Collaborative Care

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

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Follow us!
Welcome to the Summer issue of Care Talk which focuses on Collaborative Care.

It’s that time of year again. School’s out for summer and many of us will be getting ready for a much needed holiday. According to ABTA, the body that represents travel agents, there is a rise in the demand for package holidays, with more and more people putting their trust in travel experts following the uncertainty surrounding the pandemic.

Trust is also a key element for people who use care and support services and there is an expectation that health, social care and other local systems are collaborating effectively in order to provide a seamless service.

In the same way that a package holiday is an alliance of various travel elements, Collaborative Care is a partnership between a variety of stakeholders to ensure person centred care is delivered by a skilled and motivated workforce. Working with health, local services, colleagues, advocates, families and of course the person drawing on services, all are crucial to successfully co-produce care.

Embracing co-production and working collaboratively to Ensure a voice for residents and families, is something that Diane Mayhew, Rights for Residents Campaign Manager at Care Rights UK, is passionate about. In her article on page 8 Diane describes why bringing together staff, residents, their families and the community, can benefit everyone.

Feeling connected to our communities is a key ingredient to emotional wellbeing, and activities at varying levels have a key role to play in this. In his article on page 10, Jamie Morgan, National Programme Lead at Mencap Sport, talks about their new partnership with Sport England. This innovative nationwide sports network aims to promote good physical and mental health through equity of opportunity to sport and physical activities, Changing the way people with learning disabilities access sport.

Working collaboratively on a national level with a shared vision for social care is at the heart of the Association of Directors of Adult Social Services (ADASS), and in this issue we are delighted to hear from their new incoming President, Beverley Tarka. In our monthly feature, What keeps me awake at night, page 32, Beverley sets out her aspirations for the sector and in particular her ambition to promote equality, diversity and inclusion - explaining why working collaboratively with informal carers and people with lived experience is key to achieving this.

We do hope you enjoy this issue and whatever your plans we wish you a very enjoyable summer.

Lisa
Who’s top of the social care charts?

Social care needs strong innovative leadership more than ever at this time. The SOCIAL CARE TOP 30 will give the opportunity to showcase and recognise real leadership and excellence in the sector.

12TH OCTOBER 2023
HILTON BANKSIDE
LONDON

CARE TALK IS LOOKING FOR CEOs AND OTHER SECTOR LEADERS WHO ARE INFLUENTIAL MOVERS AND SHAKERS IN THE SOCIAL CARE SECTOR WITH A NATIONAL PLATFORM INCLUDING:

- People who have the vision to improve developments and outcomes in the sector
- People who have made a significant difference in our sector
- Someone who is a strong leader in their field to improve services
- Key influencers and decision makers in the sector

HOW TO NOMINATE

Please send your nominations by email, together with a 100 word statement, as to why you think they should make the SOCIAL CARE TOP 30, to kirsty@care-awards.co.uk

SHORTLISTED SOCIAL CARE TOP 30 – READERS VOTE!

We will be asking Care Talk readers to vote online for the individual they think should be number one in the top 30 chart. Finalists and guests will be invited to a dinner on 12th October 2023 at the Hilton Bankside, London, where the overall winner of the SOCIAL CARE TOP 30 will be announced.

The individual may be from the private, public or third sector and a Chief Executive or other national sector leader.

DO YOU KNOW ANYONE WHO FITS THIS DESCRIPTION?
NOMINATE AT: www.socialcaretop30.co.uk

www.socialcaretop30.co.uk
Collaborative care

If we are going to get the care and support right, we must understand that it cannot be done by organisations and institutions sitting in silos and not connecting with one another. One of the greatest complaints I hear from people who use services is that they often experience services that sit in silos and do not connect with each other. This lack of connection happens on every level. We often see services not transferring information between one another, we see decisions being made in vacuums often without the involvement of the person using the service, and we see a labyrinthine funding landscape that means that people often fall between health and care, and the ensuing battle over who pays for what leaves people frustrated, angry and without support.

This is well-known, and there have been so many attempts to deliver integration, and we are currently seeing yet another structural change with the arrival of ICSs. There is a hope that these new structures will deliver more integration and better outcomes for people who use services.

Understandably many people who use services are sceptical about this new approach, mainly because they remember we have been here before. Over the past 30 years, we have seen so many new structures, all supposedly going to deliver integration. I can remember the co-location of health and care teams; I can remember joint appointments between the NHS and local authorities; we have had PCT CCG’s Health and Well-being Boards, and a range of other local initiatives, all of which promised an integrated system, but none of which, delivered real integration.

If we are going to move to a much better place, we have got to first engage with the people who use services and their families. If collaboration means anything, it should start with the person who uses the service, their families, loved ones and networks, and the services that are provided by either health or social care should work collaboratively with all the skills and resources the person has, to deliver the best care and support possible.

Our system is not so much a health and care system; it is a crisis system where people get support mainly after a crisis. We also have a system that works on people’s assets, not their deficits. To have truly collaborative care, we should start by looking at people’s strengths and finding ways to support them to live well and maintain as much autonomy, choice and control over their lives as possible. We also need a system that collaborates with families’ carers and loved ones in ways that enable them to take on as much (or as little) of the caring responsibilities as they feel they can.

We need to start from a different place if we have a truly collaborative system. We need to understand how to deliver support that enables people to maintain their independence, rather than waiting until they go into crisis and putting in interventions and support often when it is too late. If we get this right, it will be better for citizens, the taxpayer, and everyone.

“Getting care and support right cannot be done by organisations sitting in silos and not connecting with one another.”

@ProfMartinGreen @CareEngland
It’s all about Advocacy

From experience, collaborative care combined with advocacy services, has the potential to transform the lives of individuals in care homes who are subject to a DoLS (Deprivation of Liberty Safeguards). The role of advocacy can be vital in this respect - improving the effectiveness of care by care home staff and the well-being of residents. Furthermore, it’s person-centred approach is a powerful tool to be harnessed.

Advocacy: Collaboration that empowers residents

Advocacy is working with the individual so they’re at the centre of care planning and decision-making. A person-centred approach in advocacy starts by understanding the person’s views and wishes, identifying their needs, and uncovering their strengths and what brings them happiness. This partnership approach empowers residents to actively participate in their care.

Example: A care home resident wasn’t settling in her placement and was experiencing auditory hallucinations for which she had treatment. A Cantonese-speaking nurse provided communication support, and Gaddum provided a culturally appropriate advocate. The advocate took time to understand her cultural, care and support needs, and identified the resident’s first language was Vietnamese and she missed preparing and eating her own cultural foods. Working with the home, an independent Vietnamese interpreter was organised together with supervised kitchen access so she could cook Vietnamese food. This showcased her daily living skills and significantly improved her mood and wellbeing. The advocate also identified that her repetition of English phrases was a translation method she used, and not always auditory hallucinations. This helped the care home better support the resident when experiencing hallucinations.

Enabling Effective Communication

We train all our advocates in various communication techniques, so residents can express themselves in the most comfortable way - and that’s most effective. Methods include non-verbal cues, visual aids, and technology-assisted approaches. It means residents are better understood, and actively participate in decision-making.

It’s not one size fits all:

Rather than fitting individuals into predefined solutions, an advocate should explore innovative options tailored to each person. For instance, at Gaddum having extensive experience in the community, and a wide network of connections, means we can find both every-day and unconventional solutions to promote well-being.

Example: By building a supportive relationship with a care home resident, an advocate learned that they had a deep love for birds, having kept them in the past. Seeing the significance of this, she worked with the care home and a local pet store to organise the purchase of a pet budgie for him. This simple yet meaningful gesture brought tremendous joy and a sense of purpose to him. It also shows how limiting starting with a solution would’ve been rather than connecting with him to find a solution. I don’t think anyone in my team would’ve considered they’d be buying a budgie, but it was the right solution, and a valuable one.

Connecting with the Community:

We all know the importance of social integration – we’re social creatures after all. So, it’s absolutely the role of an advocate to engage with local community groups to create opportunities for residents to connect, participate, and contribute. By tapping into existing community resources like gardening groups, choirs, amateur dramatics and textile groups, residents can expand their social networks, sense of belonging and in turn, their wellbeing.

The Future of Collaborative Care and Advocacy:

Looking ahead, we need to strengthen partnerships between care homes, advocacy organisations like Gaddum, and healthcare providers. I can wholeheartedly say we’re 100% behind this – the only limitation is resource. Advocacy should also be expanded to support family and friends of the individual subject to a DoLS. Educating and explaining legislation and the appeals process. It’s a gap that absolutely needs addressing.

“ The advocate’s role includes engaging with local community groups to create opportunities for residents.”

Conclusion:

Collaborative care, supported by advocacy services, has the power to enhance the care home experience for residents. There are many ways advocacy can have a positive impact for all parties – the care home, staff, residents, and their families. The more people who embrace collaborative care and advocacy, the better the quality of life and support we all can give.
Ensuring a voice for residents and families

We must see a drastic change in social care if we are to shift public perception. Care providers, staff, residents and families must work together to start rebuilding confidence. From CEOs, to managers, care staff and relatives, we all have a part to play in creating a healthy, sustainable and enriching environment in which residents live, families are welcomed and staff feel valued.

