Care Talk
The voice of excellence in social care

Let's Talk Social Care! Issue **145** | October **2025**

Diversity and Inclusion in Social 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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Welcome to the October edition of *Care Talk!*

This month we're shining a light on ***Diversity and Inclusion in Social Care***. Autumn always feels like a season of reflection, doesn't it? A moment to take stock, learn, and grow together. In social care, inclusion isn't just about policies and strategies — it's about people. It's about making sure every care worker, every voice, and every lived experience is seen, heard, and valued.

One of the voices we hear from this month is Phil Harper, Senior Lecturer at Birmingham Newman University. In ***What Keeps Me Awake at Night,*** **(page 28)**, Phil shares the fear that LGBTQ+ people with dementia are still being asked to hide who they are in care settings, and explores what really needs to change if we are to create services that feel safe, affirming, and genuinely inclusive.

We also follow the extraordinary journey of Isaac Samuels, lived experience advocate and Co-Chair of Think Local Act Personal. From being sectioned in a mental health asylum to receiving an OBE in the King's Birthday Honours, Isaac shows us how he is ***Leading the Way in Social Care*** and how lived experience can transform services from the inside out. Turn to **page 34** to read this inspiring piece.

And in this month's ***Tough Question,*** Kate Terroni, Chief Executive of United Response, asks whether diversity without impact is really inclusion at all? On **page 32**, she challenges us to look beyond intentions and policies, and to measure inclusion by what people actually experience in their daily lives.

These stories show that diversity isn't about ticking boxes — it's about reshaping systems so everyone in care feels safe, respected, and empowered. Real inclusion is lived daily, through empathy, fairness, and the courage to change.

As you turn the pages of this issue, pause on the voices that challenge, inspire, and remind us to ask: what does it take to create care that truly cares?

Till next time,

Lisa
𝕏 @lisa_caretalk

Professor Martin Green OBE
Chief Executive
Care England

Diversity and inclusion are the foundation of good care

Professor Martin Green, Chief Executive at Care England, discusses why diversity and inclusion must move beyond tokenism to become a practical driver of innovation, quality, and truly person-centred care.

Social care is based on relationships between people who receive support and the people who deliver it. At the heart of good social care is an understanding of people, and the diversity of those we support should also be reflected in the diversity of those who deliver care. Understanding the personal and cultural backgrounds of individuals in the care sector is crucial to delivering effective services. Diversity also offers the benefit of providing different perspectives, which can be very beneficial in challenging existing norms and developing new approaches to care.

In recent years, there has been considerable discussion about diversity and inclusion; however, this is often accompanied by a lack of clarity about what these terms mean and the benefits they offer to individuals who utilise this approach.

Over the years, through posturing and tokenism, some diversity and inclusion approaches have become discredited, and their use for political rather than service delivery reasons has led to their undermining in the eyes of many. That is why we need to return to the basics and identify the impact on both those who use services and those who deliver them of having an inclusive and diverse approach to services. We need to take this issue out of the political Spotlight and make it an essential part of delivering high-quality person-centred care.

Diversity must be driven through every aspect of a care service, right from decisions that are made on appointments and hiring policy, to the way in which we challenge ourselves to ensure services respond to people's needs.

Workforce diversity is desirable due to its impact on service users, as it is perceived to deliver better outcomes and foster greater creativity. The moment it descends into becoming about quotas, tokenism and positive discrimination is the moment when you lose people's engagement, and it becomes a political rather than a quality issue.

For many years, I have heard people discuss diversity and inclusion, but when asked how it helps improve services and deliver better outcomes for those who receive support, there is often a vagueness in the response, and they move away from the tangible into the rhetorical.

To make a compelling case for a more diverse and inclusive workforce, we must demonstrate the tangible benefits of this approach. For too many years, these issues have become sound bites, and in reducing them to mere words, we have devalued their importance.

Diversity and inclusion must be set in every part of the organisation if it is to be effective. It should include clear policies on recruitment and retention, so that people understand that a diverse workforce is stronger and more reflective of the people we support. There must be clear policies and procedures that underpin our approach in every aspect of the organisation and its services. However, these policies should not focus on numbers or quotas, but rather demonstrate the impact that diversity can have on services and should be regularly monitored against an outcomes framework.

> *"For years, these issues have been reduced to sound bites, stripping them of their true significance."*

Measuring the impact of such policies is quite difficult, but the fact that it is difficult should not deter people from clearly defining the impact that diversity and inclusion have on the services that they operate.

From my own experience, when I worked on different perspectives and listened to different views, it opened my mind to delivering in different ways. It is this approach to diversity that is reflected in innovation, creativity, and the quality of care, which should be the cornerstone of how we deliver services that are responsive to individual needs.

I want us to reset the dial on diversity and inclusion, ensuring it is enshrined in every service, but with a purpose rather than just ticking a box.

@ProfMartinGreen @CareEngland
careengland.org.uk

Faith, culture and care

Liz Jones
Policy Director
National Care Forum

Liz Jones, Policy Director at the National Care Forum, explores how not-for-profit providers embed cultural and religious needs into everyday care. Drawing on examples from their members, she highlights why faith, spirituality, and values-led practice are central to delivering truly person-centred support.

Values-led delivery of care and a deep understanding of community need are the bedrock of the not-for-profit provider ethos. Recognising and meeting the cultural and religious needs of the people we support is just one area in which not-for-profit care providers exemplify this community responsiveness and person-centred approach.

The National Care Forum (NCF) membership is rich with examples of this values-led community approach and expertise within their care and support portfolio. Our members come in all shapes and sizes and offer a very diverse range of care and support services. As not-for-profit organisations, they place a strong emphasis on the long-term sustainability of their offer in their communities. This is partly because many of them have a strong heritage, with deep roots in the communities they serve as a result of their origins and history. Their philosophy of responding to community need as they see it and as it changes, means that they have a strong focus on person-centred care and support; in response, many are able to offer specialist provision for people with specific needs such as those with strong faith traditions.

A strong part of our offering to members are our Communities of Practice. These regular member meetings, which take place either online or in person at a members' service, are very effective means of communication, networking and policy development. Members use these meetings as opportunities to pose questions and get real time responses from other members. The Faith and Spirituality Network meetings provide a dedicated space for NCF members with a faith dimension in their organisation, heritage, and approach. These meetings offer a safe and supportive environment to deeply consider the role of spirituality in practice. This network is designed to facilitate the sharing of experiences and ideas, explore common issues, and collaboratively discover solutions.

For this article we have given a few of our members the opportunity to explain in their own words how their care ensures that the cultural and religious needs of older people are fully embedded in everyday care practice.

Pilgrims' Friend Society

Creating an accessible Christian environment

At Pilgrims' Friend Society we recognise that spirituality is at the heart of all human experience. As a Christian provider, we support the spiritual journeys of the many older Christians who make their home with us, each with a deeply felt need to continue on in their faith. Being able to talk openly, hear teaching from the Bible, sing hymns, and pray, brings great comfort to the older people living with us, especially as they may now struggle to get to church. Later life can bring huge challenges, from failing health to the loss of a spouse, and so we ensure those living with us receive spiritual encouragement as part of a loving Christian community.

One older person for whom living in a Christian environment means so much is Marian. Due to ill-health, Marian struggles to leave her room. The staff, volunteers, church friends and fellow residents who drop by make a world of difference, whether it's to read the Bible and pray, share a cup of tea and a chat, or help her take part in the craft activities she loves.

pilgrimsfriend.org.uk

"We ensure those living with us receive spiritual encouragement as part of a loving Christian community."

Methodist Homes (MHA)

inclusive, multi-faith care for older people

Here at Methodist Homes (MHA), we truly understand and value the cultural and religious needs of our residents and colleagues. Our chaplaincy service, available in all our care homes, is one of the things that makes MHA special. With around 100 chaplains, our team is key to nurturing the mind, body and spirit of everyone we serve, regardless of beliefs or backgrounds. They provide pastoral and spiritual care, lead worship and reflection, and help create spaces where people feel heard and valued.

MHA's homes regularly mark religious and cultural festivals, whether celebrating Eid, Easter, Diwali or Hanukkah. These celebrations offer everyone the opportunity not only to share in celebration but also to grow in understanding of other religions and cultures, and how important they are to people's lives.We also have a faith and belief colleague network which creates resources and events. Recently they developed a guide for Bandi Chhor, a Sikh festival, giving colleagues simple ideas for inclusive celebrations residents and colleagues from all backgrounds can join.

mha.org.uk

"Our 100 chaplains care for mind, body, and spirit – for all, of any belief or background."

Kisharon Langdon

Ensuring an organisation-wide understanding of Jewish traditions

Kisharon Langdon provide supported living and assistance to people who have learning disabilities and autistic people in the Jewish community. Our care is focused on respecting and embedding cultural and religious needs and this is central to the care we provide. We take a person-centred approach, ensuring that each individual's religious practices and traditions are recognised and supported in daily life. From Friday night Shabbat dinners to inclusive festival activities such as baking, art, and music, we create opportunities for the people we support to celebrate their identity and participate in meaningful community experiences.

Accessibility is at the heart of what we do. We offer a Siddur- a prayer book- which features clear print with simplified translations and accessible transliteration of core Shabbat prayers with a set of graphic icons to help those with communication challenges. Many of our activities are supported by 'easy read' translations, meaning everyone can join in with activities and prayers. Staff training is vital in building our culture of respect and understanding. Our teams receive specialist learning on the Jewish way of life, equipping them with the knowledge and sensitivity to support individuals in ways that honour their personal choices and their Judaism. Each year, staff attend a Jewish Life Exhibition run by people we support, which showcases the meaning behind Jewish religious and cultural practices.

By listening, collaborating, and responding to individual needs, Kisharon Langdon strengthens inclusive practice and ensures that everyone we support can live a full life where their culture and beliefs are truly valued.

🌐 **kisharonlangdon.org.uk**

"Each year, staff attend a Jewish Life Exhibition run by people we support."

" The Faith and Spirituality Network meetings provide a dedicated space for NCF members with a faith dimension."

As has been illustrated by the examples given by the members above, there is an incredibly strong tradition amongst not-for-profit providers to ensure that the faith traditions of the people they support is truly central to their offer. This is something that NCF deeply respects and values and is just one of the many elements that set not-for-profit providers aside from other elements of the market. Our members focus on using surplus funds to invest in high quality care and support, invest in workforce terms of pay, terms and conditions and learning and development. They also look to innovate with technology and new models of care – this ambition to find new ways of doing things is another quality that underpins the not-for-profit ethos.

