

# CareTalk

The voice of excellence in social care

Let's Talk Social Care! Issue **147** | Winter **2025/26**

# Care in Transition

In This Issue:



**UK CARE SECTOR  
2025: WHAT YOU  
NEED TO KNOW**  
**Lee Howard**  
Regional Director, Care  
Christie & Co



**SOCIAL CARE  
WORKFORCE  
RESOLUTION**  
**Oonagh Smyth**  
Chief Executive  
Skills for Care

**WHAT KEEPS ME  
AWAKE AT NIGHT**  
**Geoffrey Cox**  
Managing Director  
Southern Healthcare



**THE TOUGH  
QUESTION**  
**Kari Gerstheimer**  
Chief Executive  
and Founder  
Access Social Care



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Coming up in the February 2026 issue:

THE ECONOMICS OF CARE: WHO REALLY PAYS THE PRICE?



## Circulation List

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been read by all your staff?  
Use our list to be sure!

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

### Welcome to the Winter 2025/26 issue of Care Talk!

December always feels like a natural pause button. A chance for reflecting, reconnecting and renewing care together. But while lots of people power down for Christmas, social care doesn't. If anything, this is one of the busiest times of year. People still rely on services, routines still matter, and care teams keep everything going while the rest of us eat mince pies. So, if you're reading this between shifts, visits, late-night check-ins or a quick brew, we see you, we appreciate you and we sincerely thank you.

This winter issue focuses on **Care in Transition**, tackling the biggest pressures and possibilities in the sector. You'll meet award-winning frontline professionals whose care and support is as creative as it is compassionate. We also look at how services are responding to workforce shortages, regulation and changing needs; how lived experience and co-production are reshaping support; and what government promises on pay and reform mean in practice. And we don't shy away from the hard debates — from tech and staffing to whether recruitment plans go far enough.

As the year wraps up, I hope you can grab a moment to breathe. Let's take pride in what's gone well, be honest about what's been tough, and step into the new year clear on what matters most. Care stays human and inclusive not because it's easy, but because brilliant care professionals keep turning up, day after day, through everything.

Wishing you a peaceful festive period, and a real chance to recharge if you can. Here's to stepping into the year ahead together — refreshed, reconnected and ready.

Til next time

Lisa

✉ @lisa\_caretalk



# Looking back and moving forward

**Reflecting on a year of resilience and strain, Professor Martin Green, Chief Executive of Care England, calls for bold reform, integration, and investment as social care faces mounting pressures.**

*“Social care services were pushed to their limits, exposing both strengths and weaknesses.”*

Reflecting on the past year in social care reveals a landscape marked by resilience, challenges, and an evolving understanding of the sector's critical role in supporting people and delivering the proposed changes to the NHS. As we look ahead, the focus will shift towards innovation, integration, and a commitment to improving the quality of care because this will be the only way that the sector can survive during these incredibly challenging times.

Social care services were pushed to their limits in the last 15 months, exposing both strengths and weaknesses within the system. The dedication of care workers, who are often underappreciated by the Government and the NHS, was on full display as they navigated heightened workloads and emotional stress during this challenging time when the future of social care was yet again kicked into the long grass. Their commitment to providing care, often in challenging environments, was commendable. However, the decision to abandon social care reform also amplified existing issues, including staffing shortages, funding constraints, and the need for better mental health support for both staff and service users.

The Government's decision to abolish NHS England and its plans for yet another review of social care reform have created uncertainty amid the many challenges we face. The underfunding of social care and significant extra costs being levied on the sector because of increased NI contributions and the Employment Rights Bill have added to the challenges we face. These issues have added to concerns about the long-term sustainability of social care funding, equity in access, and the importance of holistic support services. These changes signal a recognition of the need to prioritise social care within the broader health and social care framework, promoting a more integrated approach.

Looking forward to the coming year, the integration of health and social care must remain a top priority. The focus on integration must also be about spending money to deliver outcomes for people, rather than ring-fencing it all within an organisation called the NHS. The ongoing work of Integrated Care Systems (ICS) must address service fragmentation, and the delivery of the NHS 10-year plan is wholly dependent on engagement with social care. This shift towards a person-centred approach is essential for enhancing outcomes for service users, particularly for those with complex needs. The challenges faced during the pandemic have underscored the necessity of breaking down barriers between different service providers, fostering collaboration, and ensuring that care is tailored to individual circumstances.

Moreover, addressing workforce challenges will be crucial in the year ahead. Attracting and retaining skilled professionals in social care requires a multifaceted approach, including investment in training and development, improvements in working conditions, and competitive remuneration. As the demand for care continues to rise, particularly with an ageing population, addressing these workforce issues will be imperative for maintaining the quality of care. The Government's approach in the Employment Rights Bill and the development of a care wage can only be delivered if the Government has our major customers pay for it. If they expect that the burden of this will be shouldered by self-funders in care providers, this will drive many organisations into bankruptcy.

Digital transformation presents another exciting opportunity for social care in the coming year. The pace of development in technology has accelerated, and the adoption of technology, with many services embracing digital tools to enhance accessibility and continuity of care, is very positive. It will be the direction of travel in the future. As we move forward, harnessing technology can lead to more efficient service delivery, improved data sharing, and greater engagement with service users and their families. However, as we embrace this new era, it will be vital to ensure that all individuals, regardless of their technological proficiency, can access and benefit from these innovations.

Finally, as we reflect on the lessons learned, we must also continue advocating for long-term, sustainable solutions that will lay the foundations for good health and care in the coming years—ensuring that the experiences and perspectives of people who use services and those who provide them are central to the development of the 21st-century health and care system.

 @ProfMartinGreen @CareEngland  
 [careengland.org.uk](https://careengland.org.uk)



A portrait of Professor Martin Green OBE, a middle-aged man with thinning hair, wearing a grey suit, light blue shirt, and a green patterned tie. He is smiling slightly and looking towards the camera. The background is a blurred outdoor setting.

*“Looking forward,  
the integration of health  
and social care must  
remain a top priority.”*

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



# Rebalancing consumer power



**Beverly Futtit**

Director of Digital Transformation  
National Care Forum

**Beverly Futtit, Director of Digital Transformation at the National Care Forum, explains how the Adult Social Care Testbed is rebalancing a care technology market where providers have long felt excluded — creating a more collaborative, co-designed future for care.**

Adult social care is transforming, and practice and policy is becoming ever more focused on the role technology and innovation, including AI, can play in our sector. However, many challenges remain which must be addressed in order to allow the true potential of digital transformation to shape care and support for the future to flourish.

The Adult Social Care testbed, delivered in partnership with the University of Liverpool Civic Health Innovation Labs for the Liverpool City Region Combined Authority Life Sciences Innovation Zone, is paving the way for a collaborative future where not-for-profit care and support providers, their staff and the people they support, tech providers, and academics work together to change the course of care delivery. In our report, *Discovering our Digital Potential*, we highlight how this unique collective offers a compelling vision of what collaborative, co-designed, data-driven care could look like. But achieving this future demands more than innovation; it requires a cultural shift. Together, we are envisaging a future where the needs of people drawing on care and support are front and centre, rather than competition dominating the development of new products. The testbed is creating an environment where digital technology suppliers work in a more collaborative and co-designed way with care and support organisations, their staff, and the people they support, alongside their families and carers.

*“We’re shifting from being technology’s customers to becoming equal partners in shaping innovation.”*

The testbed is highlighting the potential strength of taking a collaborative approach to harnessing the next steps in the digital revolution for care and support providers. Members involved in the project have told us that, despite their commitment to driving digitisation forward in their organisations, they face significant barriers to achieving modernisation. Frustrations are felt around technology costs, vendor “lock-in” to existing products and contracts, and the fragmented way many solutions have been sold, rather than as integrated, intuitive ecosystems.

The value of social care and support data is universally recognised by the not-for-profit providers interviewed in depth as part of the testbed project. However, they fear that strategic analytics about the people accessing their services are not easily available, and that even basic data is often locked within fragmented systems and dashboards, preventing its routine use in decision-making.

There is a strong appetite among care and support providers to rebalance the consumer–supplier dynamic, and the testbed is meeting this challenge head-on. By joining this partnership, care providers, their staff, and the people they support have a unique opportunity to leapfrog the usual barriers that prevent them from realising the potential of technology—using it to improve outcomes for the people they support and to enhance digital skills across their workforce.

## Collaboration in Action

This partnership has already begun the process of reshaping the region’s care and support landscape by acknowledging the common challenges faced by care and support providers. The care providers participating in the Testbed employ over 13,000 care professionals who support more than 12,500 individuals and have expressed a strong desire to turn those challenges into solutions and work together to co-design, adapt and adopt digital solutions.

## Embedding Collaboration in Practice

To renew care together, collaboration must be embedded across regulation, workforce ‘planning’, and innovation.

■ **Regulation:** Compliance should not be a barrier to innovation. The ‘*Discovering our Digital Potential*’ report calls for a balance between regulatory accountability and the freedom to use data for service improvement. Ethical use of data matters here, and regulators should support collaborative models that prioritise person-centred outcomes over paperwork.

■ **Workforce Planning:** The digital skills gap is a major obstacle. Providers report uneven digital literacy, role boundaries that limit data use, and inconsistent training opportunities. Collaborative workforce initiatives such as shared digital champions and co-developed training programmes can help bridge these gaps. NCF has developed training opportunities that will be open to





*“The testbed gives providers real power to co-create technology that truly serves care.”*

testbed participants including the Care Technologist Training Project and Digital Leadership Programme. These programmes build on the potential for much wider use of digital technology to empower people receiving care and support to take the lead in their own care and for care managers to drive forward digital transformation in their organisations. Excellence is at the heart of this ambition and following the Quality Assured Care Learning Service initial verification review by Skills for Care, NCF's Digital Leadership Programme has recently been confirmed as continuing to meet Quality Assured Care Learning Quality Standards.