In order to bring staff, residents and their families together, providers could arrange social events in the home, encourage relatives and resident’s meetings and ask for volunteers to help with activities and fundraising. Creating a sense of belonging and community benefits everyone.

“Providers must ensure that those who draw on services and their families have a voice.”
21st NOVEMBER 2023 – THE MARRIOTT GROSVENOR SQUARE HOTEL, LONDON

“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

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★ 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 ★

WWW.THEWAGS.CO.UK
At Mencap Sport, we are committed to making sure that people with learning disabilities are physically active, happy, and healthy. It’s an especially exciting time for us as we’re in the early stages of a new initiative that aims to expand access to sport of all kinds to people with learning disabilities all over the country.

We will be partnering with Sport England over the next four years to transform 10 communities into areas in which people with a learning disability can access sport and physical activities in their local community, embedding a lifelong love and passion to stay fit and healthy. Alongside this, we will also develop a nationwide sports network in England. This network will bring together partners from all sectors involved in supporting people with a learning disability, including the care sector, the NHS, local authorities, employers, educators and other charities — and provide them with training, a space to share and communicate, and guidance on how to utilise local assets more effectively. We’ve already identified the 10 areas who will be taking part. Hopefully, they will be confirmed by September 2023.

“Getting out there and moving can help people with learning disabilities feel like a part of the wider community.”
So, why are we so passionate about this? Well, sport is incredibly important for two reasons. Firstly, the obvious one- it’s tremendously beneficial for people’s physical health. It’s the same for people with learning disabilities: the more avenues for physical activity you have, the healthier you are. In fact, it can be even more important for people with learning disabilities, as a lack of access to opportunities and prejudices about what they can and cannot do often lead them to being more sedentary, which can cause a whole lot of other health problems in the long run.

Secondly, getting out there and moving is vital because it can help people with learning disabilities feel like a part of the wider community. It also helps them build confidence, as well as providing emotional benefits. As we all discovered during the pandemic, if you don’t have the chance to do some physical activity outside, you’ll often start feeling depressed and isolated.

Related to this, providing more opportunities to people with learning disabilities can give them venues to show what they can achieve, breaking down barriers and challenging assumptions.

Our new partnership with Sport England will have two main aims. To start with, we want to have a direct impact on local communities, changing the way people with a learning disability access physical activity. We also want them to have opportunities that suit their needs first, working with the local community and partners to make this a lasting change. Our secondary aim is to build a nationwide network of organisations to create real and lasting systemic change for people with a learning disability across England.

This is a very recent change that has been led by moving away from a prescribed model to one that is person-led. We did this after an extensive period of consultation with participants and organisations where we asked how we could improve our approach to supporting people with learning disabilities to get more active, so it’s very much based on what the participants want.

For example, you might have a group where four people want to play football, two want to play basketball, and one person is interested in running. We want to make sure they all have the chance to do the activity that’s right for them. This makes them more motivated, and more likely to keep up with it.

Though it’s still in its early days, we’re really excited about this new partnership. We hope that it can offer everyone with a learning disability the chance to get out there and do what inspires, excites, and interests them with the full support of their local community.

“We will be partnering with Sport England over the next four years to transform 10 communities.”
Collaboration in many forms

I've been reflecting recently on how collaboration is an important factor when it comes to improving social care. This is the case whether the aim is improving systems of care, care services or people's care experiences and outcomes. For the social care workforce, the need to collaborate offers both challenges and rewards.

**Collaboration with people for personalised care**

Effective collaboration draws on the strengths-based practices lying at the heart of social care. Strengths-based (or asset-based) approaches focus on people's strengths and not on their deficits – from care assessment to care planning and provision. Through collaboration – or, as we call it, co-production – people are more likely to experience personalised care.

Good practice for social care practitioners means working closely in partnership with people drawing on their care and support, enabling them to make choices about their care and to live their best lives. The best place to start is by asking: “How can we help you to do what you want to do?” – not: “What's wrong with you?”

As an example, take Rob, who's had a fall. The 75-year old tells his advocate that he loves being outdoors and is sociable. His social worker uses a strengths-based approach to identify Rob’s interest and knowledge in gardening and to arrange for him to help out in a neighbour’s overgrown garden.

Rob’s wellbeing has improved, and his wife gets a well-needed break.

SCIE’s resource “What is a strengths-based approach?” offers this and many other good practice examples about co-production.


**Collaboration for better local systems of care**

Partnerships at the local level – including hospitals, social services, housing and voluntary organisations - can drive forward the ambitions of national policy that are expected to improve how care is accessed and delivered. Effective collaboration by leaders from across these organisations offers the opportunity for local areas to meet the expectations of citizens and to tackle inequalities in care.

Strengths-based practices also lie at the heart of local collaboration. It's about working collaboratively, rather than competing or putting one's own organisation, department or team first. True ‘strengths-based leadership’ creates the energy and capacity to co-produce a shared vision and ambition for a local area and to agree what the priorities are.

Traditional ideas about leadership place the onus on the importance of a ‘charismatic’ leader who can influence change through command and control - and who seeks to ‘solve’ problems.

In contrast, strengths-based leadership emphasises recognising and building on people’s strengths and gifts, and working in collaboration with others to identify the best way forward.

Reducing barriers to collaboration

Even where local places are embracing collaboration, improvements to social care can be difficult to roll out and sustain. However, a crucial ingredient for improving care is strong local relationships, especially at the senior level. Working together as a system, local leaders are well positioned to identify and tackle barriers to progress. Where partnerships evolve over time, we have seen them do things like join up budgets and jointly commission improvements to services.

Collaboration is about everyone working together effectively for the common good. By adopting the principles and practices of collaboration, social care leaders are positioned to transform care systems, services and people’s lives.

We are especially keen for scaling up good practice in co-production.

In addition to strong system leadership relationships, formal partnership agreements can be useful in building up collaboration and ensuring decision-making and disagreements are handled well. From our experience, the most successful places display a different style of leadership, and not one limited to ‘being in charge’, but rather one where accountability is shared within the partnership.

Collaboration and co-production

Successful system leaders also embrace co-production. For instance, working with SCIE, Kirklees Council has applied co-production to two projects, gathering insights through an action learning approach. These focused on developing an integrated contact centre service for health and care and reviewing their Direct Payments policy. They’re looking to see more people across their area receiving a direct payment that helps them achieve their vision of a good life, feel more independent and in control. Together, the partnership has built on the learning of the two projects and has made the Kirklees Vision for Adult Social Care a reality through co-production.

“Social care leaders are positioned to transform care systems, services and people’s lives.”

At the time of writing we’re preparing for Co-production Week, starting 3 July. Join us in celebrating good practice during the week, and if you miss any of it, all the activities will be on our website.

To find out more about Co-production Week 2023 visit https://www.scie.org.uk/co-production/week
As they near the end of their inaugural year as statutory bodies, the challenges facing the NHS’s new integrated care systems (ICSs) are vast. ICS leaders assumed responsibility for planning local services at the tail end of the COVID-19 pandemic during a period of political uncertainty, a cost of living crisis, ongoing industrial action and extreme strain on health and social care services.

ICSs have been set an ambitious ‘to-do’ list from government which includes improving care outcomes, tackling inequalities, enhancing productivity and helping the NHS support broader social and economic development. Among their many roles, ICSs are now responsible for promoting integration of health and social care services for people living in their area.

At the heart of the ICS experiment is the idea that collaboration – between hospitals, GPs, social care, and others – is needed to improve local services and tackle longstanding systemic issues. There is broad consensus that this is the right way forward, and ICSs build on a long history of partnership working and previous integrated care initiatives at a local level.

But the governance and design of ICSs risks social care and other community services being side-lined by more powerful NHS bodies. Concerns have been raised – including by care providers and MPs – about how consistently and how well ICSs are engaging with the social care sector. And there is considerable variation in how local government is represented on integrated care boards.

Formal governance and accountabilities of these powerful boards are clearly important but policymakers and local leaders will also need to focus on how partners within ICSs work together in practice. Evidence shows that ‘softer’ factors – like trust, values and communication between partners, and commitment to collaboration – will shape how an ICS develops.

Here ICSs are coming from very different starting points. Historical context and existing relationships – good, bad or somewhere in between – between NHS, social care and other agencies vary from place to place, and will have a strong influence on how partners work together to improve services. Some areas, for example, may have had a head start through their involvement in previous integrated care initiatives, or because they have less complex organisational landscapes and fewer partners to build relationships and collaborate with.

It looks increasingly likely though, that national policy will act as the main factor curbing ICS progress. The past decade has seen low spending growth for the NHS, continued political neglect of adult social care and cuts to public health budgets. And there are stark workforce challenges across health and social care – chronic staff shortages, high turnover and burnout – which will limit the potential for ICSs to achieve the ambitious aims set for them by policymakers. Integrating health and care services will do little good without enough staff to provide them.