Given the many challenges facing the adult social care and support sector at this time, we remain dedicated to supporting our members and the wider not-for-profit care and support sector. We want it to be enabled to thrive and grow so it can continue to respond to the expanding and increasingly complex level of care and support needs of people across England.

𝕏 **@NCF_Liz @NCFCareForum**
ncfliz.bsky.social
in **liz-jones-1689b3159/**
🌐 **nationalcareforum.org.uk**

" Not-for-profit providers have a strong tradition of placing the faith traditions of those they support at the heart of their care."

Bridging the digital divide in social care technology

Amy Low
Chief Executive
AbilityNet

Amy Low is the Chief Executive at AbilityNet, a UK charity dedicated to making the digital world accessible to all, and she explores how digital transformation in social care can empower people and professionals alike.

Having spent the last 10 years working at AbilityNet, a digital accessibility and digital inclusion charity, I have seen time and again how technology can be both a lifeline and a source of frustration for disabled and older people.

Tech advances in recent years have opened up unimagined use cases, and the cost of mainstream tools has come down substantially. This creates real opportunity to build a tech-powered social care programme that allows carers to focus on the person-centred aspects whilst empowering older and disabled people to maintain independence and connection.

Yet tech is still a source of concern, with many who could benefit most opting out from embracing digital. Around 22% of over 65s still do not use the internet. A disproportionate number of disabled people also remain offline.

There are several key areas that I believe are crucial to deliver positive progress. These include adequate funding, co-designing solutions, building skills and confidence, and maintaining the highest level of ethics.

Whilst the cost of tech is reducing, there is still a stark divide based on affordability of devices, data and specialist adaptations. A straightforward mechanism to fund support must form part of any coherent plan to optimise social care through technology.

Co-design of digital services is a no-brainer but is seldom meaningfully undertaken. People who rely on social care are the experts in what they want and need from it and should be involved from the start. If you design a system with the input of older and disabled people, you're far more likely to make it work for the widest audience. If you don't approach it in this way, assumptions are often made that exclude people further.

I love observing AbilityNet's team of user researchers. They bring together representative groups of people to feed in on design and test apps and tools to make sure they are accessible and usable. The process is eye-opening and some of the feedback can be brutal! Over-engineering is quite common and tech teams we advise often comment that their final product is much simpler and more straightforward than they imagined it needed to be. This can save them time and money as well as improving uptake and benefits to users.

In AbilityNet's experience, digital skills and confidence are fundamentally important. Our team was contacted by an organisation that had funded a device donation programme for older people and was disappointed by the impact feedback they received. They invited AbilityNet to help support with confidence and training. One trainer visited a lady in Scotland who had been provided with an iPad as part of the scheme.

She said:

> ***"It's very kind but I have no clue how to turn it on or what to do with it so have been using it as a tea tray!"***

Spending a few hours determining what she loved doing, and what she found challenging day to day and highlighting digital apps and options to meet these needs was game-changing.

This is a key area in which AbilityNet exists to bridge the gap with its free tech helpline, digital skills training delivered in partnership with corporates such as BT Group and Capgemini and its nationwide team of hundreds of tech volunteers that can provide tech support at home. When I talk with people about what they value in our support, they cite the patience and time devoted by our volunteers to really helping them learn for themselves so that they can master tech tools.

One gentleman commented:

> ***"Being housebound I am stuck with technology so the help I received was invaluable. Thank you again for giving me back my confidence."***

The difference such support makes is profound: 98% of the people we helped in 2024 said they are now better able to use technology at home, and about 74% feel less isolated as a result. Those outcomes reflect more than just increased tech skills, they translate to a greater sense of autonomy and connection in daily life.

> ***"Support from my family is not easy to access due to their commitments etc so knowing that Geoff is a phone call away is very welcome indeed to an 88-year-old in frail health."***

It's equally important to train care professionals in using these tools. We often advise care homes to designate a few digital champions on their team to help clients and colleagues learn and can provide training for them. When carers feel confident with technology, they are more likely to introduce it to those they support, creating a positive cycle of digital inclusion.

> ***"Darren's support for our patients during our digital drop-in session was great to see. His patience and understanding were invaluable in helping some of our patients navigate their technology struggles. With the potential for home-based support lined up, I feel AbilityNet is well placed to assist patients through the digitisation of the health service."***

Another worry and barrier to progress is that tech replaces human care. We must identify tasks where tech excels (monitoring, reminders, remote communication) while ensuring that people still get human warmth and interaction. For example, a smart doorbell and some motion sensors can help people feel safe at home alone and remove the need for a nightly check-in visit, giving them more privacy and the care service more capacity.
It's important that people are involved in selecting options. Not everyone is okay with a camera in their living room or a wearable tracker. Tech like telecare sensors or medication dispensers can increase dignity by reducing dependence but must be introduced with transparency and respect. And no matter how tech-powered we get, a friendly face and personal conversation remain irreplaceable. Devices can remind you to take your pills, but they can't ask how you're feeling about your day. Finding that balance is key.

I firmly believe that digital transformation can revolutionise social care but only if it is properly funded and we put inclusion at its heart. By designing with users, investing in support, and respecting personal dignity, we can get to a place where tech works for everyone in our social care system.

This must be a coordinated approach across government, third sector, tech innovators and corporates. AbilityNet is eager to support this work and amplify the voices of people that stand to benefit.

@AbilityNet
abilitynet.org.uk

"Digital transformation can revolutionise social care but only if we put inclusion at its heart."

Teach me to fish

Why lived experience must drive social care

dimensions

Jordan Smith
Chair
Dimensions Council

Jordan Smith is Chair of the Dimensions Council – an advisory group that helps Dimensions, a not-for-profit organisation with 7,000 staff, shape how it supports more than 3,000 people with autism, learning disabilities and other needs. Jordan lives in Colchester and draws on support from Dimensions himself.

"Stop giving me fish - teach me to fish, so I can catch my own."

Someone reminded me recently that I said that once. I didn't even remember at first – but I know what I meant. It's stuck with me because it's how I see things. If you're always being given fish, you never get the chance to learn how to fish for yourself. And that's what good support should be doing – helping people stand on their own feet, not keeping them where they are.

I've had support for a good few years now, and I know the difference between someone doing things for me, and someone doing things with me. And that with bit – that's the bit that matters. That's where your confidence grows. When people talk about inclusion, sometimes they just mean you're in the room. That's not enough. For me, it means being listened to properly – like your opinion actually counts. Not just being there to tick a box.

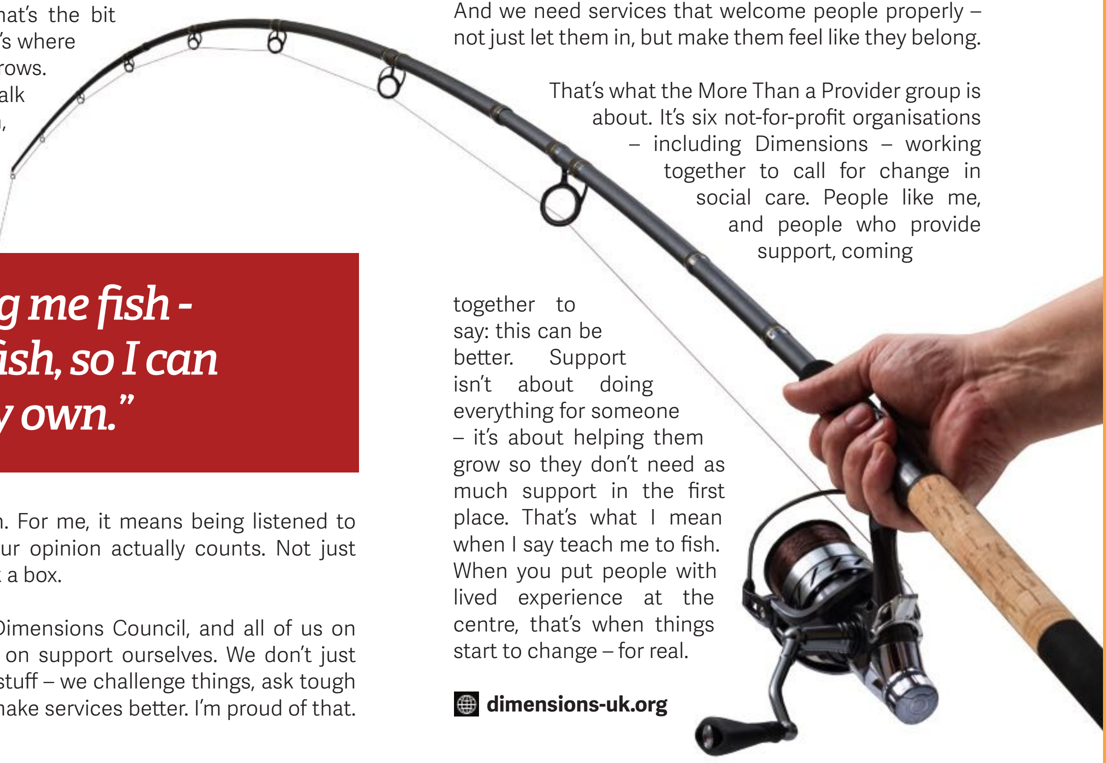
> "Stop giving me fish - teach me to fish, so I can catch my own."

I'm Chair of the Dimensions Council, and all of us on the Council draw on support ourselves. We don't just chat about small stuff – we challenge things, ask tough questions, try to make services better. I'm proud of that. We've got lived experience – and we know what works and what doesn't. When I started getting support, I didn't want someone hovering over me, doing everything. I wanted to get better at doing things myself. That's what builds independence – not being wrapped in cotton wool, but being encouraged, even when it's a bit scary.

> "Lived experience should shape services from the beginning, not halfway through."

I recently interviewed someone who applied to be one of my support workers. He was a tree surgeon – self-employed – and said the work had dried up a bit. He came straight from a job, didn't dress up for it. I'll be honest, I wasn't sure at first. But every answer he gave – it was real. Honest. Full of his own values. He talked about how hard it is making friends, and how he'd help me find groups or clubs where I might meet people. Not once did he mention the freebies – football, cinema, swimming. He just got it. He understood what the job meant.