■ **Innovation:** Co-production must be the norm. The testbed's emphasis on user-led design ensures that technology serves real needs, not abstract ideals. Providers must work together to test, evaluate, and refine solutions, sharing insights and lessons learned.

### The Role of Technology

Technology is both a catalyst and a challenge. The report reveals providers' aspirations for predictive analytics, voice-first interfaces, wearables, and ambient sensing. But it also highlights concerns around cost, vendor lockin, and ethical boundaries.

Collaboration can address these issues. By pooling resources, providers can negotiate better terms with vendors, invest in shared infrastructure, and develop ethical frameworks for tech use. Importantly, collaboration ensures that technology augments rather than replaces human care.

### A Vision for the Future

Imagine a care system where data flows seamlessly between health and social care, where professionals are empowered by real-time insights, and where people who draw on care shape digital tools on their terms. This is not a distant dream, it's a recipe already being tested in Liverpool.

The testbed's work shows that with bold leadership, local flair, and professional wisdom, collaboration can unlock the sector's digital potential. But it also underscores the need for investment, policy support, and a shared commitment to change.

The Adult Social Care testbed offers a powerful blueprint. All partners taking part have an exciting opportunity to share the project's ambitions and outcomes, so the wider sector can be encouraged to follow its lead and renew care together.

✕ @NCFCareForum  
🌐 [nationalcareforum.org.uk](https://nationalcareforum.org.uk)

To find out more about the Adult Social Care Testbed visit [nationalcareforum.org.uk/adult-social-care-testbed/](https://nationalcareforum.org.uk/adult-social-care-testbed/)

#### Further reading:

- New initiative unites social care and industry to pioneer CareTech University of Liverpool News – [news.liverpool.ac.uk](https://news.liverpool.ac.uk)
- National Care Forum launches Adult Social Care Testbed Digital Care Hub – [digitalcarehub.co.uk](https://digitalcarehub.co.uk)
- Adult social care reform cannot afford to wait BMJ – [bmj.com](https://bmj.com)
- Adult social care market shaping UK Government – [gov.uk](https://gov.uk)
- Adult Social Care Reform: the cost of inaction House of Commons Health and Social Care Committee – [parliament.uk](https://parliament.uk)

# Together through winter



**Tariq Raja**  
Executive Director  
CareTech Foundation

**As winter draws in, Tariq Raja, Executive Director at the CareTech Foundation, reflects on a year of generosity, resilience and community spirit—spotlighting the carers, fundraisers and volunteers who continue to make a difference when it matters most.**

As we enter the winter season, it's the perfect time to reflect on the successes we've achieved together and the positive impact we've made together. While the world begins to slow down for festive celebrations, and, for a rest, our colleagues in frontline services, cannot. For many, winter can be a lonely season and for families, it often brings additional financial pressures. As a social care funder, we're committed to maintaining our presence, planning ahead and strengthening our support for the community we serve as we move into the New Year.

The generosity of our CareTech Ltd community has been truly inspiring this year. Across the organisation, staff members and service users have gone above and beyond- fundraising, volunteering and supporting causes close to their hearts. Through our Match-Funding Grants, we're able to double their impact by matching the amount raised, penny for penny, up to £350. This year alone, we awarded 85 Match-Funding Grants, totalling £31,000, to a wide range of charities across the UK and overseas.

***“Winter brings challenges – but also the chance to unite, give back, and include everyone.”***

Behind every number is a story of compassion and determination. One such story is that of Kenton, whose life changed in 2019 when his wife was diagnosed with breast cancer and his mother with bone cancer. Thanks to the exceptional care provided by The Christie Charity, his mother remains in remission, and his wife continues to receive treatment for secondary breast cancer. To give back, Kenton completed a 62-mile cycle from Manchester to Blackpool, raising £887 to support The Christie Charity's life-changing work for cancer patients. His remarkable effort was recognised at the company's annual awards, where he received the esteemed Michael Hill Charity Award. Kenton's story is just one of many that highlight the compassion and commitment of people across the social care community.

The social care sector is built on the dedication of individuals- each connected to families, friends and local communities. At the Foundation, we believe it's essential to extend our support not only to those working in care but also to the people around them. Our Community Grants empower CareTech Ltd staff and service users to advocate for the people close to them as well as local causes and initiatives that enrich the communities where they live and work.

This year, we were particularly moved by an application on behalf of Nickel Support, a charity based in Sutton that provides person-centred support for adults with learning disabilities. The organisation helps individuals develop practical skills that lead to more meaningful and independent lives. We were proud to award a £2,000 grant to help Nickel Support purchase learning aids and sensory materials for at least 120 individuals with autism and learning disabilities- enhancing their ability to access and participate in community life. Stories like this remind us of the real difference that connection and kindness can make.

As the days grow shorter and colder, it's important to acknowledge that winter can be challenging for many. Seasonal Affective Disorder (SAD) affects an estimated 7% of people in the UK, while the ongoing cost of living crisis continues to place strain on households. At a time traditionally associated with warmth, celebration and family, many people experience loneliness, stress or financial hardship.

Over the last year, the Foundation helped 196 staff members overcome significant financial hardships by providing them with a grant that helped them recover from tragedy, poor health and any other reason beyond their control. Because, that is what is required, to help make a difference when someone is down and cannot get back up, a helping hand comes in many designs.

As we look ahead to the New Year, it's crucial that we continue to uphold the compassion, generosity and community spirit that define our value as a society and a community. Winter may bring challenges but it also offers an opportunity to come together, to give back and to ensure that no one is left behind.

At the Foundation, our community is made up of givers, fundraisers, selfless individuals, volunteers and the one thing they have in common is they are all already carers, who we are immensely proud of. They are the ones who won't have the winter off but together, we will continue to build on the spirit of support and make a lasting difference in the lives of those who need it most.

 @ CareTechFdn  
 [caretechfoundation.org.uk](https://caretechfoundation.org.uk)



*“The generosity of our  
CareTech Ltd community has been  
truly inspiring this year.”*



# From crisis to connection

## How Kara Healthcare turned challenge into purpose



**Nitesh Somani**  
Chief Executive  
Kara Healthcare

**Nitesh Somani, Chief Executive of care provider Kara Healthcare, reflects on a transformative year for the organisation — how Kara stepped into crisis, stabilised struggling homes, and built a people-first culture that's redefining care in 2025.**

Kara Healthcare stepped into a year marked by uncertainty, economic strain, recruitment pressures, and sector-wide change. When others stepped back, we stepped forward. We acquired eight struggling homes, six in administration, all at risk of closure. Overnight, we became responsible for more than 400 jobs and 320 residents whose homes and lives hung in the balance.

Within nine months, every home was secure and stabilised. Agency spend dropped, staff retention rose to 97%, and most importantly, residents flourished again. The turnaround did not begin with balance sheets or buildings, it began with belief. When you put people first in everything you do, progress follows naturally.

In moments of pressure, negativity can spread quickly, especially in healthcare, where the stakes are high. But we chose a different path. Positivity is not optimism for optimism's sake, it is strategic strength. It builds momentum, strengthens resilience, and turns setbacks into comebacks. That truth shaped our strategy and our future. We learned that success is not defined by avoiding challenge, but by responding to it with conviction, care, and clarity of purpose.

Innovation at Kara comes from culture before capital, from environments built on joy, learning, and genuine connection. Where people come first, progress follows. We see innovation as a daily discipline, not an occasional project — a commitment to keep improving, listening, and learning together.

Our Kara Training Academy reimagines workforce development. It is not compliance-heavy, transactional training. It is life-changing learning that builds confidence, capability, and character. We teach leadership, confidence, emotional intelligence, and real-world skills that support both work and life. When you invest in skills, you build confidence. When you invest in knowledge, you create leaders. When you invest in people, you build success. Growth begins with people, not property. You do not build a home, you build the people who make it one.

Every week, I meet every colleague, from housekeeper to home manager, in our "Care & Share with the CEO" forum. No hierarchy. No filters. No hiding places, only shared accountability. Teams bring challenges, ideas, and questions directly to me, and I answer them. Within 24 hours, solutions are in motion. One home's challenge becomes another's breakthrough. Inspiration achieves more than instruction. People do not perform best when pushed, they rise when lifted. Uplifted people are unstoppable. That is why ordinary teams deliver extraordinary results. At Kara, culture is caught, not taught, and when leadership shows up every week, living those values in real time, belief turns into achievement.

Our greatest lesson in 2024 was clear: grow our people first, and the organisation follows. Too many providers expand first and build people later. We do the reverse, and that is why we scale fast without compromising quality.

Rapid growth can dilute culture, unless culture is the engine of growth. At Kara, scale never comes at the cost of soul. Every home retains its identity, voice, and community spirit. We are small enough to care and strong enough to lead. Without layers of bureaucracy, compassion and innovation flow freely. We lead with purpose, not policy. We do not build institutions, we build homes filled with dignity, warmth, and connection. We do not lose our heart as we grow, we strengthen it.

The sector often focuses on buildings and capital investment, but care is delivered by people, not plaster. The most beautiful home only becomes a true home when culture lives within it. At Kara, culture is our capital. We live it, breathe it, and grow from it. That is why we can compete with much larger providers, we have real people, real values, and real consistency.