The government’s current plans do not go far enough in tackling these workforce problems, particularly in social care. The NHS was promised a ‘comprehensive workforce plan’ at the last autumn budget. While the NHS plan is yet to materialise, social care has no such promise. There has been some support for international recruitment by temporarily easing post-Brexit visa requirements for care workers. But government recently watered down already weak promises on wider measures to support the social care workforce, halving its planned budget for learning and development. And crucially, despite high levels of poverty among the workforce, there are no plans to improve pay for staff beyond increases to the national living wage.

“If government is serious about supporting ICSs then it must take the workforce crisis in social care seriously.”

If government is serious about supporting ICSs and the integration agenda, then it must take the workforce crisis in social care seriously. A short-term boost to international recruitment and feeble funding for training and development in social care won’t cut it. Alongside a workforce plan for the NHS, social care needs a long-term national plan to recruit, train and retain staff, including funding and action to improve pay, terms and conditions.
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.

Nominate online at: [www.socialcaretop30.co.uk/scps](http://www.socialcaretop30.co.uk/scps)

Closing date for nominations 31st July 2023
Did you know that it takes more than just Apple to create an iPhone? That, without Samsung, Sony could not produce its TV or that without other car manufacturers providing essential parts, Land Rover could not produce any of its vehicles? If the answer is ‘yes’, then you understand without co-production, nothing in the World around us would work as it does because one person, one organisation and one sector cannot do it all. The strength of innovation is taking ideas from others and adding context to achieve suitable outcomes.

In 2017, when the CareTech Foundation was founded by CareTech Holdings Ltd, this was one of the key realisations. By bringing social care and charity grant-giving together, we could achieve more for both sectors. Since 2017, the CareTech Foundation has delivered meaningful impact to communities in the UK and overseas by supporting and championing the social care sector, carers and those living in care. An integral part of this has been the 12,000 staff of CareTech and our in-kind agreement to not only bring experts from social care to our charity partners but to offer relief through charity grant-giving.

Together, we have co-produced streams of collaboration which extend beyond the limitations each organisation would traditionally face. These mechanisms for collaboration also increase the impact each organisation is capable of making alongside the other.

Between 2018-2021, the Foundation partnered with EY Foundation to introduce 45 16-19 year olds to opportunities within the care sector. What made this programme unique is not that a grant-giver funded a programme of this nature, it was that we were able to give paid work experience to all 45 young people in care settings operated by CareTech and assign staff mentors. As a result, 30% of young people became interested in a career in care.

In our on-going partnership with Breaking Barriers, CareTech has helped create a bespoke recruitment pathway for refugees interested in joining care. In our partnership with RNIB, we have tested the Vision Friends model and found that as much as 10-15% of individuals in care may have undiagnosed visual impairments. All of this and more, delivered through charities, tested and developed through CareTech staff, then becomes available for the wider sector to benefit from. By joining our resources together, the impact becomes sustainable. 28 refugees have entered the social care sector. We now have 148 Vision Friends in the English care sector. And, this is just the beginning of something much bigger.

It is important to emphasise that this model extends beyond charity to charity partnerships. Since 2017, the CareTech Foundation has supported 281 charities through the generosity and charitable spirit of CareTech staff. Our Community Grants offer staff an opportunity to sponsor applications for their families, friends and community programmes that are not part of CareTech. This has led to SEND schools receiving funding for sensory equipment, family members being able to purchase mobility/accessibility equipment, cost of living support and a variety of local sports clubs being able to purchase new kits and access facilities. Through CareTech staff sponsorship, we have awarded 185 grants for an incredible £311,000.
As the 17th most charitable nation in the world, we are able to celebrate the generosity of CareTech staff by offering them the Match-Funding Grants. Any time a staff member or service user in CareTech fundraises for a registered charity, we match-fund the total raised by £350 per person. This has meant that we have awarded an incredible £61,000 to 202 applicants. On the back of the success of the Match-Funding Grants, we extended it to launch ‘Match it’ so staff who were volunteering for a charity could also give financial support alongside their expertise, time and passion. This is the positive result of two independent organisations with a common set of values coming together.

“We have co-produced streams of collaboration which extend beyond the limitations each organisation would traditionally face.”

The ripple effect of these acts is profound. Something as small as a care worker reading your material to see if the language is still relevant can change how your audience engages with your messaging. It has proven to be life-changing in many cases. None of this would be possible without both the Foundation and CareTech being involved in this unique manner. Yes, we have a reliance on CareTech as our largest donor, but, what we are able to offer charities, through CareTech staff, is the difference maker. We have been able to co-produce a way of working that is both relevant and sustainable for the future of social care. An overwhelming 30% of individuals who come into contact with our employability charity partners want to work in social care but do not have access readily available. CareTech can help! An overwhelming number of care staff quietly support their local communities. We can help!

The more we are able to align our values and work together towards shared outcomes, the stronger our sectors become. The Foundation has evidence of this working for six years. We are beyond excited what this will look like in another six as we learn and develop further, together!
A care register is a central database of care Professionals who have been approved to work within the sector. England is the only country in the United Kingdom to not have one, however The National Association of Care and Support Workers (NACAS, www.nacas.co.uk), has long voiced the need for a register in England.

In 2021, The Institute of Health and Social Care Management (IHSCM, www.ihtm.org.uk) released its People Plan White Paper, with one of its recommendations being the creation of a care register in England.

In 2022, NACAS, IHSCM and other stakeholders, including people who use care services, came together to create a steering group and discuss how a care register could be created. A number met with local MPs, Peers the government and the care regulator, The Care Quality Commission, however, it is not on the cards to be mandated. The group felt that despite the lack of government and regulator priority, there was a need for a register, and a national survey was opened.

This survey established that:

- 94% of Service users and 92% of Care managers all responded favourably to the prospect of a Care Register
- 86% of managers and 71% of Care Professionals believe that being registered should be a condition of employment.

“A register will increase the recognition and professionalisation of the role.”

The steering group evolved and is made up of people in favour and opposed to a care register. The group felt a balanced viewpoint was essential to ensure the set-up was scrutinised and no stone was left unturned.
Members of this steering group spoke at several events in 2022, including the Care Show in October 2022, where they informed delegates of the plan, shared early insights to the national survey and utilised the further feedback to improve the register.

We know from speaking to our colleagues in Scotland, Ireland, and Wales that England will benefit from a care register for several reasons.

For Care Professionals, it will provide a clear pathway for career development, increase the recognition and professionalisation of the role, and create a central platform for care Professionals to share experiences and knowledge.

For those receiving care, it will provide greater confidence in the care they receive as they know that they are being cared for by individuals who have been properly trained and vetted as the register would identify those who are unqualified or who have a history of misconduct.

We recognise that there are concerns that the register might lead to a reduction in the workforce if individuals are unable or unwilling to meet the required standards.

By having people who are opposed to the care register, and those who are sat on the fence in the steering group we have really been able to ensure these conversations have been had, and these factors considered. This means that we will have a register that is fair and accessible, with appropriate support for those who wish to register or may want to know any more information.

We now are delighted to announce that the first ‘Voluntary Care Register’ in England is being created, we are diligently dedicating ourselves to wrapping up the remaining vital details so that it can launched as a pilot project.

The Register will be:
- Self-regulatory
- Values Based
And importantly in the current economic climate:
- FREE to register (while it remains a voluntary activity)

Those who register shall be able to describe themselves as: Registered Care Professional (V)

In the interim, please visit [www.vcpr.co.uk](http://www.vcpr.co.uk) for more information. If you have any thoughts or suggestions, please contact: [enquiries@VCPR.co.uk](mailto:enquiries@VCPR.co.uk)

Please [#jointheconversationvcpr](https://www.x.com/tagged/jointheconversationvcpr) by chatting to us on social media and spreading the word. We are excited and remain committed to ensuring the register is brought to life.

#jointheconversationvcpr
The Covid pandemic shut down our core activities – free monthly tea parties for older people – but some agile thinking led to a new telephone befriending service being introduced.

This allowed volunteers to maintain contact with the tea party ‘guests’ to ensure their social circle had not vanished completely. The service was set-up within weeks and soon 3000 older people were receiving regular calls.

In fact, call companions proved so successful that we were encouraged to target a new, harder to reach audience. And so, a year ago our charity launched rainbow call companions (rcc), which matches older LGBT+ members with like volunteers who provide what many refer to as a ‘lifeline’.

Unlike the original call companions, which came from an ingenious spontaneous response to a sudden crisis, rcc was the result of our research which showed that older LGBT+ people were more likely to be alone and less likely to have family support.

Many of those we surveyed said they didn’t feel a part of their community and feared being open about their gender identity or sexual orientation with others because they might get a negative response.

So, rainbow call companions was launched and immediately more than 150 volunteers -aged 18 to 79 - came forward, eager to offer support to a group which had suffered humiliating prejudice during their earlier years.

It also resonated with professionals and within months had received the NHS National Advisor for LGBT Health Award with Dr Michael Brady, from LGBT Health, NHS England telling us: “This work takes courage and persistence and I am really grateful for your efforts which, I have no doubt, will have benefited LGBT individuals greatly.”

We now have nearly 50 older LGBT+ people who have been matched with a volunteer and another ten applications are being processed. Re-engage is aiming to have 100 service users by next April.