I haven't made up my mind yet. I'm still thinking. Part of me worries what if it doesn't work out. But sometimes you've got to take a bit of a gamble. That's life. If we want people with lived experience to really shape services, we've got to start from the beginning – not bring them in halfway through. That's how you change the system. And we need services that welcome people properly – not just let them in, but make them feel like they belong.



That's what the More Than a Provider group is about. It's six not-for-profit organisations – including Dimensions – working together to call for change in social care. People like me, and people who provide support, coming together to say: this can be better. Support isn't about doing everything for someone – it's about helping them grow so they don't need as much support in the first place. That's what I mean when I say teach me to fish. When you put people with lived experience at the centre, that's when things start to change – for real.

dimensions-uk.org

NCF
THE NATIONAL CARE FORUM

NCF supports its members to improve social care provision and enhance the quality of life, choice, control and wellbeing of people who use care services. We work directly with not for profit providers of care and support services across the UK offering:

- Expert response to government consultations and engagement with senior politicians and staff
- Innovation focus - influencing the future of the health and social care sector
- Direct support for individual members and their senior teams
- Regular specialist and general forums – bringing together practitioners from across the UK
- Weekly policy and information briefings
- National events spread throughout the year – offering expertise, collaboration and knowledge exchange
- Regular benchmarking surveys on key sector issues
- Opportunities for national and international networking
- Strong relationships with trusted industry partners
- NCF Quality First - a key sector mark of quality
- and so much more…

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Living well with dementia, not just getting by

Think Local Act Personal

Liz Leach
Associate
Think Local Act Personal

Liz Leach, Associate at Think Local Act Personal, explores how wellbeing, identity, and community can reshape support for people living with dementia, ensuring lives are defined by joy, connection, and inclusion rather than diagnosis.

> *"A diagnosis should not mean losing yourself. People want to be seen for their skills."*

Think Local Act Personal is a network of people and organisations working to make care and support more personalised, so that everybody can live life their way. As part of this mission, we are working to refocus the conversation about dementia onto what matters to people living with dementia today.

"I just want to be able to dance." That's what one woman told us when we asked what matters to her wellbeing. It's a simple wish, but it carries a powerful message. Living well with dementia is about more than medicine, services, and just getting by. It's about joy, purpose, connection, and being recognised as the person you are.

In our recent report 'I just want to be able to dance', people with dementia and their families tell us what really matters, what helps, and what gets in the way. They remind us that dementia does not take away a person's identity. Our task is to make sure they can continue to live well on their own terms. For people living with dementia, wellbeing means having a life beyond dementia, doing things that bring joy, feeling connected, and having purpose and contributing. One person told us: *"Dementia is not the end of my life."* The message is clear: wellbeing is about living each day fully, not just waiting for a cure.

A diagnosis should not mean losing yourself. People want to be seen for their skills, history, and talents. One woman loved ironing because it made her feel helpful. Another man gave talks to local groups to challenge attitudes. Too often, people are treated as if they can't contribute. An artist was offered "painting by numbers" sessions, leaving her feeling patronised.

Too many people also feel abandoned after diagnosis. One couple were told at the memory clinic: "You have dementia — now go away and live your life." What people want is simple: a single, trusted contact who walks alongside them; someone to guide them through services and benefits; and support from diagnosis to end of life. Some areas now offer dementia navigators, hubs, and buddying schemes — but access is patchy.

Stigma remains one of the biggest barriers to wellbeing. People told us about losing friends, being told *"you don't look like you've got dementia,"* or feeling they had to hide their diagnosis. The idea that dementia means life is 'all downhill' is wrong. Campaigns like Dementia Diaries and Scotland's Rethink Dementia show real voices and challenge harmful stories.

There is also so much that communities can do to make sure people living with dementia aren't shut out of daily life. Practical steps include improving housing, transport, and public spaces; giving carers proper breaks and support through schemes like Shared Lives or funded breaks; making everyday places more welcoming; and creating peer groups and circles of support where people feel safe and included.

Billions have gone into searching for a cure, but people can't wait. We need to focus on what helps people live well today. Progress is seen when people with dementia feel more connected; carers feel supported, not exhausted; communities see people as neighbours and friends; and people keep doing the things they love.

Living well with dementia isn't about 'just getting by.' It's about recognising people as individuals. It's about building communities where people are included, respected, and supported to live life to the fullest. If we get it right, people won't just manage dementia — they'll keep dancing, laughing, creating, and contributing. And that's the kind of society we should all want to be part of.

🌐 **thinklocalactpersonal.org.uk**

Celebrating confidence, community and co-production

Sue Grief
Communications Manager
Adullam

Sue Grief, Communications Manager at housing and support provider Adullam, shares how meaningful tenant involvement through the Excellence & Inclusion Awards is boosting self-esteem, building trust, and improving outcomes.

Making everyone feel welcome and included are central to the success of Adullam Homes and our work to help people gain the confidence, knowledge, and skills to move on to live independently. Those we support include asylum seekers, ex-offenders, people with mental health issues, recovering addicts, survivors of domestic abuse, those homeless, and young people leaving care. Many arrive distrustful of service providers, low in confidence, and lacking self-esteem. Overcoming these feelings is critical to enabling independence.

In our Coproduction, Inclusion and Engagement Action Plan for 2024/25, one of the target outcomes was: "Establish annual recognition and award event for tenants." The resulting Adullam Excellence & Inclusion Awards were designed to involve tenants, residents and service users (TRS) and boost self-esteem by praising progress over the year. They achieved much more. TRS were, and continue to be, involved in every aspect of planning and delivery.

Adullam's Communications Team leads on the events which are divided into one for the North West and Wales, one for the North East and Midlands, and one for young people's services. They are all based on the same principles and organisational model, with high calibre external judges and speakers. Award categories – including the Act of Kindness Award and Service Above Self Award – were chosen through coproduction, and both staff and residents are invited to nominate.

TRS also help select food, coproduce table favours, decorate the rooms, and take part in entertainment. Last year the young people's event opened with a moving performance by Callum, from our Salford home, who later auditioned for Britain's Got Talent and gained an internship at The Lowry Theatre. This year, at the August event, a young man from our High Peak home recited a welcome poem he had written – first in English, then in his first language, Persian.

The events have encouraged more coproduction and engagement. Some nominees from last year are now members of our Tenant Scrutiny Panel, while many who had never participated before now take part in activities. This year's Tenant Satisfaction Measures survey showed increased satisfaction in every measure, including a 12% increase in listens to views, 8% in keeps informed, and 8% in treated with respect (86.64% total). Adullam believes extensive tenant involvement in the awards contributed to these results. External verification by judges was clearly meaningful to TRS – an important lesson learned.

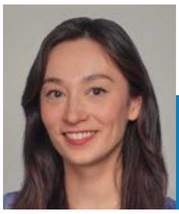
Shining Star Award winner Tyler commented: *"It was so good to hear that people have looked at my situation and chose me."* Karo, who was highly commended in the same category, said: *"Winning was a special moment for me, it gave me more confidence. The event helped me feel more connected with other residents and the community."*

Another lesson from the awards is to allow TRS to engage at a level they feel comfortable with. Making people feel included, even in small ways, increases willingness to engage overall. Going back to the original target outcome, the awards do achieve recognition, but deliver much more – including a sense of belonging. Everybody leaves with a positive mindset and a smile on their face.

> *"Making people feel included, even in small ways, increases their willingness to engage overall."*

adullam.org.uk

Levelling the playing field for social care



nuffieldtrust

Nina Hemmings
Fellow
Nuffield Trust

Nina Hemmings, Fellow at independent health think tank the Nuffield Trust, explores how the government's new Employment Rights Bill could reshape pay, security, and fairness in social care — helping to close long-standing inequalities.

> *"The new law would grant all workers rights from day one of their sick leave."*

The adult social care workforce is a vital and often unsung part of communities in England. It is more ethnically diverse than the country's population and benefits significantly from overseas workers. For too long, however, the workforce has been undervalued and underpaid, with some groups of social care staff more disadvantaged than others.

The government's Employment Rights Bill has the potential to address some of these inequalities. It contains a range of economy-wide measures aimed at strengthening rights for all workers — such as guaranteed hours contracts — alongside provisions specific to social care, including a new fair pay agreement. The Bill seeks to reduce workplace inequalities and could make a particular difference for workers who are women or from minoritised ethnic backgrounds, who are overrepresented in low-paid care roles and more at risk of exploitation.

Low pay persists across social care, but some groups feel the sharper end of this injustice. Black workers are less likely than others to report financial security or sufficient pay for travel between visits. Poverty rates for Asian, Black, and other minority ethnic residential care workers are more than double those of White workers. To address this, the government plans to introduce a fair pay agreement for all social care staff. This would set minimum pay and conditions across the sector, giving care staff legally binding protections for the first time and bringing much-needed consistency and fairness. Many workers also lack consistent access to statutory sick pay—often due to zero-hours contracts or insufficient earnings. The new law would grant all workers rights from day one of their sick leave.

Around one-fifth of care staff are on zero-hours contracts, which often means no guaranteed income and a 6% greater likelihood of leaving their role. Workers from Black ethnic backgrounds are more likely to report uncertainty about job security and working hours. The Bill proposes a ban on zero-hours contracts and introduces a right to request guaranteed hours. By offering better income stability, workers may be better equipped to meet rising living costs, improving their quality of life and reducing turnover in the sector. The Bill also strengthens flexible working rights, which could benefit workers with caring responsibilities or disabled workers needing time for health appointments. Importantly, workers who prefer zero-hours contracts can retain them, but must be given reasonable notice of shifts.

There is also an uneven playing field in formal disciplinary processes, with staff from Black, Asian, or minority ethnic backgrounds 19% more likely to enter these than White staff— placing them at greater risk of job loss and stress. Currently, workers must have two years of employment before they can claim unfair dismissal in a tribunal. The Bill would change this by offering protection from unfair dismissal from day one of employment, including for pregnant workers on or returning from maternity leave. These changes aim to provide greater job security for newly hired minoritised ethnicity workers.

While the ambition of these reforms is welcome, there are hurdles to overcome. Recent ministerial changes risk the Bill losing momentum, and even after the Act is passed, negotiating the fair pay agreement will be long and complex. Success will depend on government funding and enforcement—without which, councils and providers may struggle to meet increased employment costs, and inequities between different groups of workers could worsen.

Nonetheless, the reforms have the potential to transform social care into a sector where all workers are equally respected, protected, and fairly paid. If government, employers, and unions work together, the new law could help give care staff the recognition and security they deserve—and be a meaningful step toward a fairer future.