***"Innovation at Kara comes from culture before capital."***

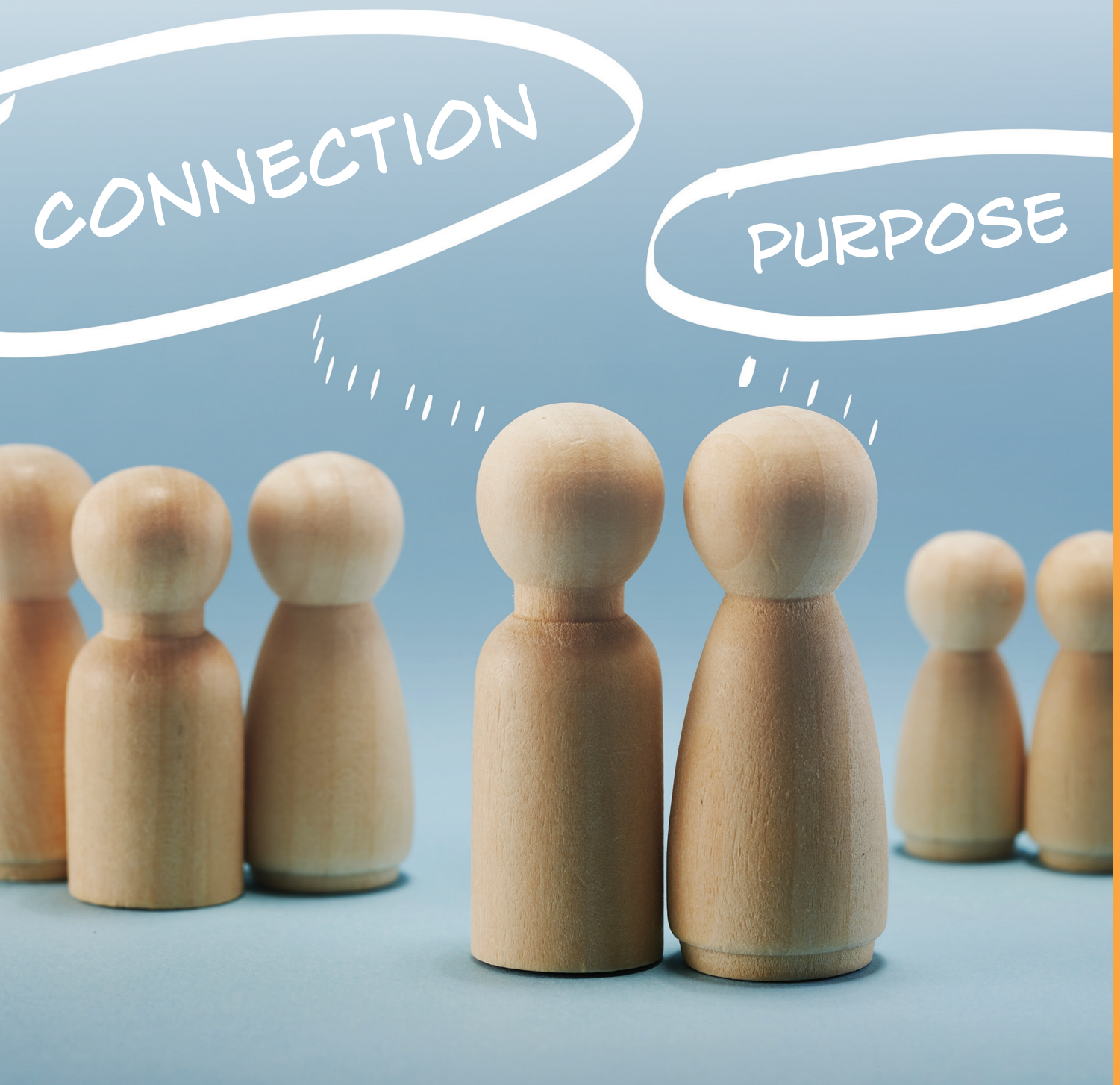


*“In 2026, we will continue to expand,  
responsibly, sustainably, and with  
humanity at the centre.”*

In 2026, we will continue to expand, responsibly, sustainably, and with humanity at the centre. We will strengthen our academy, deepen community partnerships, prioritise environmental responsibility, and continue to ensure later life is lived fully, joyfully, and with dignity. We believe the future of social care belongs to

providers who lead with humanity, because compassion, not chaos, must shape the next chapter of care. At Kara Healthcare, we will continue to prove that when you put people first, success is not only possible, it becomes inevitable.

 [karahealthcare.com](https://karahealthcare.com).



# Sharing power, shaping care

## How lived experience is driving change in Leeds



 Love In Care  
HOME CARE SERVICES

**Aqila Choudhry MBE**

Managing Director  
Love in Care



 Personal Care Specialists  
Providing Excellence in Home Care

**Helen Cook**

Managing Director  
Personal Care Specialists

**Founders of the Leeds Providers Forum, Aqila Choudhry MBE, Managing Director of Love In Care and Helen Cook, Managing Director of Personal Care Specialists, reflect on how voices of lived experience reshaped home care in 2025 — and set out their priorities for embedding co production more deeply in the year ahead.**

The Leeds Providers Forum's collaborative, inclusive, and community rooted approach is driving real change in home care across the city. By empowering small providers, fostering training and leadership, and championing client choice and dignity, the Forum offers a model for others to follow. Its experience shows that when lived experience shapes decisions, sharing power strengthens outcomes for all.

Since its launch, lived experience has guided the Forum's vision and priorities. Its mission is to support long term sustainability and improve the quality of home care in Leeds. By building closer relationships between care professionals, service users, and families, the Forum delivers support that is both personalised and effective. This focus on real world needs ensures services reflect what people actually want.

Securing a unified provider voice in Council level decision making has been another milestone. For small providers, gaining a seat at the table has meant stronger influence over commissioning and funding. It has also fostered collaboration with larger providers and enabled the Forum to negotiate practical deals, such as Council uplifts and PPE agreements, ensuring quality and affordability for all members. These outcomes were shaped by providers and service users working together to highlight what mattered most.

Training and leadership support have been equally important. The Forum has delivered sessions for senior managers, guidance for CQC inspection readiness, and leadership from figures such as Aqila Choudhry MBE and Helen Cook. Their work has raised the sector's profile, built new partnerships, and tackled skills gaps by working with regional businesses. Crucially, these initiatives were informed by feedback from providers and carers, ensuring training was grounded in lived realities rather than abstract policy.


The Forum's collaborative environment has created a safe space where providers share experiences, tackle challenges together, and focus on enhancing services. Negotiated deals and leadership support are practical outcomes of this cooperation, but the deeper impact lies in listening to and acting on the voices of those drawing on care. By championing small, local providers with deep community roots, the Forum ensures clients retain freedom of choice and dignity in care decisions.

Reflecting on 2025, the Forum's experience highlights the importance of collaboration, mutual support, and shared learning. These lessons should guide the sector toward more integrated, person centred care models. The voices of people with lived experience have shown that co production is not just a principle but a practical necessity for sustainable, high quality care.

Looking ahead to 2026, the Forum's priority is to embed co production more deeply and strengthen community based care. It is working to bring together all 250 small providers in Leeds, further building collaboration and innovation. By uniting providers, service users, and families, the Forum aims to ensure that care services are shaped by those who rely on them every day.

The wider care sector can learn a great deal from this model. The Forum has shown that collaboration builds mutual respect, trust, and a stronger sense of shared responsibility. Practical results such as improved funding deals, affordable resources, and enhanced training are only possible when all stakeholders are genuinely involved in decision making.

The resolution for the year ahead is simple: embedding co production is not a loss of control, but a pathway to stronger, community rooted, and more resilient care. By embracing openness and partnership, providers and commissioners can unlock innovation, improve quality, and ensure care truly reflects the needs and aspirations of the people it serves.

 [personalcare4u.co.uk/LPF](https://personalcare4u.co.uk/LPF)



*“Lived experience shows  
co production is essential for sustainable,  
high quality care.”*



*“Uniting providers, service users,  
and professionals shows sharing power  
improves outcomes for all.”*

# Is it time to rethink the social care workforce?



**RSPH**  
ROYAL SOCIETY FOR PUBLIC HEALTH  
VISION. VOICE. AND PRACTICE.

**William Roberts**

Chief Executive  
Royal Society for Public Health

**William Roberts, Chief Executive of the Royal Society for Public Health, asks whether today's workforce reforms are bold enough — or whether fresh ideas such as universal care training should be part of the conversation.**

Social care is one of our largest, and most crucial, public services. Care staff provide vital day-to-day support to some of our most vulnerable populations. They are key to preventing ill health, reducing hospital admissions and improving wellbeing.

If we want to shift from hospital to prevention, we must support the social care workforce. But as we found in our recent report, *Caring About Health*, they aren't being recognised as they should.

The workforce is facing vast challenges in recruitment and retention, with staff struggling to get the training, pay and support they need to do their jobs effectively.

Social care needs to be more than just a safety net. With recognition and support for the workforce, we can unlock their potential and build a resilient social care system that improves the lives of the people using – and working in – it.

To do this, the workforce first needs to be given access to training with an emphasis on health promotion. A national training offer would upskill social care staff, improve career progression and improve retention. In practice, this would include topics like basic life support, infection prevention and mental health.

Any training must also have prevention at its core. Carers hold the potential to play a key role in spotting health concerns in the people they are caring for. In our research, carers told us that they often spot changes in appetite, mood or mobility but struggle to get in touch with the right healthcare professionals to report these changes.

With the right training, staff could carry out crucial preventative activities normally done by a healthcare professional, like blood pressure checks, changing bandages, or helping people manage their diabetes. Not only would this help to stop people from getting sick and reduce hospital admissions, but it would also upskill the workforce with crucial public health skills and allow them to progress their careers.

At RSPH, we are working tirelessly to advocate for care workers. We are continuing to provide care staff with consistent public health training and support them with clear, accessible routes into social care careers, including through our upcoming social care pathway.

As well as a lack of training, low pay and poor working conditions are exacerbating recruitment and retention issues, leaving carers feeling “overworked, undervalued, and rushed”.

