of the richest countries in the world.

These challenges probably have to be solved to a greater extent by us as citizens taking greater responsibility for our own health. We need to decrease the burden on the healthcare system at the same time as the population gets older and older. In my latest book “A CAR – and the art of maintaining a body” I describe these challenges based on WHO's studies and provide clear recommendations for those who want to improve their own health.

**How do your innovative products specially help the end-user live a longer and healthier life?**

By actively listening to users and healthcare personnel, we develop new prototypes. And through testing these, we ensure that our solutions are better than what existed before. It is essential for us that users experience our solutions as better, otherwise they have no value.

**And finally Alf-Erik, where can we find out a little more about Global Health Technology AS?**

For those who want to learn more about our products, have suggestions for new products or would like to arrange a visit, find us at [www.globalhealthtechnology.no](http://www.globalhealthtechnology.no).

*“The Nordic welfare model ensures good treatment and necessary follow-up for everyone, regardless of income or age.”*

**Kirsty Hollins**  
Communications Executive, Care Talk

# Recruit2Care

**Recruit2Care offers an affordable service that supports social care providers by recruiting talented nurses from overseas**



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[www.recruit2care.co.uk](http://www.recruit2care.co.uk)

# Calling all suppliers of excellence to social care!

Care Talk Business is delighted to host the **2023 Social Care Premier Supplier Awards**.

These unique awards will recognise excellence in suppliers of products and service to the care sector, showcasing innovation, customer service and demonstrating outstanding client outcomes.

We are looking for nominations for key influencers from suppliers to social care who excel in quality products and services, that make a real difference to the end user.

## AWARDS CATEGORIES:

legal services  
public/transitional

banking  
& investment

recruitment

property  
agents

workforce  
development

infection  
control  
products

technology  
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consultancies

## Finalists join top leaders and decision makers in social care!

Finalists and guests will be invited to the esteemed **Social Care Top 30** Gala Dinner, a bespoke event that celebrates leadership from care providers and other key influencers in the sector. The event will take place on 12th October 2023 at the Hilton Bankside, London where the category winners will be announced along side winners of the **Social Care Top 30**.

Nominate online at: [www.socialcaretop30.co.uk/scps](http://www.socialcaretop30.co.uk/scps)  
Closing date for nominations 31st July 2023

# Care Talk

## Business

Sharing business excellence in social care

**Care Talk Business** is a new and exciting Business2Business news resource aimed at key decision-makers within social care provision, which include care and nursing home operators, home care and day centres.



As a partner of established **Care Talk** magazine, **The Great British Care Awards**, **The Learning Disabilities & Autism Awards** and **The Children & Young People Awards**, we have access to customers that reach the **WHOLE** of the social care sector, giving you maximum exposure to key industry decision makers.

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