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“The new law would grant all workers rights from day one of their sick leave.”

Further reading:

The Employment Rights Bill – draft factsheets (GOV.UK):
https://www.gov.uk/government/publications/employment-rights-bill-factsheets?utm_source=chatgpt.com
Acas: Employment Rights Bill guidance:
https://www.acas.org.uk/employment-rights-bill?utm source=chatgpt.com
Skills for Care – statutory and mandatory training guidance:
https://www.skillsforcare.org.uk/Developing-your-workforce/Guide-to-developing-your-staff/Statutory-and-mandatory-training.aspx?utm_source=chatgpt.com

On the horizon

Human rights in social care

The British Institute of Human Rights

Helen Walden
Communications & Public Affairs Officer
British Institute of Human Rights

Helen Walden, Communications & Public Affairs Officer at the British Institute of Human Rights, (BIHR), explores how upcoming reforms — from the Mental Health Bill to equality law and Special Educational Needs and Disabilities (SEND) changes — could reshape inclusion and rights in social care, and what this means for providers, staff and the people they support.

With Parliament back in session after recess, we're looking out for some key changes that will impact the human rights of people across the UK – as well as the duties of the people that uphold them. The Human Rights Act imposes a duty on everyone delivering a public function to respect, protect and fulfil human rights across all their actions. But there is no set definition of what constitutes a "public function" – particularly when services are outsourced.

> *"BIHR have been working with the National Care Forum to support an amendment to the Mental Health Bill."*

This issue was at the heart of Sammut v Next Steps, a recent court case in which a judge found that an independent care home contracted under the Mental Health Act was not delivering a public function and so a resident's human rights were not protected in the way they would be in an NHS facility, or even an independent care home contracted under the Care Act.

Not only does this finding risk creating a two-tier system of rights protections, it is at odds with the fundamental principle of universality underpinning human rights law.

BIHR staff in Parliament

BIHR have been working with the National Care Forum to support an amendment to the Mental Health Bill (Clause 52) to address this issue and make it clear registered providers have duties under the Human Rights Act when delivering aftercare under the Mental Health Act; inpatient mental health care arranged or paid for by an NHS body; or Local Authority-arranged community care under the Mental Health Care and Treatment (Scotland) Act.

We have seen widespread support for this from frontline staff. Put simply, as one care provider told us, *"you can absolutely keep people safe and still protect their human rights - needing additional support and restrictions doesn't diminish your rights as a human being."*

The same message is coming from social workers, medical professionals, supporters and residents. It is the message emphasised by the UK Supreme Court in the famous Cheshire West case: "it is axiomatic that people with disabilities, both mental and physical, have the same human rights as the rest of the human race. It may be that those rights have sometimes to be limited or restricted because of their disabilities, but the starting point should be the same as that for everyone else. This flows inexorably from the universal character of human rights, founded on the inherent dignity of all human beings."

The message is that human rights belong to all of us equally, and it is when we are in the most vulnerable situations that responsibility is highest on duty-bearers to ensure they are protected. This protection starts with the law, as with the Mental Health Bill – and as Parliament resumes, we're watching for reforms across multiple areas.

BIHR's Senior Human Rights Office Annie talking to human rights programme participants

BIHR staff and Lived Experience Experts at JCHR's roundtable on the Mental Health Bill

Alongside the Mental Health Bill, the UK Government has recently concluded its call for evidence on equality law, to inform the Equality (Race and Disability) Bill expected later this year. This is likely to have direct implications for social care practice; the call for evidence asked about the implementation of the Public Sector Equality Duty and commencement of the socio-economic duty.

We are also expecting a White Paper on reforms to special educational needs and disabilities services. While it's not yet clear what these will entail, a reported £760 million has been set aside to bring them into action, signalling the scale of reform expected.

Changing the law, however, is only the first step. Much human rights work takes place in the everyday actions of people providing vital public services. The Human Rights Act is, to quote a participant in one of our workshops, "not just something in a dusty book" but a toolkit care providers, commissioners and practitioners can use to ensure services are built on a foundation of dignity, equality and inclusion.

> *"Equality (Race and Disability) Bill is likely to have direct implications for social care practice."*

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To find out more about what that looks like in practice and to book our training courses, visit **bihr.org.uk/training**

Inclusion in action for young people and young carers

CareTech foundation

Tariq Raja
Executive Director
CareTech Foundation

Tariq Raja, Executive Director, The CareTech Foundation, explores how embracing diversity and inclusion across the care sector — from young people to unpaid carers — can create fairer opportunities and brighter futures for all.

The care sector is made up of people from different backgrounds, cultures and experiences. At the CareTech Foundation, we believe this diversity is a strength. Our mission is to support both those receiving care and those providing it, which begins with creating an accepting and inclusive culture. When everyone has equal opportunities, regardless of their background, we can help people build the futures they deserve.

A truly inclusive care system is crucial for young people who may have faced a difficult start in life, particularly those from Black, Asian, and Minority Ethnic (BAME) communities. Too often, these young people experience barriers to opportunities, mental health challenges or lack of support from their communities. Youth Leads is an organisation that works with 1,000 care-experienced young people per year, of which over 70% are from BAME backgrounds. We are proud to partner with them to help young people develop skills, make informed decisions and create positive change in their lives. With our three-year funding, Youth Leads will deliver a leadership programme to 72 care-experienced young people. Through hands-on social action projects, they will gain skills in communication, problem-solving and planning. This will boost their confidence, employability and readiness for education, apprenticeships and work. Ultimately, these young people will leave the programme better equipped to thrive in adult life.

Our responsibility does not stop with care-experienced young people. We also recognise the vital role played by unpaid carers, many of whom shoulder enormous responsibilities at a young age. Research from The Children's Society (TCS) shows that young carers are 1.5 times more likely to be from BAME backgrounds and twice as likely not to have English as their first language. Yet, too many families are unaware of the support available to them. We must change this by ensuring the care sector is open and welcoming to all, our partnership with TCS is one way we are working towards this goal. With our funding, the Young Carers Festival has continued its 25-year legacy of bringing over 1,000 young carers together for a weekend of joy and respite. Our three-year partnership will help expand the festival with travel grants, new creative workshops, music and post-festival resources on careers, mental health and peer support. Creating spaces like this ensures that young carers, from all walks of life, feel valued and have the resources to work towards a bright future.

We are also committed to supporting unpaid carers in pursuing their own aspirations. Education is one of the most powerful tools for empowerment, organisations such as the Open University are helping to break down barriers for carers who want to study. Through our partnership and funding of the Carers Scholarship Fund, we are supporting 12 carers in the early years of their studies, while our contribution to the Postgraduate Research Support Fund is helping others with essential resources such as respite care and writing retreats. These opportunities enable carers to invest in themselves while continuing their vital role in supporting others.

> *"Investing in the care sector's young people, either in care or care providers, benefits the whole of society."*

At the CareTech Foundation, we believe that investing in the care sector's young people, whether they are in care or care providers, benefits the whole of society. A diverse and inclusive care system not only ensures fairness and equal opportunity but also strengthens our communities by unlocking talent and resilience from all backgrounds. Creating a welcoming culture in care is not just the right thing to do, it is essential for building brighter, fairer futures for everyone. Our commitment is to identify and mentor the future voices of social care so we can amplify their message further and ensure social care accepts and is accepting of all.

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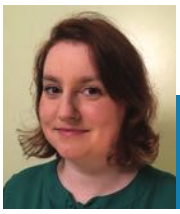
caretechfoundation.org.uk

When care workers are valued and included, everyone benefits



Karolina Gerlich
Chief Executive
The Care Workers' Charity

Karolina Gerlich, Chief Executive at The Care Workers' Charity, explores why true diversity and inclusion in adult social care means centring care workers' voices, valuing their expertise, and ensuring they are represented in shaping the future of the sector.

In adult social care, people are at the heart of everything we do. Yet too often, the voices and wellbeing of care workers themselves are overlooked, especially when it comes to diversity and inclusion.

The care workforce is one of the most diverse in the UK. Care workers bring with them a wide range of backgrounds, cultures, ages, and experiences. According to the Work Rights Centre, as of November 2024, migrant care workers occupy around 32% of roles in England. Many care workers also belong to communities that face wider inequalities, whether women balancing caring responsibilities at home, LGBTQIA+ care workers seeking acceptance in the workplace, or disabled care workers managing conditions alongside their professional responsibilities.

This diversity is not a challenge to be managed; it is a strength to be celebrated. When care workers feel valued and included, everyone benefits.

Inclusion cannot be reduced to policies written on paper. It must start with creating spaces where care workers can speak openly about their challenges and aspirations, without fear of judgement or repercussions.

> *"Many care workers also belong to communities that face wider inequalities."*

At The Care Workers' Charity, we see every day the difference that active listening makes. Through our Advisory Board and Champions Project, care workers have a national platform to share their perspectives directly with policymakers, researchers, and sector leaders. Their insights on recruitment, workplace culture, and wellbeing show us that inclusion must be embedded in every part of the system.

Too often, conversations about adult social care assume a one-size-fits-all understanding of care work. But care workers are not a homogenous group. They bring with them a wide spectrum of identities, experiences, and expertise.

For inclusion to be meaningful, care workers must see themselves represented in the discussions, policies, and research that shape the future of the sector. This is not symbolic, it is essential. Representation builds trust, demonstrates that care workers' voices matter, and ensures that the true diversity of the workforce is reflected in how adult social care is understood, valued, and developed.

Care workers also face harmful stereotypes. Too often, the profession is dismissed as "low-skilled" or defined only by compassion rather than expertise. These narratives are damaging, not only to care workers' morale but also to recruitment and retention.

Inclusion means ensuring that every care worker is recognised as a professional, bringing knowledge, skill, and dedication to their role.

To support this, The Care Workers' Charity, together with our Advisory Board and Champions members, co-produced Centring Care Workers: A Guide. This publication provides a practical framework for understanding how care workers themselves want to be involved in sector conversations.

The guide makes clear that inclusion is not only about policy or processes, but also about ensuring that care workers' voices are embedded in decision-making at every level. By using the guide, providers, policymakers, and researchers can better understand workforce perspectives, create meaningful opportunities for engagement, and ensure that care workers feel represented in shaping their roles and the future of adult social care.

> *“Meaningful inclusion means care workers are visibly represented in sector discussions, policies, and research.”*

The guide makes clear that inclusion is not only about policy or processes, but also about ensuring that care workers’ voices are embedded in decision-making at every level. By using the guide, providers, policymakers, and researchers can better understand workforce perspectives, create meaningful opportunities for engagement, and ensure that care workers feel represented in shaping their roles and the future of adult social care.