Care visits often feel hurried, with most only lasting 15 minutes. This is simply not enough time to address a user's individual needs. These short visits must be phased out in favour of personalised care plans that support care users and give staff the time they need to do their jobs properly.

Adult social care stands at a critical juncture. Without action, we risk facing increased hospital admissions, further pressure on the NHS and even more workers leaving the sector.

The government have set out a commitment to prevention in the 10 Year Health Plan. If they want to achieve this, care must be taken seriously. The social care workforce is key to prevention and supporting it is a win-win: it keeps our most vulnerable populations well and out of hospitals, encourages carers to stay in the profession, and boosts productivity and the economy.

We know that change can happen. There is great work going on across the system already to ensure that staff are attracted and retained. With proper training, conditions and progression opportunities we can make social care a sector that works for everyone.

*“Social care needs to be more than just a safety net.”*

 @R\_S\_P\_H  
 [rsph.org.uk](https://rsph.org.uk)



*“Is it time to consider  
radical reform –like nationalisation  
or universal training?”*



# The year we listened – now it's time to act



**Karolina Gerlich**  
Chief Executive  
The Care Workers' Charity

**Karolina Gerlich, Chief Executive at The Care Workers' Charity, shares insights from frontline voices and sets out a vision for a fairer, sustainable care system.**

As we reflect on the past year, one truth stands above all others: without care workers, there is no care. Across the UK, care workers have continued to show compassion and professionalism under immense pressure. They bring comfort in crisis, dignity in vulnerability, and stability in uncertainty. Yet despite being indispensable, too many still feel unseen, undervalued, and unheard.

At The Care Workers' Charity (CWC), our focus this year has been unwavering: to ensure that care workers are not just part of conversations about social care, but at the heart of them. Through our Care Worker Advisory Board and Champions Project, we have listened directly to those delivering care every day. Their insight and commitment continue to shape our vision for meaningful reform.

2025 has been a year of progress, persistence, and challenge. The Government's independent commission on adult social care reform, chaired by Baroness Louise Casey DBE, has renewed attention on long-term sustainability.

Yet this progress sits alongside real setbacks. The decision to end the Health and Social Care Visa route has caused disruption and hardship, both for migrant care workers who form a vital part of the workforce and for providers already struggling to recruit and retain. The impact has been deeply felt, revealing how fragile the system remains when its workforce is treated as expendable.

***“The year ahead must turn listening into action: fair pay, safe staffing, training, wellbeing.”***

of financial strain and structural risk, with adult social care costs in England surpassing £32 billion (House of Commons Adult Social Care Reform: The Cost of Inaction Report, 2024). County Councils Network describe a “triple whammy” of rising demand, workforce shortages, and ongoing reorganisation. These realities underscore one truth: reform cannot succeed without the people who make care possible.

Our 2025 Care Worker Wellbeing Survey, completed by over 2,000 care workers, highlights the scale of pressure they face:

- **42.1% reported feeling unhappy or depressed.**
- **Over one-third said their work harms their mental health, yet only 52.6% felt adequately supported.**
- **72.1% do not feel financially secure; 22.9% have relied on food banks.**
- **33.4% have experienced or witnessed bullying or harassment.**
- **36.7% are considering leaving the sector, and 26% would do so immediately if they could.**

These are not abstract numbers. They reflect a workforce giving far more than it receives: one that our society cannot afford to overlook.

Care workers are not asking for applause; they are asking for fairness. They want pay that allows them to live securely, workplaces that support their wellbeing, and recognition of the expertise and emotional labour their roles demand. They seek opportunities for training, clear progression, and a meaningful say in shaping their work. They want a system that values them as the foundation of care.

As we move into 2026, our collective resolution must be to act on what care workers have long told us: change must begin with them. Co-production, involving care workers from the earliest stages of reform, must become the norm. Without their voice, policy risks being detached from the reality of delivering care.

At CWC, we have seen the difference care worker leadership makes. This year, members of our Advisory Board and Champions Project have contributed to national discussions with the Department of Health and Social Care, the Care Quality Commission, and researchers at the University of Oxford and the University of Sheffield. Their expertise has informed debates on pay, wellbeing, and the future of the workforce.



*“We’ve worked to place care workers  
at the heart of every conversation  
on social care.”*





The year ahead must be about turning listening into action, investing in fair pay, safe staffing, and accessible training, while embedding wellbeing as essential - not optional. We must build a culture where care workers are respected, supported, and empowered to shape the future of their sector.

Change does not happen through policy alone; it happens through people. It happens when care workers are heard, when employers commit to fairness, and when we unite behind a shared goal: a sustainable, fair, and dignified social care system for all.

Looking back, we see a year of determination. Looking forward, we see an opportunity: to build a system that truly reflects the worth of those who make care possible every day.

Because in 2026, the strength of our care system will be measured by how we value those who hold it together.

 [@CareWorkersFund](#)  
 [thecareworkerscharity.org.uk](https://thecareworkerscharity.org.uk)

# Tech won't save social care – but it's certainly part of the solution



**Peter Moss**  
Chief Revenue Officer  
Lilli

**Peter Moss, Chief Revenue Officer at Lilli, a provider of intelligent home monitoring technology, explores whether digital innovation is the antidote to workforce shortages — or if it risks dismantling the human heart of care.**

*“AI delivers the double dividend:  
better outcomes for people  
and better budgets*”

Artificial intelligence (AI) is often presented as the future of social care — a silver bullet to solve workforce shortages and rising costs. The truth is more complex. AI is not a cure all, but when applied thoughtfully, it can deliver better outcomes for people, empower professionals, and help create a more sustainable care system. The challenge is ensuring technology complements, rather than replaces, the human relationships at the heart of care.

Across the country, AI is already improving lives. Home monitoring technology, supported by passive sensors, can quickly pick up subtle signs of health decline by learning what is normal behaviour for someone — and when there is a deviation. If someone usually gets up once or twice in the night but suddenly begins making multiple trips to the bathroom, the system can flag this to carers. That insight can trigger early intervention, often preventing a crisis. At Lilli, we have seen our technology detect urinary tract infections early, enabling treatment in primary care rather than hospital admission. We've also helped carers identify wandering at night, reduced mobility, and missed meals — all behaviours that, when spotted early, can be supported before they escalate.

This is not surveillance. It is about giving carers evidence they need to act quickly and appropriately. Just as AI driven pain assessments give a voice to those who struggle to verbalise discomfort, monitoring technology advocates for people who may not be able

to advocate for themselves. Yes, AI can deliver savings for overstretched organisations, but the solutions that will endure are those that deliver the “double dividend”: better outcomes for people and better value for budgets

Social care is, and always will be, about people. No algorithm can replicate the empathy, skill, and experience of professionals who dedicate their lives to supporting others. But AI can be an enabler. By filling in the gaps between visits, monitoring technology gives carers the insights they need to design evidence based care packages. AI note taking tools are already freeing up time for professionals to focus on nurturing relationships rather than paperwork. In this way, technology doesn't replace human care — it strengthens it.

With workforce shortages biting, there is a risk that technology is seen as a quick fix. But AI is not a sticking plaster. It requires human oversight and must be implemented with a long term vision. When teams are involved in shaping how technology is used, it becomes part of a transformation journey rather than a short term patch. AI should be about freeing capacity so professionals can spend time where it matters most, not about cutting corners.

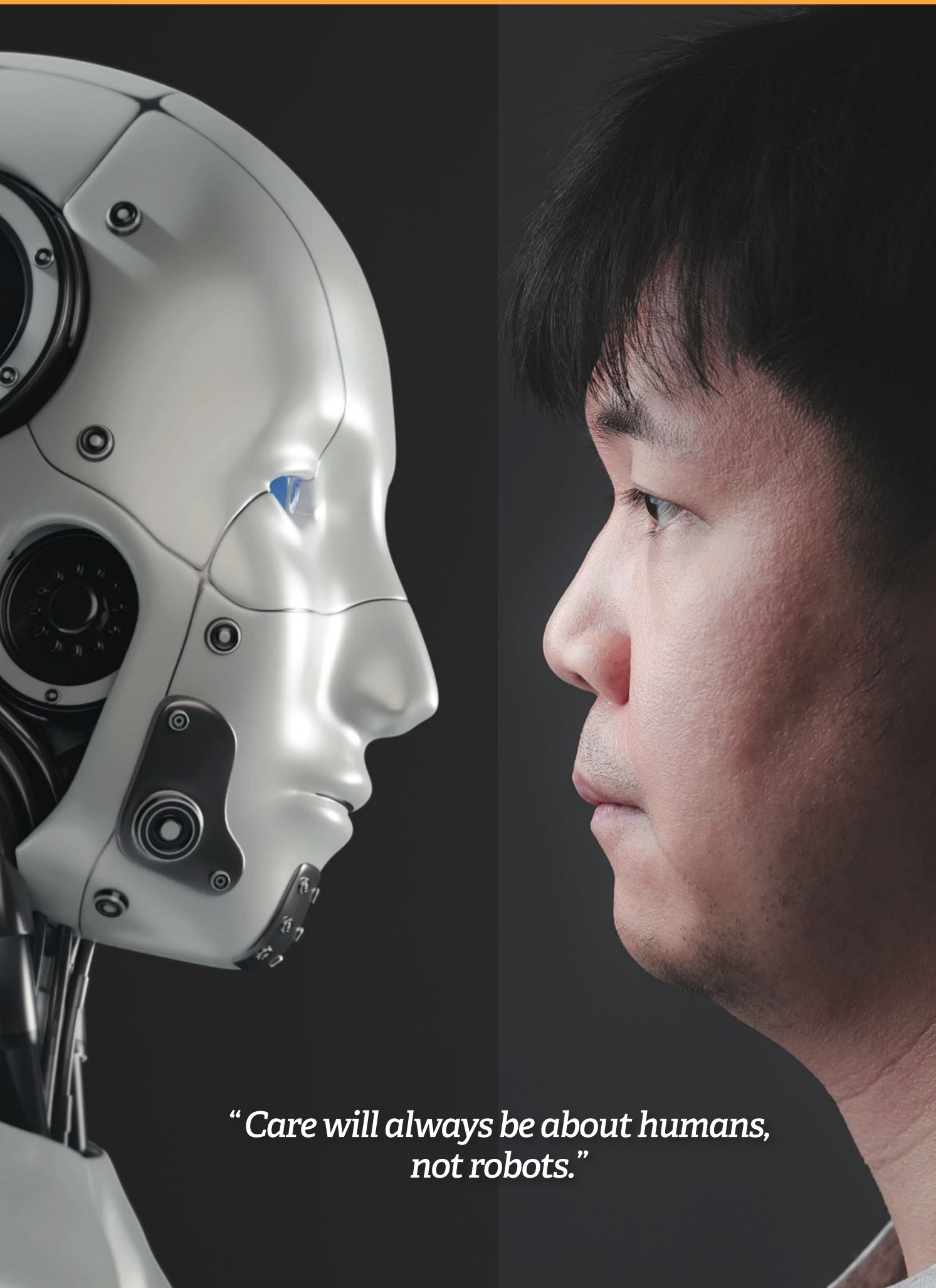
Efficiency must never come at the expense of dignity. At Lilli, privacy is a cornerstone of our product design. Unlike traditional technologies that rely on cameras, microphones, or wearables, our solution uses passive sensors. People are not being watched or listened to, nor do they have to remember to wear a pendant. Families often tell us their loved ones would never have accepted cameras in their homes, but they are comfortable with unobtrusive sensors. By enabling the right care package at the right time — whether that means stopping waking nights or delaying residential care — technology can actually enhance privacy and dignity.