This really is a hard-to-reach audience but we are confident that by providing an excellent service many older LGBT+ people will continue to find it incredibly helpful and supportive and as word spreads more will take advantage of it.

As people get older they might feel they want to live their true lives before they die. Some in the LGBT+ community may have been in a relationship for many years and now their partner has passed on they feel at a loss.

And that’s where rainbow call companions comes in.

Some of our service users have had very tough lives and though they might be resilient it’s incredibly re-assuring for them to know there is someone who understands them, doesn’t judge them and just simply will have a chat with them.

This is also a two-way service as our volunteers tell us they find it very fulfilling. They look forward to making the calls and enjoy listening to the older people while gaining an understanding of how they can improve their lives.

Many of the older LGBT+ people might not speak to anyone from one week to the next but forming social networks through rainbow call companions can help cushion them from this loneliness.

As one of them told me: “The service is absolutely fantastic. Talking to someone on the same level is brilliant.”

If you know of someone who would benefit from the FREE rainbow call companion service or want to know more about Re-engage go to: Find a rainbow call companion: LGBT+ phone befriending (reengage.org.uk)
Up to half of the population over the age of 85 is impacted by frailty - a long-term condition related to the aging process, in which multiple systems within the body gradually lose their in-built reserves¹.

People are living longer than ever. This has led to an increase in complex health conditions experienced in older age, and consequently the number of people living with frailty. It’s an issue which currently costs the UK government in excess of £5 billion a year, and still health and social care systems are wholly unprepared².

During my role as an Admiral Nurse in acute care, I witnessed the struggles and challenges associated with dementia and frailty. Many studies indicate that frailty is associated with a higher risk of developing dementia and living with both, can be incredibly challenging. I am proud to be taking on the role of Dementia UK’s first Consultant Admiral Nurse for Frailty, supporting professionals who work with people affected by frailty and dementia, to improve healthcare outcomes.

There are three stages of frailty: mild, moderate, and severe. The degree of frailty in an individual naturally varies over time. People living with frailty are less able to adapt to stress factors such as acute illness, injury, or changes within their environment, personal or social circumstances, and such changes are more likely to result in adverse health outcomes and/or a loss of independence. People living with this condition may not consider themselves as frail, and often describe themselves in other ways, such as ‘slowing down’. Frailty often goes unidentified, unless actively sought out through an assessment. This results in many missed opportunities to improve outcomes for families affected by frailty occurring alongside dementia. In acute settings, a person living with dementia and frailty is more susceptible to developing infection and illness - knowing a person has frailty can be the key to really understanding the person’s clinical vulnerabilities.

In March 2020, when Covid-19 was prevalent, I supported a 76-year-old man who was living with vascular dementia and frailty. He had been admitted to hospital with a severe chest infection. His wife was his main carer but was not allowed to visit him in hospital due to the lockdown restrictions. This caused them both huge distress.

As their Admiral Nurse, I worked alongside the family to ensure that the care received was tailored to the man’s complex needs. I also worked closely with the medical professionals caring for him to make sure that there was a clear communication strategy in place, so they fully understood his condition and care requirements. It was also important that his wife was kept informed and that she was given regular opportunities to speak with him, so I set up daily FaceTime and telephone calls for them. During one of my regular visits, I noticed that his health had significantly deteriorated. I worked alongside the professionals in charge of his care to initiate an urgent investigation. The results showed that he had developed sepsis. Through one-to-one support and collaborative care, we were able to identify and treat his condition in its early stages, managing future potential health risks associated with frailty. As his condition improved, I met with a social worker in the hospital to discuss the requirements for his arrival home. We arranged a social care package including a referral to a physiotherapist to assess and support his mobility, and a meeting with a speech therapist to advise and guide his swallowing. The discharge plan gave his wife, his primary carer, the confidence to care for him. My experience with frailty was vital for supporting his stay in hospital, including mitigating potential health risks, and aiding the transition of discharge.

Dementia is a huge and growing health crisis. For a long time now, people living with dementia and frailty have been failed by the health and social care systems, which has led to poorer health outcomes and more distress for family members and loved ones involved.

Our Admiral Nurses are working hard to improve frailty provision, and we are working with other healthcare professionals to deliver training and advice; this will be central to my role a Consultant Admiral Nurse for frailty. However, there aren’t enough Admiral Nurses to reach every family that needs support. It is vital that we build a person-centred healthcare pathway – a wraparound system of care which will help people age well and live well at home for longer. In the future, I hope to see an increase in one-stop frailty clinics and community-based ambulatory care hubs and clinics, to improve patient experience and ease pressure on stretched services.

For families affected by dementia, Admiral Nurses can be a lifeline. Without them, many families would be left to struggle alone and unable to manage complex needs. To find out more about becoming an Admiral Nurse, speak to the team at Dementia UK by emailing admiralnurse@dementiauk.org

If you need advice or support around dementia, you can visit dementiauk.org/get-support for information resources and to find out how to access Dementia UK’s national Helpline and Clinics services.

References

https://www.bgs.org.uk/sites/default/files/content/attachment/2023-03-06/BGS_Joining_the_Dots_-_A_blueprint_for_preventing_and_managing_frailty_in_older_people.pdf
The Care Quality Commission (CQC) Young Champions: Empowering youth, transforming care

Following the launch of the CQC 2021 strategy, “A new strategy for the changing world of health and social care”, the CQC has been working to deliver regulation driven by people’s needs and experiences of care. This means focusing on what matters to the public, and to local communities, when they access, use, and move between services.

To help us do this, CQC is partnering with more local organisations and charities who work directly with people in communities who are more likely to experience poorer care and inequalities. CQC knows that it needs to do more to hear from children and young people who use health and care services. In their State of Care report (2022), CQC identified that mental health services are struggling to meet the increasing needs of children and young people.

Through its contract with Choice Support, CQC runs its flagship “Experts by Experience programme” which enables people with lived experience to work with CQC on its inspections, in co design and many other ways. Choice Support’s partner organisation, Participation People has been delivering a project for almost a year to recruit and manage a panel of young champions who use health and social care services from across England to come and work with CQC. The young people have been supported to steer, challenge, and bring their unique perspective to help embed change in CQC. The group have been working with CQC teams in different areas including data and insight, human rights and children’s services regulation. CQC hopes this work will help to promote awareness of CQC amongst younger people and encourage them to give feedback on experiences of care, helping CQC to regulate services more effectively.

Let’s hear directly from some of the Young Champions, and understand why they joined this transformative initiative:

**Avatars**

Riona
Riona, motivated by a desire to understand the healthcare system in England and listen to her peers’ experiences, explains, “To listen to other young people’s experiences and get to know how the healthcare system operates.”

Harrison
Harrison, committed to raising standards for people with genetic disabilities, emphasizes, “To help improve standards for people with genetic disabilities.”

Insha
Insha, inspired by her chronically ill family members, highlights the need to address the current disarray in the healthcare system, stating, “I have chronically ill family members, and I see the need to change the disarray in the current healthcare system.”

Afran
Afran, driven by the goal of improving the quality of healthcare services offered, shares, “To improve the quality of healthcare services offered.”

The dedication, passion, and commitment of the CQC Young Champions has been very powerful and inspiring for all CQC colleagues who have worked with group so far. They are not only amplifying their own voices but also supporting change in CQC.
The ICC, Birmingham
14th October 2023

Small things make a BIG difference

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"I was looking for work and by chance I saw they were hiring; I applied despite apprehension. I was offered an interview and went in completely blind, but I was completely honest."

"I explained my hesitance in applying and they explained the Household Model and the dream for the home. I remember thinking, that is the nicest idea ever! Suddenly everything clicked. Everything I wanted to see in dementia care was here. Millennium Care reignited that passion.

"It's only since starting at Millennium that I realised there actually is a really good career path to follow. They've been really supportive throughout; they've put in the effort, and everyone is so encouraging. I wouldn't be here without those people believing in me. I'm in disbelief at how far I've come."

Millennium Care encourages professional and personal growth, wanting to keep and nurture talent ensuring values and ethos runs consistently through all homes in the group.

"With other companies those opportunities aren’t there. It’s a lovely company to work for because there’s that scope for progression. I always wanted to be a Manager, just so I could make a difference, never in a million years did I think it would be possible but with my previous Manager’s support they made it so."

Since working with Millennium Ffion has won two Care Assessor of the Year Awards at the Great British Care Awards:

"It was such a shock, to win the Regional and then the National. It sounds dull but it’s one of the most vital parts of the care industry – it’s always been a really important part for me, showcasing that we can meet their needs both physically and emotionally."

Adding to that success, in May Ffion became the Registered Manager at Windsor House, Millennium Care’s smallest home.

"It’s a challenge but I’m really looking forward to it. It’s a case of building it up and getting it right and that’s the exciting part! This will be my biggest success.

"It’s a perfect opportunity for me to do the role and grow personally and professionally, it’s a pinch me moment."