Diversity and inclusion in social care cannot be an afterthought. They must be at the centre of building a sector where care workers feel proud, motivated, and secure, and where people drawing on care receive the best possible support.

Care workers are the backbone of social care. By celebrating who they are, listening to their voices, and investing in their futures, we not only improve their working lives, but we also strengthen the care system itself. Because when care workers are valued, everyone benefits.

> *“Inclusion means ensuring that every care worker is recognised as a professional.”*

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To read more about *Centring Care Workers: A Guide* visit **https://www.thecareworkerscharity.org.uk/centring-care-workers-a-guide**

A day behind the smiles at Horsell Lodge

Rachel Saunders
Wellbeing Lead
Horsell Lodge Care Home

Wellbeing plays a big part in the person-centred approach to care at Horsell Lodge Care Home, part of the Caring Homes Group in Woking and no two days are ever the same for the Wellbeing team. We join Wellbeing Lead, Rachel Saunders, to see what a typically eventful day looks like.

> *"It's a way of life, made real every day by Rachel and her dedicated team."*

Horsell Lodge is home to more than 70 residents with nursing, dementia and residential needs. The home's wellbeing programme is shaped by the likes and wishes of residents, ensuring there is something for everyone. What makes Rachel's role so special is the way she balances one-to-one moments with opportunities that bring the whole home together.

Her day always begins with coffee and a catch-up with the rest of the team – Olivia, Leila, Victoria and Anna. Together they share updates about residents, plan individual sessions and divide up the day's activities. It's a vital time for communication and coordination, especially as different activities often take place simultaneously across the home. While Rachel joins the daily management meeting with Home Manager Julie, the rest of her team are already busy leading Music and Movement sessions – armchair exercises with breathing and meditation that residents adore, and insist on having as a regular feature.

Late morning brings something special. A section of Gordon's School Pipes and Drums arrives to perform as part of the school's Make a Difference Day. Residents are thrilled as student Han Mansek explains the history of the band's tartan and uniform before showing them the bagpipes and drums. Rachel makes sure that two residents who couldn't attend the performance don't miss out, escorting Han to visit them personally. Both are Scottish and one is visibly moved, flooded with memories of home.

Daphne's pamper session

> “Rachel’s role shines in balancing personal moments with shared experiences.”

Resident Daphne in a piper’s hat

After lunch, it’s time for furry friends. Rachel welcomes Debby from Browells Wood Pet Therapy, who arrives armed with kittens, puppies, rabbits, guinea pigs and even a chicken. Residents light up as they stroke and cuddle the animals, especially those who once lived on farms or had beloved pets. Rachel ensures that animal lovers who cannot leave their rooms still get visits from the furry guests, knowing just how much comfort it brings.

The afternoon winds down with the sound of the high tea trolley bell. Laden with cakes and sweet treats, it makes its way around every lounge and room, accompanied by Rachel and her team. High tea is a weekly ritual that always sparks smiles, with families and visitors often joining in too. By evening, there’s still more to look forward to, with activities such as mindful meditation, arts and crafts or the ever-popular Tuesday night pub quiz.

What ties it all together is Rachel’s commitment to listening. Residents’ meetings are held every month, ensuring their voices shape the programme. Families are kept involved too, and Horsell Lodge’s strong community links provide a constant stream of ideas and connections. Every Friday, Rachel focuses on forward planning, creating detailed schedules that are hand-delivered to residents, shared with families and pinned on noticeboards, ensuring everyone feels part of what’s ahead.

Gordon’s School Pipe Group

Reflecting on her work, Rachel says: “My role is very hands on and every day is different. It’s challenging but rewarding and I have a great team who help deliver a wide range of activities which contribute to the lively and happy atmosphere in the home. Bringing smiles to our residents’ faces is an absolute pleasure.”

At Horsell Lodge, wellbeing is more than a programme – it’s a way of life, made real every day by Rachel and her dedicated team.

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Disruption is the way to make change

UNIVERSITY of STIRLING

Dave Wilson-Wynne
Senior Dementia Consultant
Dementia Services Development Centre
University of Stirling

THE DEMENTIA CARE AWARDS WINNER

When Dave Wilson-Wynne started his care journey at the age of 18, working as a care assistant in a local care home, he had no idea that, in the future, he would be known as "The Disruptor" in dementia care.

Dave has been the Senior Dementia Consultant within the world-renowned Dementia Services Development Centre at the University of Stirling for nearly two years. He is proud of his journey from care assistant to, today, gaining international recognition as one of the leading consultants in dementia care.

Dave is very much a "what you see is what you get" kind of guy. He is approachable, committed, not afraid to speak his mind and, above all, gives people living with a dementia the opportunity to speak out and be heard. This then helps to inform Dave's work and teaching. Over the past 18 years, Dave has led the way in a number of areas, and has been described as controversial, too young, inexperienced, and disruptive.

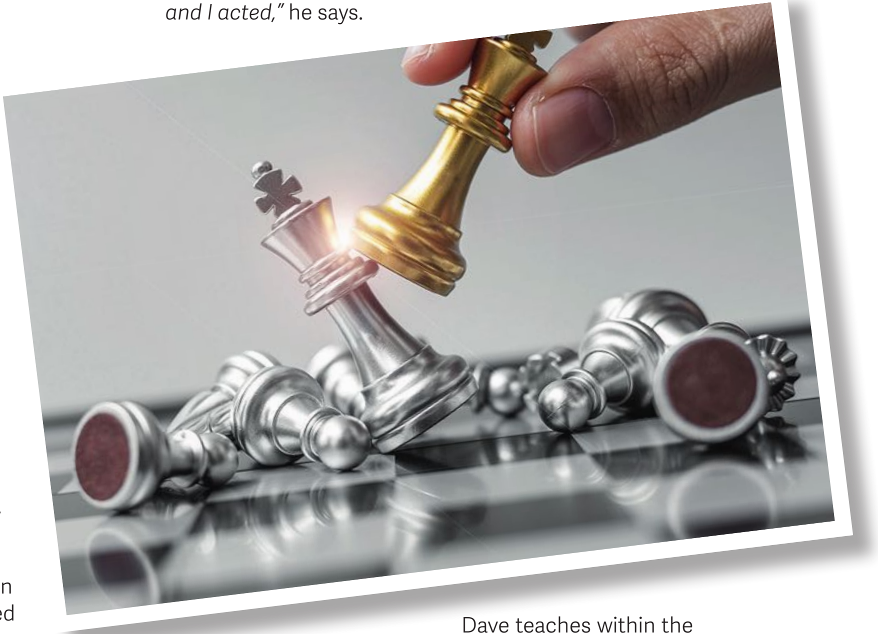
Dave's journey in the dementia sector began in 2013 when Alzheimer Scotland was awarded funding to explore the use of music in supporting people who lived with a dementia. Dave applied for the job and became one of Scotland's first Music Project Workers. His first task was to ask people living with a dementia in his home city of Dundee – what they would like. The answer? A singing group

Led by people living with a dementia and their care partners, Dave started one of Scotland's first choirs for people living with a dementia and their families and friends. Within a year, the choir had grown form 13 people, to over 30 attending every Friday, in a local church in Dundee.

> *"Dave is known as "The Disruptor" in dementia care."*

Dave championed for the choir to perform at local events, including The Royal College of Nursing Scotland Conference, Dundee Rep Theatre and Dundee United Football Club. Today, the choir more than 12 years old and its benefits have impacted on not just choir members, but society in general.

Anyone,who knows Dave is fully aware of his passion when it comes to terminology. A post by him on LinkedIn recently asked for a change in how we talk about "dementia", to instead say "a dementia". It received over 37,000 impressions and was reposted by over 150 people from all corners of the globe. *"That is an example of empowerment and agency of people with a dementia. I asked them what they wanted, they told me, and I acted,"* he says.



Dave teaches within the University of Stirling where he has co-developed a module for undergraduate Nursing and Paramedic Science students in what makes best practice dementia care and design. He has also co-produced a training course for health and social care providers – the first of its kind in the UK – to equip them to meet the unique needs of the LGBTQ+ community.

When Dave won a Dementia Care Award this year for Outstanding Contribution to Dementia, the judges named him The Disruptor, a moniker Dave is happy to embrace. He explains: *"My aim is to bring about change, to allow people living with a dementia to be in control and live the life they want. Our identities change, our decision-making changes, and the basis of dementia care practice should not just be based on past interests, but on who the person is now. If empowering them to lead their care and put them in the driver's seat means being viewed as someone who disrupts the status quo, I'll take it."*

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From secure units to self-belief

One man's journey to freedom

This is the story of one man's journey from secure units to self-belief and independence. With the unwavering support of his care team at LDC Care, he is proving that ambition, patience, and trust can turn even the most unlikely dreams into reality.

For more than a decade, his world was defined by locked doors, strict routines, and the same four walls of a secure unit. The thought of life beyond those barriers felt almost impossible. But nearly two years ago, everything changed. He stepped into his own home in the community — a moment that marked not just a change in address, but the beginning of a whole new life.

The first week was daunting. Years of institutional living had left their mark; he was too anxious to sleep upstairs, the unfamiliar freedom overwhelming. His journey was never going to be easy. Complex needs, communication barriers, and struggles with emotional regulation made the early days challenging. But with the Positive Behaviour Support framework woven into the fabric of his care, a transformation began. Proactive strategies, patience, and compassion allowed the focus to shift from managing crises to creating opportunities for a better quality of life.

The road ahead was filled with risks and setbacks, yet his team refused to let obstacles define him. Their commitment was unwavering, their goal simple but powerful — to help him believe in himself and see what was possible.

In just twelve months, he had achieved milestones that once seemed out of reach. He now works as a paid receptionist at the organisation's head office, had his first haircut in ten years, and proudly cares for two guinea pigs that have stolen his heart. Each achievement, no matter how small it might seem to others, has been a giant step in reclaiming his independence.

> *"For more than a decade, his world was defined by locked doors and the same four walls of a secure unit."*

Ambition fuels him. London was always a dream — its skyline, its bustle, its history. With the team by his side, he finally made it there. He soared above the Thames in the cable cars, explored iconic landmarks, and delighted in the rhythm of the Underground. Not every goal has been achieved on the first attempt, but in his world, setbacks aren't dead ends — they're simply pauses before the next try.