The ultimate question is whether leaning too heavily on technology risks eroding the humanity of care. My answer is clear: care will always be about humans, not robots. Technology like home monitoring is designed to support, not replace, the people delivering and receiving care. Over time, AI can help us move towards true preventative care — forecasting future needs, predicting risks, and enabling interventions before issues arise.

The potential is significant. If we adopt the right solutions in the right environments, AI can help people age with greater independence and dignity. When the time comes that support is needed, it will be ready, optimised, and able to help people live the most fulfilling life possible.

 [intelligentlilli.com](https://intelligentlilli.com)  
 @LilliSays





*“Care will always be about humans,  
not robots.”*

# Policy in transition

## Lessons from 2025, demands of 2026



PLMR

**Lucy Taylor Diaz**

Associate Director  
Head of Social Care  
PLMR

**Lucy Taylor Diaz, Associate Director at PLMR - an integrated communications agency with a specialist social care team - explores how government commitments are playing out in practice, and what the sector can expect from policymakers in the year ahead.**

*“2025 showed bold commitments, but providers adapted without promised funding.”*

Social care saw some major policy signals in 2025 that will begin to take effect through 2026 and beyond, but the funding packages to support these shifts have not materialised. For providers, the message is clear: the hard work of adaptation begins now

In 2025, providers had to work with what they had. The April rise in Employer National Insurance Contributions (eNICs) created an estimated additional £940 million in cost pressure across the sector in 2025–26. For many, this immediately meant difficult decisions about raising fees, reducing staffing, changing service models, or handing back contracts. With local authority fee rates also failing to meet the costs of care, it was yet another reminder that while policy ambition can sound bold, it rarely comes with the resources to match. Announcements such as the forthcoming 10-Year Health Plan, Neighbourhood Health Teams, the Fair Pay Agreement (FPA), and the Casey Commission set a clear direction of travel, but they did little to ease immediate financial constraints. Providers increasingly had to innovate with what they had: deploying technology more smartly, reviewing staffing models, and finding new partners to help deliver care. Those that coped best in 2025 were the ones that didn't wait for extra funding. They adapted operations early, strengthened workforce engagement, and used data to evidence the true cost of care.

Looking ahead to 2026, employment conditions will move centre stage. The Employment Rights Bill, expected to take effect from April 2026, will introduce several major changes including statutory sick pay from day one of absence and day one rights for unfair dismissal. Providers will need to look beyond pay alone to consider conditions, training, progression, and contracts—all of which will come under increasing scrutiny as part of the upcoming negotiations for the Fair Pay Agreement, due to take effect from 2028 and legally underpinned by the Employment Rights Bill. This change will mark the biggest shift the sector has seen in decades, and 2026 will be the year providers prepare for its arrival. They should not panic, but would be wise to begin forecasting different pay and workforce scenarios and getting comfortable with their data, which will become crucial for evidencing compliance with the new measures as well as supporting employer negotiation representatives.

Providers also continue to flag a disconnect between national ambition and local delivery, a gap not helped by the Care Minister's lack of engagement with the sector. Policy frameworks speak of integration, workforce reform, and fair pay, while local authority budgets remain stretched, and the Casey Commission's recommendations on long-term funding reform are not expected until 2028. For policies to work and the sector to remain stable, future reforms need the support of clear, long-term funding packages. Providers are looking to government to prove that they understand the intricacies and complexities of the sector—particularly around plans such as abolishing zero-hours contracts and the lack of funding support for independent providers in the Fair Pay Agreement consultation.

The risks and opportunities are clear. If reform loses momentum, the sector risks being squeezed from both sides, as rising costs and static funding lead to service reductions, staff burnout, and provider exits. But handled well, this moment could also reset the sector for the better. Providers who start now can stay ahead of the curve by tightening operations, investing in workforce development, and building local partnerships. They will be better placed for the Fair Pay Agreement era and for the integrated care landscape that is slowly but surely taking shape.

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# Richard's journey from addiction to purpose



storyy

**Richard Tobin**  
Senior Support Worker  
Storyy Homes

**Seven years ago, Richard Tobin's life looked very different. Today, he works as a Senior Support Worker at Storyy Homes, part of the Storyy Group, supporting vulnerable young people aged sixteen and over in semi-independent accommodation.**



*“Richard no longer hides from his past. Instead, he sees it as the foundation of his purpose.”*

Calm, compassionate, and quietly confident, he is the kind of person many of the young people he works with turn to for stability. Yet his path to purpose began in a place of deep struggle.

Richard grew up in a loving home and describes his childhood as happy. However, beneath the surface, he wrestled with anxiety and an imagination that never seemed to rest. In his teenage years, he discovered cannabis and alcohol, which inevitably led to the exploration of harder substances. What began as a way to ease social anxiety quickly became a crutch. Drugs, he thought, helped him fit in and cope, but in reality, they only magnified the isolation he was trying to escape.

By his twenties, Richard's world had started to collapse. Within a short period, he lost his father, his uncle, and his best friend. Overwhelmed by grief, he turned further to drugs. For the next sixteen years, addiction dominated every part of his life. He lived in a cycle of daily use, haunted by paranoia, depression, and fear. He used drugs alone, cut off from family and friends, convinced that there was no way back.

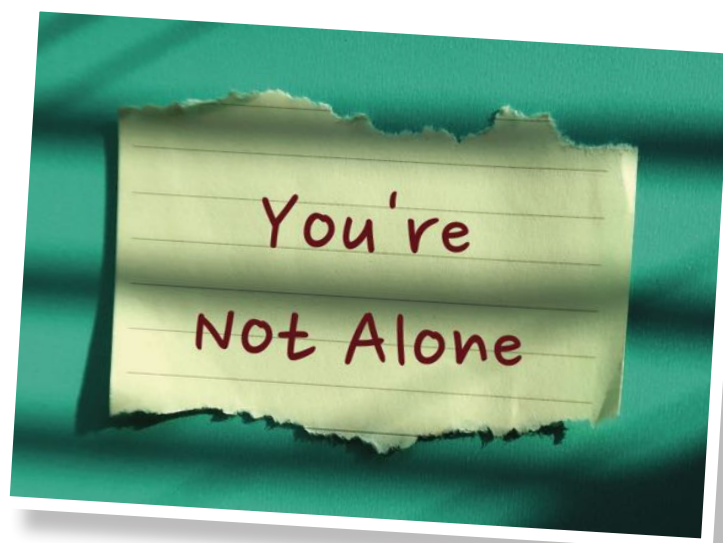
Everything changed one weekend when his mother noticed he was struggling and offered unconditional support. That moment of kindness broke through his denial. For the first time, Richard admitted that he needed help. Within a week, he entered a twenty-eight-day rehabilitation programme. There, he began learning how to face his emotions without numbing them. It was also here that a therapist noticed his natural empathy and suggested that he might have a gift for support work or counselling.

Recovery was far from easy. Leaving rehab, Richard knew he couldn't stay clean on his own. He immersed himself in support groups, volunteered at recovery meetings, and slowly rebuilt his confidence. He still attends those meetings today, crediting them with teaching him honesty, accountability, and community.

When he decided to look for work, Richard was open about his past. He applied for a support worker position and called the Operations Manager, Mark Jolly, to explain his story. Rather than judging him, Mark respected his honesty and offered him a chance. Richard threw himself into the work, starting as a Support Worker before progressing to Senior and even covering as Team Leader. When Mark later helped to establish Storyy Homes, Richard knew it was where he belonged.

Now, he uses his own experience to guide others through their own challenges. For many of the young people he supports, Richard represents hope and understanding. The work can be emotional, especially when it is time for a young person to move on, but seeing them thrive makes it all worthwhile. One former resident, now working at the job centre, still keeps in touch to thank him for his support.