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Ffion Caunce
Registered Manager
Millennium Care

"Everything I wanted to see in dementia care was here."
When asked what she loves about her role, Hayley explained:

“I just like helping people and I like to make people happy. I like to build people’s confidence. I was never confident growing up and I never wanted to progress, I was quite happy being a support worker. As long as I could put food on the table for my children then I was happy but the more I grew in my profession, the more I wanted for the people I was supporting. I want the service to be the best it can be.”

She also has a really simple motto that keeps the team in high spirits and ready to support their service users - “If we can work together, it’s a much happier place, isn’t it?”

She explained that it can be really challenging to help service users feel like they’re part of the community when they’re often given less access to opportunities and treated differently.

Hayley is working incredibly hard to shift attitudes towards supported living and individuals who have additional needs.

“I’m still very involved with the people we support but I don’t get to work one-to-one with them very often anymore. So if I pop to the local shops with a resident, for example, and I see people in the shops take the time to say hello, it’s so nice to see people being accepted,” she said.

Hayley was also asked what she thought of the shortlisting, and she was incredibly humble.

“To me, it’s just the job. I don’t think that I’m doing anything ‘out there.’” She continued, “I just want my service users to feel supported and to know that they can do what I do. And I am just so proud of my team, it’s not an easy job and they’re always so willing to go above and beyond.”
Leadership and unity: the hub at the heart of a rural community

Nestled in the middle of Coleford, Gloucestershire, Dora Matthews House is an Extra Care service run by not-for-profit organisation, Ambient Support. Julie Element manages a team of fourteen. The service, which is now an integral part of the local community, is committed to reducing social isolation in the rural Forest of Dean.

The team at Dora Matthews embody Ambient’s 5i values of inclusivity, integrity, innovation, inspiration and impact. Julie manages her staff attentively, encouraging discussions and their input on decisions, respecting personal commitments and helping staff to gain further qualifications.

"It’s so important that my team are listened to and valued so I always ask their opinions in all aspects of what we do here.”

The team’s achievements don’t go unnoticed, with three Dora Matthews staff members winning Ambient’s internal values-based award over four nomination periods.

Donna Gwilliam, Care and Support Worker says:

"Dora Matthews gives carers a chance to reach their full potential. They gave me confidence and Julie believed in me when I didn’t believe in myself. It’s like a family, and I’m proud to say I’m in my eighth year here and hope there’s many more to come.”

“The service, an integral part of the local community, is committed to reducing social isolation.”
The team’s unity has come into full force in recent years, particularly in the aftermath of a housefire at the service. The response to the incident by the staff teams on shift was exemplary and they pulled together to support all their tenants in the following days and weeks. Julie created safe spaces for her staff and tenants to share their emotions and worries. People received additional support in the form of counselling, informal coffee and chat sessions and extra evening visits from Julie to ensure they all felt safe and settled.

In a recent Ambient survey of the people they support, 100% of tenants said they felt safe, and that Dora Matthews had helped make their life better. Staff also feel the same, as Team Leader Emma Hale says:

"Dora is different because we work as a team, I have worked in other care settings and I’ve never had staff work, look after and support each other like we do at Dora Matthews."

And Jon Meek, Care and Support Worker says:

"Our management team are very supportive. I feel I can come to Julie about any concerns at work or in my personal life for guidance and advice. I am very happy working here."

Over 90% of the team have grown up in Coleford where although everyone knows each other, many people struggle with isolation. So, Julie has dedicated herself to solidifying those community ties:

"I wanted to make Dora Matthews House the hub of the community. I went around and spoke to people to help them understand that we are a place where people can come together."

Now, the local police and fire department visit to do training and even run a dementia café. The farmer’s market visits regularly with fresh produce for tenants and staff. The Voluntary Action Forum hosts a mental health group at the service for members of the public and tenants. There are volunteer group bingo sessions, also open to everyone. This speaks volumes about the team’s success in cementing Dora Matthews as a pillar of the community.

Julie comments:

"We don’t need much of an excuse to have a party! The atmosphere at the events we host makes everyone feel part of Dora."

The team’s commitment to forging strong connections with local groups is reducing social isolation for people in rural areas like Gloucestershire. What’s more, Julie’s efforts to build a work environment based on mutual respect, understanding and support have created the foundation needed for her team to thrive and truly love what they do.

**Links:**
- Ambient Support: [www.ambient.org.uk](http://www.ambient.org.uk)
- Dora Matthews Virtual Tour: [https://youtu.be/-PoYCtIN86I](https://youtu.be/-PoYCtIN86I)
Ethan was desperate to work as a blacksmith and had a very inflexible attitude to life and other people. Tom guided Ethan to rethink his aspirations and transfer his natural talent and passion for metal work into the world of work, strengthening his employability skills. After a short stint of work experience, a local engineering company were so impressed they offered him a full-time, permanent role. He also encouraged him to use his natural leadership skills mentoring others within the group and to widen his social circle. As a result, his social life has come on leaps and bounds, his confidence has soared and this summer he will take his first ever solo trip abroad to Germany.

This incredible transformation is just one example of the success of the Futures programme and in particular Tom’s devotion to this group of young adults, he has changed lives – for the better. Although Autism Unlimited are responsible for setting up the Futures programme it is only with the dedication of coaches like Tom that we have changed the lives of these young adults.

Ethan explains the difference that Tom has made to his life:

“Attending Futures and Tom's help has transformed my life. I now work full-time, am able to travel on my own, and do all of the things that I want to do, that my peers do. I was struggling to get a job. I knew I had the skills and had applied for lots of jobs but was getting nowhere. Tom guided me, gave me advice, helped me prepare my CV and taught me how to handle interviews. Because of his support and training, I am now in full-time employment and enrolled in an apprenticeship scheme doing a job I love. I am able to mix with the team at work and have more friends because I have learnt how to communicate with others.

Thanks to Tom, I learnt many new things including how to cook, how to use public transport and how to go to the shops on my own without feeling overwhelmed. My long-term aim is to live independently and, I am saving hard to get a deposit but, in the meantime, I have my first ever solo trip abroad to meet with friends and visit Comic Con in Dusseldorf. I am so excited and cannot believe that I am able to do this. Without Tom's support and the Futures programme all of what I have achieved would have just been a dream!”

Futures is a programme run by Autism Unlimited to provide bespoke learning opportunities for 18 – 25-year-olds using the Preparation for Adulthood framework. This enables them to realise their full potential and work towards independence. We opened in November 2021, with 4 Learners, we continue to expand and today support 15 Learners on their journey to independence.

“Tom believes that every young autistic adult should have the same opportunities as their peers.”

A key part of our success is our team of coaches who support these young adults on their journey. Tom is one of these coaches, he joined the Adult Services Division of Autism Unlimited in July 2015 but was so completely and utterly convinced about the need for more support for young autistic adults that he transferred to our Futures programme as soon as it opened.

Tom believes that every young autistic adult should have the same opportunities as their peers - a career that they love that makes the most of their unique skills and to live independently. He believes that no-one should be denied the opportunity to achieve their dreams.

The difference that Tom makes to the lives of our Learners is amazing and he uses the unique three-step process to provide:

- Individually tailored support.
- A programme for achieving independence.
- Skills for building resilience in new environments and being able to cope with change

Thanks to his efforts he has transformed the lives of those who have been in his care and one such example is Ethan:
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 alongside winners of the Social Care Top 30.

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.

Nominate online at: www.socialcaretop30.co.uk/scps

Closing date for nominations 31st July 2023

Awards Categories:

- legal services
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- recruitment
- workforce development
- consultancies
- property agents
- infection control
- technology
- banking & investment
- public/transitional
- pr & marketing
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NCF is the leading voice for the not for profit care and support sector

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.

Get in Touch & ask about joining the National Care Forum

NCF is the leading voice for not-for-profit care providers

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.
Ted, or more commonly known as the Love and Affection Manager at Ty Enfys, has been an integral part of our team for the past seven years. Ted’s non-shedding and non-allergenic nature made him the perfect addition to our community. Ted had training for six months before he came to the home, and despite some mischievous behaviour during his training, Ted has proven to be a valuable asset, winning the hearts of residents, their families, and visitors alike – the best decision we made.

Ted’s popularity knows no bounds within our community. Residents and visitors willingly bypass human interaction to greet Ted with open arms. His welcoming nature extends to everyone who enters Ty Enfys, especially children, whom he thoroughly enjoys playing with. However, Ted’s role goes beyond playfulness; he possesses a remarkable ability to provide comfort and calmness in any situation. Whether he’s sitting by someone’s side, showering them with attention, or simply being a loving companion, Ted has a soothing effect on those around him. One resident’s daughter, who recently experienced the loss of her loved one, fondly recalls how Ted would offer cuddles and comfort, helping her find solace during moments of grief.

Ty Enfys is home to residents with diverse needs, and Ted understands the importance of tailoring his approach to each individual. For a resident living with dementia, seeing Ted prompts a joyful exclamation of “Pup, Pup, where is my lovely boy?” Ted never fails to respond, bringing a radiant smile and a sense of happiness to her. Another gentleman, who enjoys sitting in reception with a coffee, watching the world go by, finds joy in Ted’s companionship. Ted sits next to him on the chair, resting his head on the gentleman’s lap, providing immeasurable companionship. Ted intuitively knows when to offer his presence and support, comforting those who are unwell or distressed.