One long-held wish was to go on holiday, a prospect that once felt overwhelming. The team approached it gradually, starting with fortnightly trips to a local caravan park, staying a little longer each time. Just three months later, he stayed for three nights, soaking up seaside amusements and new experiences that were once out of reach.

When he moved in, his care package was one of the largest in Kent, requiring a 4:1 support ratio by day and 3:1 at night. Through trust, skill, and dedication, that has now been safely reduced to 3:1 by day and 2:1 at night — less restrictive, but still providing the security he needs to thrive.

His dreams are as colourful as his spirit. Some may seem unrealistic to others — a circus tent in his garden, an arcade prize crane in his living room — but to him, they are possibilities worth pursuing. While the logistics may not always work out, the team has found ways to bring his visions to life. Today, he visits arcades, fairs, and circuses across towns, living moments of joy that echo the dreams he once only imagined.

His journey is a testament to what can be achieved when belief replaces doubt, and when people refuse to give up. It is proof that with the right support, even the most ambitious goals can become reality.

No matter the history, no matter the risks — everyone deserves their chance to shine.

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WAGS

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2025

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>
> **Professor Vic Rayner, Chief Executive Officer, National Care Forum**

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All she really needs is a HUG

Prof Cathy Treadaway
Reasearch Director
HUG

We all have those days when a big hug would really help. The lovely feeling of being wrapped up and held close in someone's arms is very soothing, especially if you're feeling anxious or overwhelmed. How much more so for someone who is living with dementia, disability or mental health struggles?

Prof Cathy Treadaway led the innovative LAUGH research at Cardiff Metropolitan University that resulted in the development of HUG, an award-winning therapeutic comforter. HUG is made from a super-soft plush fabric and has weighted arms and legs that wrap around the body, giving the sensation of being hugged. Inside there is a simulated heartbeat and a small Bluetooth music player that can stream a person's playlist of favourite music, stories or sounds. HUG is washable, safe, easy to use and has been developed and tested in collaboration with NHS health professionals. Research findings show it can reduce anxiety and agitation.

The three-year UK government (AHRC) LAUGH research programme began in 2015 and aimed to create playful objects that would provide comfort and soothe individuals living with advanced dementia. HUG was one of six products developed from this research. Each product was tailored for a specific person, and to achieve this, Cathy and her team collaborated closely with people living with advanced dementia and their carers during the project.

HUG was designed for a lady called Thelma who was bedbound, unable to speak, and coming towards the end of her dementia journey.

When the researchers asked Ann, her carer, what kind of thing she thought Thelma might like, she replied, *"all she really needs is a hug".*

So that was exactly what the team set out to produce. Cathy says that HUG had an amazing effect on Thelma. *"Within three months, she was no longer in bed all day, she began speaking again, her general health improved, and she didn't fall again after receiving her HUG."*

Cathy says that her 93 year old mum helped to inspire the design of HUG.

"I have an early childhood memory of sitting on her lap, feeling her arms around me and listening to her heartbeat. I felt very safe, warm and comfortable. That feeling of being held is very soothing, as is being able to hug, stroke and touch soft or furry materials. I think that's the magic of HUG – it helps people to feel safe and loved. "

> *"HUG was designed for a lady who was coming towards the end of her dementia journey."*

Further funding from the Welsh Government allowed Cathy to complete a larger study with a care home and an NHS hospital, to find out if HUGs might help other people living with dementia and cognitive impairment. The results of this study showed that not only did HUG reduce patient anxiety but also improved medical care delivery, improved communication with staff, and reduced the use of medication. HUG was available on prescription in the NHS hospital research.

The university encouraged Cathy and her two Research Assistants, Dr Jac Fennell and Aidan Taylor, to set up HUG by LAUGH Ltd., and subsequent Alzheimer's Society Accelerator Partnership funding enabled the first batch of HUGs to be manufactured.

HUG is now sold in Canada, Mexico, the Netherlands, Australia and New Zealand and via Ravencourt Ltd in the UK. It is also available for purchase from Amazon, Boots and Argos online. Every sale of HUG helps raise money for Alzheimer's Society research and innovation. www.hug.world has information about how to use HUG, stories from the research and resources showing how to introduce HUG to a person living with dementia.

@HUGbyLAUGH
hug.world

WHAT KEEPS ME AWAKE AT NIGHT

Phil Harper

Senior Lecturer in Health and Social Care, Birmingham Newman University

Phil Harper, Senior Lecturer in Health and Social Care at Birmingham Newman University, explores the urgent need for inclusive, affirming dementia care for LGBTQ+ people — where identity is respected, not erased.

What keeps me awake at night is heartbreakingly simple: the quiet, persistent fear that LGBTQ+ people — especially those living with dementia—are still being asked to hide who they are in care settings. After a lifetime of fighting to live authentically, too many older LGBTQ+ individuals feel forced back into the closet when they enter care. It's not always overt discrimination. Often, it's the microaggressions, the assumptions, the absence of affirming language or inclusive routines that chip away at identity. And that's what lingers in my thoughts long after the day ends.

> *"The UK is falling in LGBTQ+ equality rankings, mainly due to its treatment of trans people."*

We know from research and lived experience that care staff are overwhelmingly well-meaning. But good intentions aren't enough. There's a worrying lack of knowledge about the specific needs of LGBTQ+ people — especially those who are trans or gender non-conforming. In today's political climate, where trans rights are increasingly politicised and misunderstood, the absence of clear, affirming guidance is not just a gap—it's a risk. Many existing resources fail to reflect the realities of trans lives, and some even reinforce outdated or harmful narratives.

One of the most damaging assumptions is that being LGBTQ+ is only about sexuality, or that it's something people "forget" with dementia. But being LGBTQ+ is about culture, community, history, and identity. Dementia may affect memory and cognition, but it doesn't erase who someone is. In fact, emerging research shows that trans individuals with dementia often retain their authentic gender identity — even without affirming medical treatment. Confusion may arise, as it does for cisgender individuals, but that doesn't mean identity disappears. Care must be built around the person, not the diagnosis.

When LGBTQ+ residents feel they must hide their identity, the emotional toll is immense. Minority stress — the cumulative impact of repeated discrimination — can resurface, especially when someone feels they must "come out" again and again. The result is a loss of self, of connection, of joy. People lose not just who they are, but who they love, what they've fought for, and the spark that keeps them going.

So what needs to change? First, leadership must step up. Inclusion can't be a tick-box exercise — it needs to be embedded in policy, training, and everyday practice. Staff need support in the small things that make a big difference: using correct pronouns, recognising microaggressions, and creating spaces where everyone feels safe and seen. Without clear guidance from the top, these efforts won't be sustained.

I've seen glimpses of what affirming care can look like. Homes hosting Pride events, inclusive celebrations, and even drag performances — yes, I've performed at a few myself! These moments spark conversation, raise awareness, and bring joy. They show residents and staff alike that inclusion isn't just policy — it's culture.

But we can't ignore the wider landscape. The UK is slipping down LGBTQ+ equality rankings in Europe, largely due to the treatment of trans individuals. Culture wars and polarised politics are creeping into care, with real-world consequences — from court rulings that restrict basic rights, to fear-driven narratives that undermine inclusion. Trans rights and women's rights are not in conflict — they're intertwined. But fear is a powerful tool, and it's being used to divide.

Institutional routines can unintentionally marginalise LGBTQ+ residents. Are our activities, language, and assumptions built around heterosexual, cisgender norms? If so, who are we excluding? One immediate change I'd make is better data collection. We need reliable figures on LGBTQ+ individuals in health and social care to drive policy and practice. Visibility matters. Despite the challenges, I remain hopeful. The people working in social care give me that hope. Their compassion, commitment, and willingness to learn are powerful forces for change. Seeing groups like The Outstanding Society at Pride, and the public's response to inclusive care, reminds me that progress is possible. The future of care can be brighter— and yes, a little gayer.

Because ultimately, inclusion isn't just about policy. It's about people. And when we centre identity, dignity, and joy, we create care that truly cares. That's what keeps me awake at night — and what keeps me fighting during the day.

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“Social care workers give me hope — their compassion, dedication, and openness drive real change.”

Phil Harper
Senior Lecturer in Health and Social Care
Birmingham Newman University

Birmingham
Newman
University

HAVE **YOUR** SAY!

3 Wishes!

Steven Lee, Specialist Support Team Manager at Bright Futures

1. *My first wish would be for co-production to be fully embedded across social care. For me, co-production means involving people with lived experience at every stage of service design, delivery and evaluation. After all, the best people to guide change are those who actually use and experience the services. It is about making sure care is truly person-centred and shaped by the voices that matter most. Nothing about us, without us.*

2. *My second wish is for trauma informed care to be widely recognised and put into practice. This approach goes beyond simply being trauma aware. It means taking time to really understand a person's history and how it impacts their present, so support is tailored to their individual needs. When services are trauma-informed, care becomes more compassionate, more effective, and ultimately more human.*

3. *My third and final wish would be for restraint reduction initiatives to become standard practice everywhere. By focusing on proactive strategies that empower individuals and create safe, supportive environments, we can greatly reduce the need for restrictive practices. This enhances dignity, builds trust, and promotes positive relationships between staff and the people they care for.*

In my view, the future of social care should be shaped by the voices of lived experience, driven by compassion, and built on empowering care.

In The Spotlight

John's Journey: From Brain Injury to the Eiffel Tower

Turning 25 was a milestone for John Lawas, but this birthday marked something truly extraordinary: his first trip abroad since a road traffic accident ten years ago left him with a complex brain injury.

With determination, optimism, and the support of CHD Living's Care at Home Complex Care team, John has rebuilt his independence. Once PEG-fed and unable to walk, he has regained strength, communication skills, and confidence, enjoying level six meals and steadily reclaiming his life.

For his 25th birthday, John's biggest dream came true: celebrating in front of the Eiffel Tower. He travelled via the Eurotunnel for a week in Normandy and Paris, staying in a specially adapted farmhouse and exploring meaningful sites like Omaha Beach, Mont Saint-Michel, and Disneyland Paris.

"Celebrating my 25th in front of the Eiffel Tower felt absolutely surreal," John said. ***"Seeing the city lights and exploring Normandy gave me memories I'll cherish forever."***

His journey reflects CHD Living's approach to complex care: supporting people to live fully, not just safely. Nicole Fitzsimons, Group Branch Manager, said, ***"This trip was a celebration of how far John has come and the life he is building on his terms. He continues to inspire us every day."***

Movers & Shakers

Rising Star Returns: Anne Mirasol Takes the Lead at Ruddington Manor

Ruddington Manor care centre is celebrating the appointment of Anne Mirasol as its new home manager, a dynamic leader with a passion for person-centred care.