Richard knows that recovery is an ongoing process. He recognises the old patterns in small things, like the time he got seven tattoos in a single month while stressed at university. The difference now is that he pauses, reflects, and reaches out for help instead of retreating into addiction.



He no longer hides from his past. Instead, he sees it as the foundation of his purpose. His journey through addiction has given him the empathy and resilience that define his work today. As he puts it, “if sharing his story helps even one person believe that change is possible, then it has all been worth it.”



# The song in the room

## The unseen skill of a live-in care worker



**Kriti Gandharba**  
Care Worker  
Abbots Care

**Meet Kriti Gandharba, Care Worker at Abbots Care, whose quiet intuition and gentle presence reveal the extraordinary emotional skill behind live-in care.**



If you walked into the house on a quiet weekday afternoon, you might hear singing first. Not loud or showy — just a soft melody drifting from the living room. That's Kriti. She doesn't announce herself when she comforts someone; she lets calm settle gently, like dust in warm light. This is the side of live-in care few people ever witness. We often picture the practicalities of medication, meals, mobility support, but the real work happens in these small, human moments. The quiet art of connection is what turns care into something deeper, something that feels like home.

Kriti grew up in Nepal, in a place where caring wasn't a job title. It was simply woven into the rhythm of family and community life. When she came to the UK and joined Abbots Care, she didn't imagine she was stepping into anything extraordinary. Yet her natural instincts soon revealed themselves as rare and powerful.

Earlier this year, Kriti and her rotation partner, Mary Jean, were finalists at the Dementia Care Awards, something she still talks about with disbelief, as if someone else earned it. For the past eighteen months, Kriti has lived in rotation supporting a client with dementia. Live-in care comes with its own gravity: days blend into evenings, which soften into nights where you sleep lightly, listening instinctively for the smallest signs of distress. There is no clocking off. You inhabit another person's world, their routines, their vulnerabilities.

***“Creativity – a song, a tone, a gentle redirection – is rarely noted in job descriptions, yet it lies at the heart of great care.”***

Over time, Kriti has learned the heartbeat of the home — when anxiety is rising, when confusion is taking hold, when calm is needed more than conversation. Her client's daughter puts it beautifully:

*“Kriti has been flexible and creative in the care she provides, altering her strategies to accommodate my father's mood and anxiety. She sings gently to him when he is stressed and speaks in a quiet, soothing way, which he finds reassuring.”*

This creativity, a song, a tone of voice, a gentle redirection, is rarely acknowledged in job descriptions, yet it is at the core of great care. Care Workers like Kriti practise a kind of emotional craftsmanship, reading moments and responding with instinct that can't be taught from a manual.

After eighteen months, she is no longer just a visitor in the home. She has become part of its rhythm — the steady presence who knows the family's preferences, the songs that trigger memories, the routines that bring comfort. As the client's daughter explains: *“Kriti is keen to learn the way the family does things, which has allowed her to mirror what my parents are used to. This means she fits in well.”*

Blending into someone's life with such sensitivity is a skill in itself. Live-in care requires emotional intelligence, patience and humility — the ability to respect a household's private world while shaping it gently, day by day.

We talk a lot in the sector about “good care,” often reducing it to tasks or timings. But Kriti shows that good care is relational. It's imaginative. It's about being present, not just performing duties. Whether she's encouraging eating during a low-appetite day, redirecting confusion without judgment, or sharing companionable silence on a difficult afternoon, she treats every moment as an opportunity to add comfort and dignity.

Her client's daughter describes her as: *“An excellent, hard-working and skilled Care Worker... She always smiles and has natural warmth. She never complains, despite the long hours. Some people are just born to care, and Kriti is one of those.”*

Ask Kriti about the praise, and she simply smiles, modest as ever. *“I feel incredibly honoured and privileged to do the work that I do, and to get recognition from the family and the awards committee is really lovely.”*

Live-in care is demanding and often misunderstood. But in homes across the country, Care Workers like quietly hold families together, offering stability, dignity and connection during some of life's most vulnerable moments.

Great care doesn't always look dramatic. Sometimes, it sounds like a soft song in a quiet room.



# Thinking outside the box creates everyday impact



**James Jones**  
Support Worker  
Engage Support

**James Jones has spent more than eight years in social care, supporting both children and adults with complex mental health needs. For the past four years, he's been a cornerstone of Engage.**



*“James’s USP is blending innovation, problem-solving, and empathetic leadership.”*

Support, working with adults living with learning difficulties, autism, mental health challenges, and the impact of trauma. What sets James apart is his ability to think creatively, act practically, and lead with empathy — a combination that makes independence possible and relationships stronger.

For James, the magic lies in the milestones. He lights up when recalling the moment a resident made a cup of tea unaided for the very first time, or the pride of seeing someone move out of a care setting and back to their family. These achievements, whether small or life-changing, embody the purpose of his work and fuel his passion for care.

Innovation is James’s hallmark. He’s not afraid to think differently, whether it’s designing a budget-tracking app to help a resident take control of their finances or stepping in as the “go-to” fixer of taps, printers, and door handles. But he doesn’t stop there — he turns these everyday tasks into teaching opportunities, involving residents and passing on DIY skills they’ll carry into later life. For James, independence isn’t just about big breakthroughs; it’s built in the everyday moments of learning, practice, and confidence.

Collaboration is at the heart of his philosophy. James thrives on teamwork, encouraging colleagues to share ideas and supporting new starters with insight into behaviours and de-escalation techniques. He knows that when staff understand the “why” behind behaviours, they respond with empathy and confidence. By fostering open communication, James builds a culture where trust grows and everyone feels valued. And he never


underestimates the power of the little things — listening to a resident’s story, sharing a laugh, or simply being a calm presence. For him, these moments often make the biggest difference.

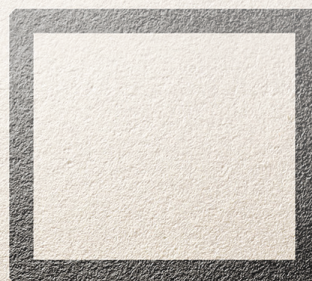
Social care has also taught James resilience. The role can be demanding, with days that test patience and strength. Yet he finds motivation in the progress residents make and in the support of his team. For James, resilience isn’t just about coping with challenges — it’s about finding renewed purpose in each success, however modest.

Beyond his daily responsibilities, James is committed to growth. He’s currently studying for a Level 3 qualification in Health and Social Care, determined to deepen his knowledge and expand his impact. At home, he balances this with raising two children, often applying lessons from care to family life. His ability to juggle professional and personal responsibilities reflects the adaptability and dedication that define his character.

James’s USP lies in his unique combination of creative innovation, practical problem-solving, and empathetic leadership. He is not only a carer but also a mentor, technician, and teacher — empowering residents through both technology and hands-on skills. His approach ensures independence is achievable, relationships are strengthened, and trust is continually rebuilt.

*“Everyday jobs become teaching opportunities for residents.”*

 [engagesupport.co.uk](https://engagesupport.co.uk)



*Think Outside The Box*



**“Women Achieving Greatness in Social Care  
isn’t just a celebration — it’s a movement.”**



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*“We have a golden opportunity to reimagine social care as a sector that helps people truly thrive.”*

*“We must be careful that ‘radical’ doesn’t just mean headline-grabbing.”*

**Geoffrey Cox**  
Managing Director  
Southern Healthcare





WHAT KEEPS ME



AWAKE AT NIGHT

# Geoffrey Cox

## Managing Director, Southern Healthcare

**Geoffrey Cox, Managing Director of Southern Healthcare, reflects on the sector's resilience, the urgent need for reform, and what still keeps him awake at night.**

After nearly 25 years in social care, I've learned that meaningful change is never quick or easy. It's a continual, demanding process - and it's what keeps me awake at night. Not because I'm disheartened, but because I know how much more we could do if the system truly valued the people within it.

Recent scandals such as Castlehill, where serious concerns were raised about care standards following a BBC investigation, and Ashburton House, which was fined over £60,000 for failing to safeguard a vulnerable resident with dementia, have once again undermined public trust in the sector. These headlines reflect deeper, systemic issues that demand more than momentary outrage. The sector must accept media scrutiny, act with integrity, and rebuild trust through transparency, consistency, and a relentless focus on dignity and individual wellbeing.

Staffing shortages and chronic underfunding remain critical challenges. The Government, local authorities, and regulators have not taken meaningful action to support, encourage, or appreciate the social care workforce, so employers must take on this pivotal role. Recognising and valuing the workforce is essential. Many providers already do this well but it must become the norm. Supporting and retaining staff is not just about pay; it's about culture, leadership and purpose - and that's how we build a stronger foundation for the future.

There is a golden opportunity to reimagine social care, not as a service of last resort, but as a sector that enables people to thrive. The incredible work happening across the sector often goes unseen, yet its impact is profound. When properly supported, social care transforms lives.

The demand for care will continue to outstrip supply for decades, and there is room for all good providers. Where collaboration flourishes, between providers, regulators, and communities, so does innovation and quality. When providers share expertise and experience, performance improves well beyond the skillset of any single organisation.

Southern Healthcare has built its reputation on person-centred care, and I believe renewing public confidence starts with transparency, compassion, and consistency.

Care homes can build trust by involving families, being open about what they do well and where they're improving, and making sure residents' voices genuinely shape decisions. Dignity should be lived daily, through respectful care, supportive leadership, and a culture that values people above process. When care is truly individualised, residents feel seen, heard, and valued - and that transforms wellbeing.

Regulation should be a partner in improvement, not a source of fear. In the recent past, regulators were more collaborative and effective, and compliance and satisfaction levels rose. The shift toward a 'fear and control' approach has, in some cases, created a culture of anxiety among staff, where meeting checklists becomes more important than genuinely caring for people. To encourage reflection and collaboration, we need genuine partnerships built on trust.