Many residents eagerly take him out for daily walks, promoting their physical well-being while enjoying the fresh air and a sense of purpose. Regular dog walkers eagerly anticipate their time with Ted, knowing the joy it brings.

Beyond his therapeutic role, Ted brings a delightful sense of fun to our community. He enthusiastically participates in various events, often donning a variety of outfits that surpass the average wardrobe. Ted’s daily routine includes indulging in two sausages a day, occasionally stashing them away in unsuspecting pockets for later enjoyment. Although he has been banned from the dining rooms, Ted finds sheer delight in dashing up and down the corridors with stolen shoes, creating moments of shared amusement. We even have a dedicated “Ted lost property” box for the items he playfully collects!

“Residents willingly bypass human interaction to greet Ted with open arms.”
Hallmark Care Homes are a pet friendly company, with many residents in our homes having their own fluffy friends join them when they chose to live with us. We truly understand the benefits having pets and the positivity it can have on the lives of residents. Ted stands out as an exceptional recruit at Ty Enfys. He consistently lives up to his job title, spreading love and affection to all those fortunate enough to cross his path.

Ted has become an indispensable member of our community. With his endearing personality, intuitive understanding of individual needs, and unwavering ability to provide comfort, Ted has earned the love and admiration of residents, families, and visitors alike. As a testament to the immeasurable benefits of pet companionship, Ted’s presence brings joy, happiness, and a touch of mischief to the lives of all who have the pleasure of meeting him at Ty Enfys.

“Ted possesses a remarkable ability to provide comfort and calmness in any situation.”
‘Made in Haringey’ was the title of a career talk I did some years ago, reflecting the fact that my career in social care started and developed over a period of 30 years with Haringey Council, a borough where I’ve lived off and on for almost 60 years and worked for over 30 years.

As a senior leader in Haringey, I have often reflected on my career journey. It is rightly the norm now to speak of inclusive leadership. Drawing on people’s experience and the outcomes they want is an organising principle of how we work in social care and is also a current change initiative in Haringey Council. These are all principles that we are utilising to bring about a change in Haringey in terms of our work with our residents. Knowing our communities, creating space to make good things happen and listening and prioritising relationships are also basic tenets of the ambition we have about the way we work in Haringey.

It is a theme I focused on in my speech as the new President of the Association of Directors of Adult Social Services (ADASS) at the end of April 2023, where I also have been explicit about prioritising in my work in the national arena with an emphasis on how we work as well as what we do. A focus on equalities, diversity and inclusion and how we work collaboratively with informal carers and people with lived experience is key. Allyship is important. Allyship with informal carers, people with lived experience of care and how we work through the lens of their perspectives and their lives. How we amplify, celebrate and support shared ambition is also imperative.

In addition, I highlighted my wish to focus on amplifying the voices of carers during my year of tenure as ADASS president. I resolved to shine a light this year of my presidency on the positive contribution informal carers make to society. In 2015, Sheffield University estimated that unpaid carers’ contribution to the economy across the UK is £132bn. Carers UK has estimated that – during the pandemic – it rose to £193bn or £530m a day.

These are powerful statistics that tell their own story, and it is right that ADASS continues to listen to carers, highlight their stories and work to support the identified aims and ambitions of carer organisations.

As a society, we have asked a huge amount of carers and – during the pandemic – we asked more again. They rose to the challenge - as they always do - but they are now utterly exhausted. We owe them not just our thanks, not just our respect, but real, meaningful support that will help them carry on and will give caring the status it deserves.

Another area of focus is “prevention,” which I believe is an important narrative to support social care in the public domain. We need to expand our language so that we do not speak about ‘patients’ or “recipients of social care,” but rather all our residents, and extend our considerations and interventions before people are at the acute end of the system. This calls for a change away from the dominant government narrative aligned to hospital discharge, where social care is often maligned and cast as the root of system failures.

‘The Road Map: Time to Act,’ commissioned by ADASS with input from people with lived experience of care, outlines how we can take steps in the short, medium and longer term, and focuses on ten areas for action: reimagining care with people who draw on it; improving care planning so people are in the lead; building community capacity for more prevention; supporting people to live at home; better support for carers; joined up care and support; making care more accessible and affordable; diverse providers focused on outcomes; harnessing digital technology and redesigning; and rewarding the care workforce.

I’m very honoured and proud to be the ADASS president and I’ll be doing everything I can to advance the cause of carers, as well as the invaluable assistance, help and support they provide to vulnerable residents across the country, throughout my time in the role.
Beverley Tarka
President
ADASS
“What words of wisdom would you give to our leaders of tomorrow?”

Leadership comes in many forms but one of the key attributes to good leadership is leading from the front, motivating, nurturing and inspiring others. With this in mind we asked a group of award winning female leaders, “What words of wisdom or caution would you give to our rising stars and leaders of tomorrow?”

“Focus on your career and personal life goals but be prepared to flex or prioritise. Regularly reflect on the small and big wins you make – whether that’s dealing with a difficult situation or going outside of your comfort zone. Balancing home and work life by making time for friends and family sets a strong example as a leader. Don’t be apologetic for making time for yourself – your health and wellbeing is important. Dial down that voice in your head that suggests imposter syndrome – you can achieve your goals if you work hard and adapt to whatever comes your way. Whilst very few of us are natural networkers, don’t underestimate the power of your network. Nurture and develop your professional allies. Having strong professional relationships at work makes life more enjoyable and leads to better communication and collaboration. Having people who want to support your career journey is invaluable.”

“Being successful and a good leader comes much more easily if you focus on doing your current role well, recognise your strengths, work on your weaknesses and constantly learn, observe and listen. Keep the outcome of ‘making a difference’ forefront and this doesn’t just apply to social care. Never forget along the journey how you were made to feel by people who inspired - or indeed diminished - others. Be the person that cares, that makes a difference by small actions or words, appreciates others perspectives, whilst also being tough enough to make the necessary leadership decisions along the way. The toughest times can still be managed with kindness, compassion, empathy and professionalism. Riding roughshod over others or impressing your power and status is not the way forward! Successful leadership cannot be achieved alone, it is always about teamwork and bringing people alongside, and indeed past you.”
“Most of us experience imposter syndrome when we try something new.”

Kari Gerstheimer
Chief Executive
Access Social Care

“My advice is to have faith in your own conviction and the courage to do what is right not what is easy. Founding Access Social Care was not the easiest path, but it was definitely the best path I could take to be of service to people with social care needs and their families. There have been moments of self-doubt along the way; but as a wise mentor once told me, most of us experience imposter syndrome when we try something new. The trick is to focus on the positives, know your strengths, and be humble enough to seek out wise counsel or support when you need it. If you align your plans and actions with your values, then you will speak and act with conviction and there will always be people willing to lend you a hand along the way!”

“Lead from the front while learning, motivating everyone and celebrating successes.”

Ann Holt
Divisional Director - Adult
Salutem Shared Services

“There are many qualities I admire and aspire to have as a leader. One that stands out for me is the ability to deal with things when they go wrong, or don’t quite go to plan. This is how as leaders we can demonstrate our adaptability and resilience. This involves values such as transparency, honesty and integrity. But being able to remove ourselves and take the “personal” out of it, pick everyone up, pull a plan together, own it, lead from the front while learning, sharing learning, motivating everyone and celebrating successes all at the same time. In Salutem I am privileged to have many colleagues who have these skills and if I am ever not sure, I will always think – “what would that person do if they were in the same situation? What can I learn from them?”

“You don’t have to be the first to arrive and the last to leave to inspire others.”

Sam Hawker
Managing Director
AbleCare Homes

“When I started working in a care home as a weekend job it was a great way to meet lots of people and to listen to residents who always had so many interesting stories to tell. I never imagined that I would end up taking responsibility for the business and growing to it’s current size. It’s central to me that I have remained hands on throughout and have experience of all the different roles within the care environment. For someone starting out in their career, wanting to develop and make an effective impact, I can’t underestimate the importance of being hands on across the job roles, gaining a thorough knowledge and awareness which will enable you to support and motivate your teams. My caution would be to make sure you look after yourself too. You don’t have to be the first to arrive and the last to leave to inspire others.”
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...

**Social Care Top 30 Awards**
12th October 2023
Hilton Bankside, London

**The National Children & Young People Awards**
14th 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.*
Housing heroes in abundance at the inaugural Housing With Care Awards

9th June saw over 400 guests come together to celebrate the inaugural Housing With Care Awards, hosted by property expert and television personality, Martin Roberts.

The awards recognised accomplishments, celebrating excellence in accommodation and services for integrated retirement communities, people with learning disabilities, autism and/or mental health problems, retirement villages, assisted living, extra care housing and supported living and shared lives schemes.

Meet the winners!