Anne is no stranger to Ruddington Manor, having previously served as deputy manager before gaining further experience in senior roles across the region. A highly skilled nurse and clinical lead, she moved to the UK in 2013 to pursue her nursing career and has since become known for her dedication and compassionate leadership.

In her new role, Anne will oversee every aspect of life at Ruddington Manor, from supporting and developing staff to ensuring residents enjoy the very best care, comfort, and quality of life. She also makes time to personally welcome new residents and families, ensuring a warm transition into the home.

"Ruddington Manor is a special place," says Anne. *"I am proud to lead such a caring, skilled team and look forward to building on its reputation as the care home of choice in Nottingham."*

Dawn Collett, Deputy Managing Director at Lovett Care, adds: *"Anne's knowledge and experience are outstanding. We're thrilled to have her back at Ruddington Manor and she will do a superb job."*

Lightbulb Moment

Healing Through Words: Trauma-Informed Practice & the Power of Language

Francis Osei-Appiah, Children's Operations Support Manager, Salutem Care and Education

At Salutem Care and Education, we don't rely on a single model; instead, we take an eclectic approach that reflects the individuality of the people we support. By combining different perspectives, we're proud to be leading the way in trauma-informed practice and showing how powerful language can be in shaping experience.

Imagine someone reading their file years later. Rather than "refused to engage," they find: "You were feeling overwhelmed and needed space." That single change in wording transforms the memory, proving that language doesn't just record events, it shapes how those events are understood. In care and education, every phrase has the potential to reinforce stigma or to build confidence and self-worth.

Consider how interactions change when adults move from saying "You're being difficult again" to "I can see you're having a hard time right now. How can I support you?" It may seem subtle, yet it signals a profound shift in perspective. At Salutem, this approach is making a real difference.

Seeing behaviour as communication, rather than defiance, challenges us to listen more carefully, both to the people we support and to ourselves. In doing so, we create spaces that heal, empower, and uplift, ensuring that every person is recognised for their strength, resilience, and potential.

*Now have **YOUR** say!*

Do you have any thoughts you'd care to share? *Care Talk* want to hear from you! Email **ann@care-awards.co.uk** for the opportunity to appear in upcoming editions.

CHAT

THE TOUGH QUESTION

"If diversity doesn't change outcomes, is it real inclusion or performance?"

Kate Terroni
Chief Executive
United Response

Kate Terroni, Chief Executive, United Response, asks if our recruitment isn't diverse and our EDI goals don't change outcomes, are we really committed to inclusion, or just performing it?

Meaningful inclusion goes beyond representation. It's about building spaces and cultures where every person feels valued, heard, and empowered to contribute.
For the people United Response supports, this means genuine choice and real influence in decisions that shape their lives. It means high-quality services that are accessible, respectful, and tailored not only to needs and preferences, but also to their personal goals. That might look like support to build a new romantic relationship, opportunities to join social activities that reflect their passions, guidance for applying for a first job, the freedom to choose what and when to eat, the ability to travel to a place of worship, or chances to participate in self-advocacy projects.

> *"With my leadership team, we model inclusion, communicate openly, and take accountability — even when we get it wrong."*

For my colleagues at United Response, inclusion means fair and transparent recruitment, career progression opportunities, and a culture where speaking up is welcomed. It means training that builds awareness of equity and bias. As Chief Executive, I – together with my leadership team – model inclusive behaviours, communicate honestly, and hold ourselves accountable for the actions we take, including where we get things wrong.

For me, meaningful inclusion is about moving from participation to influence to action, and it's this that creates a true sense of belonging. As part of our new strategy, I want United Response to be a genuinely inclusive place to work. Only 4.8% of people with a learning disability are in work, we're aiming to change that, both in United Response and the wider world. In the first quarter of this year, our employment services enabled 42% of the people we support into paid employment, and we are ambitious about seeing that number grow. For recruitment, that means hiring teams that truly reflect the diversity of the communities we serve. We're reviewing every step of our process to make it more accessible, training hiring managers to recognise unconscious bias, and using diversity data to check our progress.

I know that organisations often stumble when they focus on intentions instead of outcomes and I'm striving not to fall into that trap. We can't rely on having the right policies and training and guidance, we also have to change the culture. I believe honest conversations are part of what can help. I host monthly Coffee and Connect sessions where every colleague in the organisation is invited to share feedback, frustrations, and ideas. Each time, more people feel confident enough to speak openly. Over time, I hope this creates the safety and trust we need for the deeper conversations I want to have – about privilege, bias, and inequity – that will move us forward.

I believe that for United Response to be inclusive we need to continue to put lived experience at the heart of everything we do and strengthen the impact of the people we support's voice when it comes to shaping our organisational strategy. Over the summer I met with our People's Forum, the group of people we support who help us to shape our work, and I asked what they wanted us to prioritise in our new strategy. Their top two priorities were to feel safe and free from discrimination and hate crime, and to have more opportunities to have new experiences and do the things they love.

Inclusion at United Response won't come from my words or intentions alone. It will be measured by what people experience every day – whether they are supported by us or work alongside us. United Response is on a journey towards being a truly inclusive organisation, but it is a journey that doesn't have a final destination. Inclusion isn't about being perfect, it's about always reflecting, learning and taking action to improve.

@unitedresponse
unitedresponse.org.uk

CARE TALK ON THE ROAD

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

Coming up...

The National Children & Young People Awards 2025

3rd October 2025 ICC, Birmingham

The Social Care Top 30 Awards 2025

21st October 2025 Grosvenor Square Hotel, London

The Neurological & Complex Care Awards 2025

28th October 2025 Hilton Bankside London

Great British Care Awards Regionals 2025

31st October 2025
East of England – Milton Keynes Dons F.C.
1st November 2025
West Midlands – ICC, Birmingham
5th November 2025
Wales – Marriott Cardiff
7th November 2025
Yorkshire & Humberside – Royal Amouries, Leeds
8th November 2025
North West – Kimpton Clocktower Hotel, Manchester
10th November 2025
Scotland – The Grand Central Hotel, Glasgow
13th November 2025
South West – Ashton Gate, Bristol
14th November 2025
South East – Double Tree Metropole, Brighton
15th November 2025
London – Hilton Bankside London
26th November 2025
East Midlands – East Midlands Conference Centre, Nottingham
27th November 2025
North East – Grand Hotel Gosforth Park, Newcastle

Women Achieving Greatness in Social Care (WAGS) Awards 2025

2nd December 2025 Hilton Bankside London

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

From being sectioned to an OBE

Why Lived Experience matters in social care

Isaac Samuels, lived experience advocate and Co-Chair of Think Local Act Personal, shares why co-production is more than a buzzword — and how lived experience can transform services from the inside out.

From being sectioned in a mental health asylum to receiving an OBE in the King's Birthday Honours, it's been a proper roller coaster. But honestly, that's pretty normal in the world of health and social care — ups and downs, challenges, and moments that push you to the edge. What's made the difference for me though, is the right support and infrastructure social care provided. Without it, I wouldn't be where I am today. And I know I'm not the only one — so many people's lives are shaped by the kind of support they receive, or don't receive.

Living well with a disability or mental health challenge isn't just about surviving, it's about thriving. And that's where lived experience comes in — the kind of knowledge you only get by actually going through it. For me, having lived experience has been a game changer in how I engage with social care. It's not just about ticking boxes or policies, it's about real voices shaping real change. And the truth is, services that are designed without that insight often miss the point. They may look good on paper, but they don't always meet people where they're really at.

One of the things I'm passionate about is co-production. Sounds fancy, but it's really simple — people with lived experience working alongside professionals to design and deliver services. It means we're not just clients or recipients, but partners and leaders. This kind of collaboration creates services that actually work, because they're built on genuine understanding and respect for what people need. When done properly, co-production is powerful: it builds trust, reduces fear, and sparks ideas that no single professional could come up with alone. I've seen the best services come from sitting round a table where everyone's voice matters equally.

> *"I want to see a future where lived experience isn't an afterthought or a tick-box exercise."*

As a disabled person, having a voice and being in leadership roles is crucial. It's about breaking down barriers and showing that people with lived experience have expertise that's just as important as academic or clinical knowledge. My own journey has shown me how powerful it is when people listen, not just hear. When lived experience is valued, services become more empathetic, responsive, and effective. And it changes the whole culture too — staff feel more connected to the people they're supporting, and people drawing on care feel like they actually matter, not like they're a number in a system.

> *"My own journey has shown me how powerful it is when people listen — not just hear."*

Social care isn't just about care workers and organisations, it's a whole ecosystem. Each part of that ecosystem needs the input of lived experience to flourish. It's how we develop better outcomes and create services that genuinely support people. When we bring lived experience into the mix, we open the door to innovation, empathy, and practical solutions that might never come from traditional top-down approaches. And let's be honest, top-down approaches have been tried for decades, and they don't always work. Listening to the people who live it every day is how we move forward.

Getting an OBE was a huge shock to me. I never imagined recognition on that level, but it also felt like a nod to the importance of lived experience and co-production. It's a reminder that no matter how tough the journey, your voice and story can make a real difference. And that difference ripples out to others who might be struggling, showing them there's hope and that their experiences matter too. Because sometimes just knowing that someone else has walked a similar path — and found a way through — can give you the strength to keep going.

I want to see a future where lived experience isn't an afterthought or a tick-box exercise, but a foundational part of social care design and leadership. Where people like me are not only heard but are shaping the policies and services that affect us every day. Because that's how we build a system that truly supports everyone — with kindness, understanding, and respect.

So yeah, the road hasn't been easy. But with the right support and a place at the table, lived experience can transform social care from something people endure to something people thrive within. And that's worth shouting about.

🌐 **thinklocalactpersonal.org.uk**

“Getting an OBE felt like a nod to the importance of lived experience and co-production.”

Isaac Samuels
Co-Chair
Think Local Act Personal

Putting pride into practice

A new framework for LGBTQ+ Inclusive Care

skillsforcare

Skills for Care shares how the co-produced LGBTQ+ Learning Framework is driving more inclusive, affirming care for older LGBTQ+ people across the sector.