Looking back, the real progress has come from care providers themselves. For me, three factors have made the biggest difference: delivering genuine value for money; adopting a style of leadership rooted in support, service, and a strong sense of mission; and building a culture defined by humility, purpose, and a focus on people and wellbeing. At the start of my journey, I didn't fully appreciate how difficult it would be to challenge the status quo. Even now, the pursuit of wellbeing, quality of life, and fulfilment keeps me motivated - and it's a journey that never truly ends.

Some argue the sector is too fragmented to work together effectively. Centralised political indifference over decades has led to a system of dysfunction. Organisations waste huge amounts of energy in confrontation and reorganisation. Instead, we need a sense of shared purpose. If we keep our focus on the wellbeing of those we serve, there is everything to gain.

Social care does need bold thinking, but we must be careful that 'radical' doesn't just mean headline-grabbing. We need honest conversations about what society can reasonably provide for older, frail, or disabled people. We must support wellbeing and purpose throughout all stages of life, and we need long-term funding rooted in realism—not avoidance or short-term populism.

Despite everything, what gives me hope is the resilience of this sector. For decades, dedicated people have continued to care selflessly and lovingly for others. That enduring commitment is our foundation. It's what keeps me going—and what keeps me believing that renewal is not only possible, but inevitable.

 [southernhealthcare.co.uk](https://southernhealthcare.co.uk)

# CHAT THE TOUGH QUESTION

## *“Have unlawful practices become normalised?”*

**As social care enters a new year, Kari Gerstheimer, Chief Executive and Founder of Access Social Care, a charity offering free legal advice to those navigating care needs—asks: should we focus on fixing what’s broken, or dare to reimagine the system entirely?**

*“Access to legal support is not an optional extra, but central to reform.”*

Access Social Care is a legal rights organisation that exists to make sure we all receive the social care we are entitled to. Our latest State of the Nation report, drawing on data from national helpline organisations, laid bare the challenges in adult social care, highlighting rising levels of unmet need, persistent legal breaches in care provision, and growing barriers for families seeking justice. These issues reflect more than just cracks in the system; they suggest a disturbing culture of resignation, where unlawful practices go unchallenged and have even become normalised.

We believe that access to legal support is not an optional extra, but central to building a fair, lawful, and sustainable social care system. The data is frightening: 90% of directors of adult social services admit they lack confidence in their ability to meet legal duties. Dig deeper and critical service failings emerge. 57% lack confidence in meeting safeguarding responsibilities, and 73% doubt their budgets are sufficient to meet eligible needs under the Care Act.

Behind these numbers are individuals whose rights are being breached by local councils. When a public body acts unlawfully, the traditional recourse is to challenge the decision or failure in law. For people on a low income, this means relying on Legal Aid. But since 2010, access to justice has been decimated. Today, if you are on a low income and being unlawfully denied access to social care, it is virtually impossible to find a lawyer to help you.

Local councils are caught between two competing duties: delivering a balanced budget and meeting people’s eligible needs. Budgetary pressures often lead to councils managing demand by setting targets that reduce reliance on the social care system. Without access to justice to hold public bodies accountable, there has also been a divestment in legal literacy. This

results in council leaders who may not fully understand Care Act duties or individual rights, leading to reduced compliance and poorer outcomes for those in need.

The failure to hold the system accountable disproportionately affects some more than others. Communities facing intersectional barriers, such as race, disability, age, or geography, often struggle more to access information about their rights and secure justice. This deepens health and social care inequalities. Those who face the greatest challenges navigating the system are also those whose rights are most frequently violated.

At Access Social Care, we know legal support is a vital lever for systemic improvement. We provide guidance through a free 24/7 digital service called AccessAva, and in person through our community hubs. By helping people use rights-based language, we support smoother navigation of the system, better first-instance decision making, and reduced long-term costs and stress. Our hubs also ensure that those experiencing inequality know their rights and can use them to secure better outcomes. We provide data insights to inform policy and practice, helping ensure limited resources are targeted where they’re needed most.


We urge all actors in the social care system to see legal challenge not as a threat, but as an opportunity for improvement, collaboration, and early intervention. Working with us can bring real financial returns for providers—ensuring lawful personal budgets, up-to-date assessments and care plans, and securing funding that helps people remain in the place they call home. For councils, early independent help reduces the administrative burden of conflict, prevents escalation to the Ombudsman, and helps rebuild relationships that have broken down.

The data from projects like ours helps triangulate hard evidence and citizen voices, elevating individual complaints to reveal systemic themes and deep insight. This can prompt targeted training and policy changes. Our work surfaces issues that councils may not have identified elsewhere, providing a vital quality assurance mechanism.

Through our digital service, AccessAva, alongside research, casework, and our State of the Nation report, Access Social Care is driving change by providing a necessary counterbalance to a failing system. By focusing on the rights enshrined in the Care Act, we are challenging the normalisation of unlawful care and pushing the sector toward a future where every person receives the care they are legally entitled to.

 [accesscharity.org.uk](https://accesscharity.org.uk)





*“We must challenge the  
normalisation of unlawful care  
and push for systemic change.”*

**Kari Gerstheimer**  
Chief executive and Founder  
Access Social Care





## ASK THE EXPERTS

# In times of transition – how can we rebuild trust and relationships in care?



As social care enters a period of transition, the challenge is not only to adapt but to reflect, reconnect, and renew together. With this in mind, we asked a group of **Lifetime Achievement** finalists from the Social Care Leadership Awards: *“In times of transition, how can we rebuild trust and relationships in care?”*

*“Trust is rebuilt daily through openness, compassion, and small acts of care.”*



**Carla Gama**  
Head of Operations  
(Regulated Care)  
Trinity Homecare Group

“At Trinity Homecare, our values — Truly Belong, Hold Trust, Here to Care, and Be the Change — keep us steady through change (and let’s be honest, there’s plenty of that in care!). Rebuilding trust always starts with people. When we listen openly, communicate honestly, and show care for one another, we strengthen the bonds that keep our sector going. We make space for every voice to be heard, support our teams’ wellbeing, and celebrate the small moments — because sometimes a good cup of tea and a laugh can rebuild more trust than a dozen meetings. By leading with transparency, compassion, and courage, we create relationships that stand the test of time. Trust isn’t restored overnight. It’s rebuilt every day — in the way we connect, care, and show up for each other, one kind act (and one biscuit) at a time.”



**Andrea Kinkade**  
Chief Executive  
Lifeways Group



*“Honesty, visibility, and co production strengthen trust and collaboration across social care.”*

“For me, in times of change, trust in social care begins with honesty, kindness and genuine connection, and flourishes when everyone’s voice is heard and respected. Leaders can nurture trust by being visible, listening deeply, being transparent about challenges and appreciating the dedication of colleagues, families and people we support. Relationships have always been the heart of what we do and, when people feel included and valued, trust and collaboration grow. As a sector, by strengthening partnerships across health, housing and regulation, we can create joined up, compassionate care and streamlined pathways. Here at Lifeways, we focus upon co production to build confidence and shared purpose, working alongside individuals, our Family Advisory Panel and commissioners to shape support. Importantly, we celebrate everyday achievements to build pride in our work and hope for our future. Through empathy, openness and collaboration, social care can emerge from transition stronger, united and rooted in shared values.”



**Mairead Liston**

Registered Nurse Manager  
and Founder  
Cavendish Homecare



**“Technology must relieve burdens, not replace the human connection at care’s core.”**

*“As the care sector transitions toward smarter, automated tools, we have a crucial opportunity to redefine trust and relationships. We must ensure this pursuit of speed does not erode the human connection with staff — a risk when technology is viewed only as a way to cut costs or stay ahead of the curve. Worse still, there is the danger that believing system output equals good service could allow positive metrics to mask the true situation. It is vital to use these tools to relieve administrative burdens, freeing staff to focus on authentic relationships with clients. At the same time, managers gain the capacity to stay up to date and build meaningful connections with their teams. This proactive, personal approach ensures staff feel supported to share challenges, client needs are clearly articulated, and bonds with the office team remain strong for essential support.”*

**“Open communication and accountability ensure people feel heard and relationships remain strong.”**



**Amber Richards**

Transition and Compliance Lead,  
MAK Community Care

*“A key to rebuilding trust and relationships during transition is open communication. Everyone involved—professionals, staff, people using the service, and their families—should be kept informed and invited to share their views. Honesty and transparency are essential. Ensuring people feel heard means recognising emotional impact and adapting communication styles to suit different audiences. Providers should demonstrate accountability through “you said, we did” schemes that show feedback is acted upon. Staff need support through training, supervision, and wellbeing initiatives to maintain morale and confidence. Leadership should be visible and approachable, modelling consistency and compassion. These practical steps lay the foundation for stronger relationships, better outcomes, and a more resilient care culture.”*

**Paul Smith**

Director of Care,  
Quality & Operations,  
Distinguished Care Group



**“Purpose unites organisations; in honour and shared values, trust is restored.”**

*“Trust—in times of mistrust and social fracture—is a vital restorative for defining purpose. Every organisation needs a guide, a lighthouse to navigate toward and away from. There’s never been a more pressing time, outside the fire of the pandemic, to redefine our purpose to teams, customers, and a sceptical public. Ours is an honourable profession, though we often shy away from stating it. In honour, we find purpose. Beyond the rhetoric of mission statements, we can unite by defining a shared purpose. Unification means involving everyone. Organisations can use this time to reconnect with their core people and articulate the values that bind them. Value-based, purpose-driven organisations survive and thrive because a higher purpose unites people in times of struggle. Be that organisation—you’ve never been more needed.”*