- **The Housing with Care Employer Award**
  - Housing 21

- **The Frontline Leader Award**
  - Keira Harrison
  - Sanctuary Supported Living

- **The Integrated Retirement Community Hero Award**
  - Ac Lloyd Williams
  - Cross Keys Homes

- **The Housing with Care Apprentice Award**
  - Donna Reilly
  - Housing 21

- **The Housing Manager Award (Not For Profit)**
  - Jane Prior
  - Sanctuary Supported Living

- **The Housing Manager Award (Independent)**
  - Cassie Parratt
  - Seckford Care

- **The Care & Support Worker Award (Not For Profit)**
  - Yvonne Johnson
  - Making Space

- **The Care & Support Worker Award (Independent)**
  - Heavenly Jabulile Zulu
  - Next Steps

- **The Care & Support Worker Award**
  - Heavenly Jabulile Zulu
  - Next Steps

- **The Housing Manager Award**
  - Jane Prior
  - Sanctuary Supported Living
Nominations are now open for the 2024 awards!

www.housingwithcareawards/nominate

www.housingwithcareawards.co.uk #HousingWithCare
I grew up in a deprived area of Guyana, South America, but despite the challenges presented by this, became a Secondary School Teacher at a school where I was once a pupil, before moving to the UK in the early 90s. I like to think I have a rich tapestry of experience that helps me navigate my current role as CEO of Quo Vadis Trust, including having served as a Special Constable in the Metropolitan Police Service, which gave me first-hand experience of hard-to-reach groups and individuals who have fallen through various safety nets.

This life experience has helped me gain an in depth understanding of the effects of homelessness, social, complex mental health issues and dual diagnosis, and along with my current role has enabled me to gain expertise in designing and delivering tailored services for these needs. I am proud to have been part of the innovative remodelling of first core and flexi approach to care and support for mental health services in the London Borough of Lewisham. I have a passion for shaping person-centred services for vulnerable people experiencing barriers to self-fulfilment.

The cost of living is really affecting the supported housing sector through increased utility prices, procurement, contractor costs and increases in landlord rents. The biggest challenge is that we are operating in an uncertain environment and no amount of horizon scanning will fully capture what the future holds. So it is essential that my leadership team and I are able to effectively lead and motivate our charity’s staff and teams, to ensure that they remain engaged and committed to our purpose and that they enjoy work/life blend. I know that if we look after those who serve the business, they will look after the business, and it is our business to effectively look after those who place their wellbeing in our care.

The most rewarding part of being a CEO is the opportunity to shape and influence the direction of Quo Vadis Trust. As the leader I have the ability to set goals, develop strategies, and make decisions that can have a significant impact on the success and growth of the business. Additionally, my role involves working with talented and dedicated individuals, including many talented women, who are all passionate about their work. This is incredibly motivating and inspiring.

Female leadership in social care holds immense value, especially in the context of the current climate. Women have traditionally been the primary caregivers in families, and this experience translates well into the care sector. Female leaders bring a unique perspective and empathetic approach to their roles, which is crucial in a sector focused on providing care and support to vulnerable individuals. Their ability to understand the complex needs of service users and foster nurturing environments contributes to better outcomes and enhance quality of care. Supporting female leaders in the care sector in the UK and recognising and promoting their value is essential. Female leaders often face unique challenges and barriers in their professional journeys, and it is crucial to create an inclusive and supportive environment that empowers them. By providing mentoring programs, leadership development opportunities, and platforms for networking and collaboration, female leaders can be better equipped to overcome obstacles and maximize their potential. A diverse leadership team that includes strong female representation brings a range of perspectives and ideas, leading to better decision-making and innovation within the organisation.

Female leadership is an invaluable asset in driving positive change and shaping the future of social care in the UK. I hope to inspire and nurture the next generation of female leaders, ensuring a brighter and more diverse future for our organization and the care sector as a whole.

“Serving in the Metropolitan Police Service gave me first-hand experience of hard-to-reach groups who have fallen through safety nets.”
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.

Nominate online at: [www.socialcaretop30.co.uk/scl](http://www.socialcaretop30.co.uk/scl)

Closing date for nominations: 31st July 2023

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.
“I have volunteered for most of my adult life as I love to help people who are in need.”
There has possibly never been a more challenging time to be involved in the social care sector. A rapidly ageing population, problems within the NHS – both amplified by the shortage of care workers. But with challenge comes opportunity that can only be acted upon if you have a strong team – and that comes from having the right leadership in place.

If I had to put a label on my management style I’d say it’s ‘hands off’ – but not in the sense that I’m not interested or involved. It’s very much the opposite. For me, leadership is about empowering your team to get on with the job in hand and for them to feel at ease doing it their way.

Yes, I set the guide rules, along with my wife Sonia with whom I run our two Home Instead offices, but I’m not in to micromanagement!

All of this starts with having the right people around you as that makes the whole leadership thing run much more smoothly. In fact, if the people aren’t right then having a cohesive team to lead is a non-starter.

As a mission-led business, our purpose is to expand the world’s capacity to care so that’s our starting point when looking for people to join our team. Do they share our passion for making a difference, are they empathetic and are they ‘people’ people? If the answer is yes, then we are on to a good thing.

So we recruit based on attitude and then we make sure that we give everyone the tools they need to do the job. And ongoing support is part of this. Our leadership team has access to external coaching so that they are continually developing their business skills.

All our staff have personal development plans which are reviewed regularly with their line managers.

We also run team building sessions during the year. We have looked at identifying and challenging current ways of working to develop a strong culture to aid growth. This has included changing mindset and behaviours, building confidence and working with key team members to build individual accountability and responsibility in order to deliver results.

We have had a real focus on recruitment & retention; the biggest challenge we are facing in the industry. We are advocating and raising awareness of health and social care careers as part of our strategy to attract new talent.

Our employees’ feedback is incredibly important to us, so we carry out an independent survey through WorkBuzz annually. In our recent survey we scored 95% of engagement score and awarded with a prestigious ‘5 Star Employer’ award 2022.

Giving back
I have volunteered for most of my adult life as I love to help people who are in need. Sonia and I even have our own charity, Skills & Care. The charity’s focus is to promote social inclusion and support vulnerable and isolated older people in our community.

I am very interested in supporting the veteran Ghurka community. During the pandemic I organised and sent 300,000 face masks and other PPE to my native Nepal for distribution by the local government. I was recognised by the ambassador to Nepal for my outstanding contribution towards fighting Covid-19.

Dementia is another area of interest. I run various community awareness events and am an Alzheimer’s Society’s Dementia Ambassador. This role sees me running dementia friends sessions in the community, helping families to learn more about the condition. I also run memory cafes.

I’ve been lucky to receive some lovely awards for my volunteer work – I was named a Platinum Champion as part of the late Queen’s Jubilee celebrations and won a Civic Award from Mayor of Bexley for outstanding achievements in supporting older people.

I don’t do this work for the accolades, nice as they are, I just like helping people – it’s the thread that runs through my business and personal life.
Collaborative working within Transforming Care

Collaborative working within Transforming Care involves professionals across a range of disciplines working together to plan, implement and provide care and support for individuals who might have acquired challenging reputations. Alignment and integration are essential for improving outcomes for people, as well as significantly speeding up the discharge process – especially for people who have been detained in hospital for extended periods of time.

4. Lack of trust: True integration requires trust and mutual respect between people. However, often people have various levels of experience, training, and exposure to the sector, and this could result in power dynamic differences. It is important to open lines of communication between all stakeholders, explaining we are all starting from the same baseline, and that every stakeholder has an equal voice.

5. Resource constraints: The biggest issue in our health and social care sector is a lack of resource across the board. Limited funding and staffing play a huge part in challenging integration when working in community care. This leads to a lack of coordination, resulting in reduced quality of care and poorer outcomes for people. As leaders, we should work to recognise this from the outset, and ensure we are there for our people, serving their needs and supporting wherever possible. This is an issue that is not going anywhere fast, and yet it is critical for people to get the support they need.

Addressing these barriers requires a real-time, concerted effort from everyone involved to make impact one person at a time. At a higher level, we know policymakers need to address these things head on, but we know that will not give us immediate results.

One concept to consider is Edmondson’s “teaming.” Oftentimes, as professionals we are responsible for a significant group, or caseload, of people and we need to work with different professionals to make change happen, forming squads, or “small teams on the fly” where outcomes need to be met in short spaces of time.

Some of the barriers to integration might be:

1. Lack of communication and information sharing: Communication is key when working with people, especially when so many variables need to fall into place to facilitate a complex transition. It is important to adopt and use the same terminology, ensure professionals are working together wherever possible, and to facilitate faster information sharing to avoid unnecessary delays in care or treatment.

2. Knowledge boundaries and silos: There are so many different professionals in our sector, and reluctance to cross boundaries or think creatively might hinder efforts to support faster discharges and care implementation. As leaders, it is important to give our teams the flexibility to think freely to make things happen.

3. Resistance to change: As humans we all find change difficult, but reluctance to change our ways of working to align with wider systems can impede high quality care being delivered on the front line. This tension creates conflict, leading to reduced collaboration – a mindset shift towards working for the individual (and greater) good needs to be adopted and it is our role to support our people towards this.

“Reluctance to cross boundaries might hinder efforts to support faster discharges and care implementation.”

“At Catalyst Care Group, we realise that owning these issues from the outset, and equipping our teams with the right knowledge, skills, and support to facilitate collaboration is a priority, enabling us to make tangible impact, one person at a time.”