> *"The Framework was developed by drawing on the lived experience of older LGBTQ+ people."*

The LGBTQ+ Learning Framework aims to provide a base for identifying the insights, knowledge, understanding, and skills that the social care workforce needs to work affirmatively, inclusively, and effectively with individuals from gender-and/or-sexually-diverse communities.

The Framework is intended to be used by social care employers, employees, training providers, regulators, commissioners, policy makers and others to build their own knowledge of LGBTQ+ issues, to support colleagues' understanding, and to create learning programmes that will allow teams to better support LGBTQ+ people in later life.

It includes a background on LGBTQ+ issues and awareness; a look at health and wellbeing issues later in life - including research about LGBTQ+ inequalities, and information on providing personalised care and support.

This covers topics of intersectionality, supporting people with dementia or HIV, and understanding intimacy and sexuality later in life. The Framework also includes recommendations for leadership, education, and service development to continue to improve care and support in this area.

The Framework will support social care services and organisations to:

- **include LGBTQ+ issues in the education and training of the workforce**
- **include LGBTQ+ issues in the everyday care and support of people in later life**
- **guide the aims and focus of LGBTQ+ education and training based on evidence**
- **conduct a training needs analysis and design training which meets a minimum standard of performance and capability in its assessment and provision of care to LGBTQ+ individuals in later life and their communities**
- **embed the relevant topics, areas, guidance, and learning resources into its recruitment, induction, supervision, appraisal, and career progression processes.**

As well as being a collaborative effort between Skills for Care, the University of Strathclyde and the LGBT Foundation, crucially, the Framework was developed by drawing on the lived experience of older LGBTQ+ people.

This involved three in-depth workshops with a diverse range of older LGBTQ+ people focusing on their understanding of each subject area and why it was important. Participants shared key messages from their lived experience for the social care workforce, particularly about knowledge and values; their priorities for training and education and the outcomes desired.

One person with lived experience who was involved with the production of the Framework said:

"I am a 74-year-old trans woman who was involved in the project. It is important to me that this framework was co-produced with the LGBTQ+ community. This piece of work is important to me because it could make a difference to me personally in my later years. It will enable younger trans men and women to no longer have to fight to ensure that they can have care without discrimination and that all of us can be treated with respect. Empathy and compassion is critical in learning how to treat trans people as people, to respect their choice to be who they have decided to be. Give us respect and let us retain our dignity. I would like this piece of work to inspire an integrated comprehensive training programme across the UK. This should ensure that social care staff treat all LGBTQ+ people with respect."

The Framework has captured and mapped a range of freely available resources which have been developed from research findings for the purpose of exchanging knowledge to inform policy and practice. These resources give particular emphasis to the personal stories and narratives of people with lived experience and allow their voices and experiences to be heard.

Interactive activities such as storytelling, which include the voices of LGBTQ+ people in later life are more likely to enhance learning that is experiential, work-based and reflective.The additional toolkit expands on the LGBTQ+ learning framework, offering guidance and practical learning activities for organisations looking to initiate or strengthen their commitment to LGBTQ+ affirmative care. It features best-practice examples from organisations actively working in this space, evidencing how engagement with the learning framework is driving meaningful change.

> *"As a 74-year-old trans woman involved in the project, I value that this framework was co-produced with the LGBTQ+ community."*

Training alone cannot support the organisational change needed to tackle deep-seated prejudice and exclusionary practices within care organisations. Therefore, strategies to develop the workforce and improve professional practice with service development needs a holistic programme of activities designed to promote LGBTQ+ inclusion and to encourage staff to recognise their own learning needs and responsibilities for their own development.

This Framework is a vital step forward in improving best practice and outcomes for all.

@skillsforcare
skillsforcare.org.uk

Learn more about the Framework: **http://www.skillsforcare.org.uk/LGBTQLearningFramework**

This month, we meet...

Each month we meet key stakeholders and business leaders in the social care sector. This month we meet Devika Wood, Chief Executive Officer of Brain+, which creates digital CST tools to support people with dementia and slow cognitive decline.

brain+

Devika Wood
Chief Executive Officer
Brain+

What first inspired your passion for dementia care?

"My passion for dementia care began with my Nani. She looked after me throughout my childhood while my parents worked long hours, and in many ways she was more like a mother than a grandmother. I adored her, and so much of who I am today comes from her guidance and love.

When I was ten, everything changed. Nani suffered a stroke, and not long after we began noticing the early signs of dementia. Within a year she was diagnosed with vascular dementia, and the course of our lives shifted. It was incredibly hard to watch. This was a woman who had lived through so much. She had survived two wars, escaped the India–Pakistan partition, built a life in Zanzibar, and later fled to England as a refugee. She had been the strongest person I knew, and to see her gradually lose her independence and parts of her identity was heartbreaking".

From your experience, what challenges do families often face with dementia care?

"When we sought support, we turned to social care funding. What we received often felt inadequate. Carers would arrive for rushed 15-minute visits, with little time to do more than the basics, and often without even speaking to Nani directly. It was painful to see her treated in such a transactional way, as though her personhood had been overlooked.

> *"CST formalises the kinds of activities I instinctively used with my Nani."*

Families across the UK and beyond face the same challenges. Dementia is now the leading cause of death for women here, and one of the leading causes worldwide. Its impact is not only medical but deeply emotional, affecting entire families. We discovered that the most meaningful care came from personal interactions. Bollywood music, conversations about her childhood in India, and the smells and stories of cooking brought Nani back to us, if only briefly. Those moments taught me that dementia care must go beyond the clinical. It is about identity, memory, and respect.

Her passing left a deep mark. It gave me the determination to change how people access care, so that families like mine can experience connection rather than frustration."

> *"Dementia may take memories, but it should never take away humanity."*

How has this personal experience shaped your work in the sector?

"At 26, I co-founded a domiciliary care agency designed to fix some of the problems we had faced. We developed a matching system that paired carers and clients based on skills, language, and cultural understanding. For families like mine, this was transformative. To be cared for by someone who spoke the same language or understood cultural traditions made a world of difference. It helped preserve dignity and created real connection.

That same philosophy drives my work today at Brain+. Our focus is Cognitive Stimulation Therapy, recommended by NICE and supported by strong evidence. CST formalises the kinds of activities I instinctively used with my Nani, such as conversation, cooking and music, and builds them into structured sessions. The results are powerful. Research shows CST can delay cognitive decline by four to six months. That means more time, more quality of life, and more space for families to experience meaningful moments together."

What motivates you to continue innovating in dementia care?

"For me, this has never been just work. It is personal. My Nani's story guides me every day. I believe everyone deserves dignity, respect and joy as they age. Dementia may take memories, but it should never take away humanity.

That belief drives me to push for better services and greater compassion. My journey began at home with my grandmother, and my mission now is to ensure every family touched by dementia can find connection, hope and dignity in the care they receive."

🌐 **brain-plus.com**
🌐 **https://ayla-care.com/**

New autism and learning disability training becomes mandatory

Browne Jacobson

Daisy May Coster-Hollis
Senior Associate
Browne Jacobson

Care providers will soon be required to train staff on how to support residents with autism and learning disabilities. Daisy May Coster-Hollis, Senior Associate at law firm Browne Jacobson, specialising in health and care regulations, explains what this means.

Almost a decade after Oliver McGowan's tragic death sparked a campaign by his mother Paula to improve autism and learning disability training for health and care staff, new standards are set to come into force.

The draft Oliver McGowan Code of Practice sets out training expectations for all Care Quality Commission (CQC)-registered services. It was published in June by the Department of Health and Social Care in a consultation exercise ahead of its expected implementation on 6 September.

With few care homes, according to client feedback, currently delivering the newly expected standards of training to their staff, it's crucial for registered managers to get up to speed on the new requirements.

Oliver McGowan's story

Oliver, who had been diagnosed with a mild learning disability and autism as a child, was admitted to a children's hospital following a "partial seizure" in October 2015. He was prescribed medication usually given to patients with psychosis or a mental illness, which eventually led to his death in November 2016.

Paula's campaign began shortly after as she believes doctors misunderstood his normal autistic behaviour when deciding on treatment. Her argument that health and care staff should receive mandatory training on autism and learning disability eventually led to a new requirement for this under the Health and Care Act 2022.

The new code of practice takes this further by mandating the provisions for training content, delivery and ongoing evaluation to comply with the legislation.

What are the new standards for autism and learning disability training?

Within the code lies the Oliver McGowan Mandatory Training, which is the government's preferred and recommended training for health and social care staff. Any provider deciding to depart from the code will need to provide a compelling justification to the CQC, in particular.

The updated framework introduces a three-tier model tailored to the level of interaction staff have with people with autism and learning disabilities. It takes a person-centred care approach, replacing older guidance that was more generic and less structured. The three tiers are:

- **Tier 1 – General awareness:** For all staff needing a basic understanding of learning disabilities and autism, including what these conditions are, their effects and how to make reasonable adjustments. Intended for those who may interact with affected individuals but do not provide direct care.

- **Tier 2 – Direct support and care:** For staff who provide care or support to people with a learning disability or autism. Covers more detailed knowledge, such as co-existing conditions, relevant laws, communication strategies and applying reasonable adjustments in practice. This involves face-to-face training co-produced and co-delivered with people with a learning disability or who are autistic.

- **Tier 3 – Complex care and leadership:** For professionals with significant autonomy who manage complex care or lead services. Builds on previous tiers, focusing on advanced knowledge in service development, clinical decision-making, and promoting best practice.

What this means for care homes

Using real-life case studies as examples for each tier, the code makes it clear that all care home staff are likely to need tier 2 capabilities, with tier 1 reserved for employees who aren't public-facing. This is because the government wants to ensure care environments are accessible to all residents and visitors who are autistic or have a learning disability, or may be undiagnosed.

From our conversations with care home clients, delivery of tier 2 training is not industry practice. In complex care environments, specialist training is likely already being delivered but course content may require updating for compliance with tier 3 standards (even if just its terminology).

The release of the code will inevitably lead to increased CQC focus. Key steps for providers are:

- **Review your current training – act before a potential surge in demand for external courses**
- **Risk assess any gaps in training**
- **Put in place measures to mitigate any risks**
- **Monitor the effectiveness of the training delivered**
- **Make sure you record all these steps so you can evidence them during a CQC inspection.**

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Further reading:
https://www.gov.uk/government/publications/oliver-mcgowan-code-of-practice/the-oliver-mcgowan-draft-code-of-practice-on-statutory-learning-disability-and-autism-training

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