“Proficient teaming often requires integrating perspectives from a range of disciplines, communicating despite the different mental models that accompany different areas of expertise, and being able to manage the inevitable conflicts that arise when people work together.”

– Amy C. Edmondson, Teaming: How Organizations Learn, Innovate, and Compete in the Knowledge Economy*
Delegated healthcare activities

In May, Skills for Care published new voluntary guiding principles for delegated healthcare activities. These were co-developed with the Department of Health and Social Care (DHSC) and sector partners. Skills for Care shares more about what the delegation of healthcare activities means and how it’s already being carried out.

A delegated healthcare activity is an activity that a regulated healthcare professional, such as a nurse, nursing associate, occupational therapist or speech and language therapist, delegates to a paid care worker or personal assistants.

These are activities, often but not exclusively of a clinical nature to support people’s care, independence and health outcomes such as supporting a person with diabetes to manage their insulin administration or providing simple wound care.

The delegation of healthcare activities to care workers isn’t a new thing; it’s something that’s been happening for many years.

The new voluntary guiding principles intend to complement this existing best practice, and have been designed to be adapted to local protocols that are already in place, rather than a ‘one size fits all’.

The delegation of these healthcare activities means that people drawing on care and support have more consistent access to high-quality care with an opportunity for a better experience of care.

This focus on person-centred care and improving outcomes for people drawing on care and support should always be at the heart of delegation.

Upon the publication of the new voluntary principles, we spoke to a number of people and organisations who already had experience of delegated healthcare activities.

This included one individual employer whose personal assistants had been trained up on healthcare activities to support his bowel care previously conducted by the district nursing team...

His personal assistants have now been carrying out these activities for around nine years, and he told us that this has made a hugely positive impact to his life socially, professionally, and mentally with benefits to his physical health and comfort.

Rather than being reliant on the district nursing team’s appointment schedule, he now has greater control and flexibility over how and when these activities are carried out. This allows him more freedom and time to enjoy his work, hobbies and travelling.

We also spoke with care providers whose care workers are carrying out delegated healthcare activities from nursing colleagues.

This included care providers who are part of the Blended Roles project which is running by the Tameside and Glossop integrated care team.

This project is supporting care providers to develop blended roles, including training care workers in the administration of insulin to better support people with diabetes.

Having care workers able to administer insulin, again means that people have more flexibility and control around how and when their insulin is administered. It also means that they’re dealing with less care and support staff, as their regular carer can administer their insulin while providing their other care and support. This supports with person-centred care and building close and trusting relationships.

The care workers and providers we spoke to not only highlighted the positive benefits for people accessing care and support, but also the benefit and value which upskilling had for them in their careers.

Now that they’re trained in insulin administration it’s given them an extra boost of confidence and enjoyment in their roles and has allowed them to develop their own skills.

The Blended Roles Facilitator who supports the training of care workers across this project also told us that the introduction of blended roles had positively developed the relationship and trust between care workers and the district nursing team.

With the publication of the new voluntary guiding principles for delegated healthcare activities, more organisations and individuals will be able to consider how they can continue to develop or introduce person-centred delegation of healthcare activities to best support care and support for people drawing on it.

Find the principles and supporting resources and watch our video interviews on the Skills for Care website: www.skillsforcare.org.uk/DelegatedHealthcareActivity

“Blended roles had positively developed the relationship between care workers and the district nursing team.”
Care sector in crisis: could international recruitment be the solution?

The care sector continues to experience acute recruitment and retention problems with staff shortages worsening in recent years due to a number of factors, including but not limited to the COVID-19 pandemic, the impact that Brexit and the end of free movement has had on EU staff numbers, and more general concerns around pay.

The extent of the problem is further evidenced by the fact that vacancy rates have risen to their highest rate since records began, with the latest figures published by Skills for Care showing a staggering 52% increase in vacancies in 2021/22 to 165,000 vacant posts.

One option available to employers is international recruitment. In February 2022, the role of ‘care workers’ and ‘home carers’ joined ‘senior care workers’ in becoming eligible for the Health and Care Worker Visa and being added to the Skilled Worker Shortage Occupation list.

Despite the Home Secretary, Suella Braverman’s recent comments about how the United Kingdom must not “forget how to do things for ourselves”, the UK Government appears to be committed to helping support international recruitment within the adult social care sector with £15 million being made available over 2023 to 2024.

The option, which will give an organisation the best opportunity to recruit international staff to fill recruitment gaps, is to obtain a UK sponsor licence. Care operators must have a sponsor licence to sponsor an employee for the Skilled Worker and Health and Care Worker visa routes. The Home Office will issue this licence, which will give the care operator direct access to the international employment market, significantly increasing the number of potential candidates for vacancies.

The costs for obtaining a sponsor licence are not as high as employers may expect. The application fee for a licence, which is granted for four years, is £536 for small or charitable organisations and £1,476 for medium or large businesses. Care operators must issue a Certificate of Sponsorship, which costs £199 per certificate, for each sponsored employee. The employer may also be required to pay the Immigration Skills Charge, which will be subject to the length of the employee’s sponsorship.

The Health and Care Worker visa, which is part of the Skilled Worker visa route, can be an attractive option for eligible sponsors in addressing the acute staff shortages in the care sector; particularly as this option exempts the employee and their family from having to pay the Immigration Health Surcharge, which costs the visa holder £624 per year for themselves and any dependant family members on other routes.

International recruitment may not be the only solution to the care sector staffing crisis, but the latest data confirms it is proving to be a popular option with 56,900 visas granted for care workers and senior care workers in 2022. Despite the growing number of visas being granted, the majority of the UK care sector’s 17,000-plus employers do not hold a sponsor licence and are therefore not fully utilising international recruitment. Existing sponsor licence holders report a number of benefits to holding a licence including very high retention rates, low absence issues and highly trained and motivated employees. For those who do not already have a sponsor licence, it may be an investment in people worth considering.

gpall@thorntons-law.co.uk

“The majority of employers do not hold a sponsor licence and are therefore not fully utilising international recruitment.”

As a direct result of Brexit, only British and Irish citizens have an automatic right to live and work in the UK. Everyone else is required to hold their own individual immigration permission. Employers are likely to encounter individuals who hold immigration permission to enter the UK; however, the numbers are likely to be limited.
Each month I meet key stakeholders and business leaders in the social care sector. This month I met Kerry Southern-Reason, Managing Director, Care Home Interiors. I caught up with Kerry to discuss care home design, workforce development, and the importance of co-producing care environments.

So, Kerry, can you tell us a little about Care Home Interiors?

We've been working in care home interior design since 2001, but exclusively for the residential care sector since 2017. Now we are a multi-award-winning team of care home interior designers, craftsmen and installers, all experts in their field. Between us, we have 150 years of experience in creating perfectly crafted care home interiors.

Creating outstanding interiors has always been our passion, but now we're achieving something even greater by working with the care sector to improve the lives of care home residents.

We know there isn't a one size fits all solution to a care home interior. We work hard to meet project objectives, always keeping the needs of residents and the teams who work there in mind.

As a designer, what drew you to the care sector specifically? And how does co-production influence your approach to interior design?

Unfortunately, my interest in care home interior design stems from personal loss and experience. When my mother was dying from cancer, she spent her last days in a hospice room that was devoid of any comfort or warmth due to its soulless design. Similarly, when my Nan developed dementia, the care home we looked at had very little regard for the impact of the interior on her wellbeing. The only available room was painted green, a colour she disliked, and when I asked if it could be changed, the nurse dismissed my request by saying that it didn't matter since she had dementia. My son also has sensory processing disorder, which makes his experiences of the world vastly different from ours. His reactions to light, colours, and sounds can either positively or negatively affect him.

These combined experiences have made me realise the importance of interior design to better cater for people's emotional and physical needs. Care homes in particular should not have to feel like medical institutions; with thoughtful design and styling, they can inspire and relax people, leading to a much better quality of life.

Our designs are tailored to every individual project, they are functional and enabling for those that work in care homes and the residents equally. We create adult spaces, homely in essence but truly functional in enabling independence for the most vulnerable of those living with dementia and for the provision of care to be delivered with ease.

To what extent do you think being a family-run business influences your approach to not only interior design, but to workforce wellbeing / development?

We've grown together. At times our work can be incredibly stressful, but we all pull together. There is a common goal, we support each other to achieve it. We are like a family but rather that than a huge faceless company where you can hide. We can't hide, we are all accountable and we all take that onboard with the diligence and commitment it deserves.

We are really good at supporting each other, we never take for granted what we have in our team and each other. Everyone is encouraged to flourish through learning and development, there are no barriers to what anyone can achieve at Care Home Interiors.

And it shows. In everything we do we will never stop short of excellence.

And finally, Kerry, where can we learn a little more about Care Home Interiors?

Our website is great place to start https://carehome-interiors.co.uk/ but also our social media is regularly updated for those keen to keep in touch.

“Care homes should not have to feel like medical institutions; with thoughtful design and styling, they can inspire and relax people, leading to a much better quality of life.”

Kirsty Hollins Communications Executive, Care Talk
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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