# HAVE YOUR SAY!

## 3 Wishes!

**Philip te Braake, Team Leader, Knightingales Healthcare**

*If I had a magic wand, my 3 wishes for the social care sector would be:*

**1 Imagine a universal care passport**

*I would love to see a digital passport that records every bit of our training, experience and specialisms, recognised by all employers. It would save time, cut paperwork, and stop us having to redo the same inductions over and over. Most of all, it would highlight just how skilled and adaptable care workers are. It would make care a profession people can grow in, not something they have to leave in order to progress.*

**2 Frontline staff helping to shape policy**

*My second wish would be for frontline staff to have a real say in shaping policy. A national review panel made up of care workers could look at every proposal before it becomes law. We see the challenges and the solutions daily, so our insight should count. Listening to those who do the job would lead to policies that work.*

**3 Respect and reward**

*Finally, I would wish for genuine recognition. Care is complex, skilled and deeply human work; the "unskilled" label is insulting. With fair pay, strong career pathways, and public respect, we would attract passionate people and keep experienced ones. I started out caring for my daughter and now lead a team, proof that care builds careers worth celebrating.*

## In The Spotlight

### Fordham Care Home Resident Takes to the Sky and Fulfills Lifelong Dream

**Hazel Johnson, a resident at Waterhouse Manor Care Home in Fordham, Cambridgeshire, has finally fulfilled her lifelong dream of flying a plane — just days before her 84th birthday.**

A former member of the Royal Air Force, Hazel developed a deep love for aviation, but during her service, women were not allowed to fly or work directly on aircraft. For decades, she held onto her dream of taking control of a plane herself.

That dream became reality thanks to the care home's Lifestyle Manager, Emma Tiley, who arranged a flying experience with Get Your Wings Flying School at Felthorpe Airfield near Norwich. Chief Flying Instructor Adrian Gardener gladly helped make the flight possible.

Hazel's sister, Ruth Garth, proudly watched as Hazel finally took to the skies. *"I was expecting to feel nervous, but the nerves didn't come," Hazel said. "I didn't want to stop — I could have stayed there all day. The RAF wouldn't let me fly, but today I have done it!"*

Gardener described it as a privilege to help "a remarkable lady" fulfil her dream, while Tiley called the day "magical" and "a perfect reminder of how extraordinary this job can be."

Hazel's story proves it's never too late to make lifelong dreams come true.





# Movers & Shakers

**Rachel Wilson, General Manager,  
Elizabeth Finn Homes**



Rashwood Care Home in Droitwich, part of Elizabeth Finn Homes, has appointed Rachel Wilson as its new General Manager. A Registered Nurse with over 35 years of experience, Rachel brings extensive expertise in delivering compassionate, holistic care and leading multidisciplinary teams. Previously, she served as a Registered Manager in Worcestershire, supporting residents with a wide range of needs.

In her new role, Rachel will oversee a team of 100 staff at Rashwood's 53-bed home, continuing to uphold the home's strong reputation for quality care. She is committed to fostering an open, collaborative environment built on communication, trust, and respect, ensuring residents' dignity and wellbeing remain central.

Rashwood, set in six acres of accessible grounds, offers residents and the local community a beautiful, inclusive setting. Rachel aims to enhance community engagement and raise awareness of Rashwood's facilities, encouraging older people to stay active, pursue their hobbies, and flourish in later life.

Elizabeth Finn Homes operates eight distinctive care homes across England, all rated Good or Outstanding by the CQC. The organisation, a subsidiary of the charity Turn2us, was founded by philanthropist Elizabeth Finn in 1897 to support people in need and continues her legacy of compassion and excellence in care.



# Lightbulb Moment

**Bridging the Generational Gap in Care**

**Helen, Activity Co-ordinator, Kara Healthcare**



*"My lightbulb moment? Realising that the future of care lies in bringing generations together".*

*"Before I became a carer, I worked in many different jobs, but none have ever brought me the same joy, purpose, and fulfilment as caring for my residents. Yet, I often notice that young people don't consider care as a career option. If you asked a group of school leavers, very few would say they wanted to be a carer often because they don't realise just how rewarding it can be.*

*The truth is, many young people are natural carers. I see this when we bring local school children into our home for activities with residents. At first, they arrive shy and unsure, but within minutes, the room is filled with laughter, storytelling, and genuine connection. Our residents light up, and the students leave with smiles, pride, and a whole new perspective on what care really means.*

*That is the heart of my lightbulb moment: if we show the next generation the joy and meaning of care, they will see it not just as a job, but as a calling. Care is hard, yes – but it is also one of the most rewarding careers anyone can take."*



**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](mailto:ann@care-awards.co.uk) for the opportunity to appear in upcoming editions.

# Social care workforce resolution



**Oonagh Smyth**  
Chief Executive  
Skills for Care

**As the new year approaches, Oonagh Smyth, Chief Executive at Skills for Care reflects on the achievements and learnings for social care in 2025 and what she hopes 2026 will bring for the sector and workforce.**

*“By 2040, we’ll need around 470,000 additional care workers to keep up with our ageing population.”*

2025 has undoubtedly been an exciting year for the social care sector. We’ve celebrated the one-year anniversary of the Workforce Strategy for Adult Social Care in England; launched a student nursing placement strategy; further developed the Care Workforce Pathway; seen the consultation open for the Fair Pay Agreement, and called for people working across social care to share their experiences in the Adult Social Care Workforce Survey.

Of course, it’s been another busy year for the 1.5 million people working across adult social care in England, supporting people to live ‘gloriously ordinary lives’.

We know from our recently-published ‘State of the adult social care sector and workforce report’ that the social care sector has continued to grow this year.

The total number of posts in adult social care increased by 2.2% on the previous year, with the number of filled posts increasing by 3.4% while the number of vacancies decreased by 12.4%.

But we still face long-term recruitment and retention challenges as it’s estimated that we’ll need around 470,000 new posts by 2040 to keep up with the projected growth in the population over the age of 65. That’s why supporting, retaining and valuing our social care workforce as well as attracting new people to join the sector remains key.

We know from our data that factors that can positively impact on staff retention include pay and learning and development, which also impact on how valued and supported people feel in their roles.

By making improvements to pay and terms and conditions for the care sector, we can also improve the esteem in which jobs in social care are held by the wider population.

Improvements to pay is one of the recommendations of The Workforce Strategy for Adult Social Care in England, published in 2024.

Since the Strategy’s publication, we’ve seen 50% of the recommendations either completed or in progress and I’m excited to see further developments on these recommendations over the next year and beyond.

Prioritising learning and development for our workforce must also be a top priority in 2026, to support staff satisfaction and retention and ensure our care workforce is equipped to meet growing and changing care demands.

The Care Workforce Pathway is the first universal career structure for adult social care, mapping out routes for progression for people working in care. The Pathway clearly identifies the knowledge, skills, values and behaviours required for a career in care at different roles and at different levels to support learning and development and ensure we have the right people with the right skills working in care.

The Pathway can also help to increase awareness and understanding of what a career in care looks like – not just among the sector itself but for the wider public. This matters because public recognition of the value and skills of care professionals is an influential factor in making people want to work in care.

Looking ahead to the next year for social care, it’s also important to recognise the improvements that must be made in supporting equity, diversity and inclusion for the social care workforce - particularly at a leadership level.

The findings from our latest Social Care Workforce Race Equality Standard (SC-WRES) report shows that social care is diverse, but it’s not always inclusive.

Some of the key findings included only 14% of staff from a Black, Asian and minority ethnic background were in the higher pay band of £70,000 with people from a Black, Asian and minority ethnic background 45% less likely to be in senior manager roles. 12% of staff from a Black, Asian and minority ethnic background are in senior management positions, compared to 20% of the overall workforce being from a global majority background.





# 2026

☐ SUPPORTING

☐ VALUING

☐ RETAINING CARE STAFF

As we think about supporting, valuing and retaining our social care staff it's so important that we are actively inclusive in ensuring those efforts support all staff from all backgrounds.

From our SC-WRES work to our Moving Up programme, supporting a diverse and inclusive workforce remains a top resolution for Skills for Care as we move into the new year.

I am proud to be able to continue to support the social care sector and workforce in 2026 and look forward to seeing what the year brings.

 @skillsforcare  
 [skillsforcare.org.uk](https://skillsforcare.org.uk)

***“Supporting a diverse and inclusive workforce remains a top resolution for Skills for Care.”***

# The art of spinning plates

## Inside homecare leadership



My home life.  
England

**Rebekah Luff**

National Programme Manager  
My Home Life England

**Following publication of “Leadership in Homecare Services – What Works Well?”, Rebekah Luff from My Home Life England at City St George’s, University of London reflects on what the research reveals about leading homecare today.**

Whilst we already knew from our work with homecare leaders that the demands of their role are many and varied, having it set out so plainly was striking — and the capability of managers to keep all of those plates spinning is inspiring. We presented the insights from the report to homecare leaders, and their keenness to share it so others can better understand their work and the challenges they face has highlighted how unseen a lot of what they do often feels.

The report identifies six interwoven elements of effective homecare leadership: culture, communication, wellbeing, community of practice, professional identity, and reflective practice. For me, the most critical right now is creating that positive community of practice. This element is deeply connected with the others, and it’s where you really see that golden thread — from the

culture inspired and demonstrated by leaders every day, through to how care staff interact with the people they support in their homes.

When care staff move from one provider to another, it may, of course, be about pay or hours, but often it’s about culture: a feeling that something isn’t quite right, or that the organisation isn’t supporting them to do their job well.

When I read feedback from our programmes, I’ve been struck by the number of homecare leaders who reported how alone they had previously felt. We must recognise these leaders do a very difficult job. Commissioners need to fund and prioritise both professional development — equipping leaders with the theories and tools of leadership — and professional support, giving them the opportunity to safely discuss and share what is and isn’t working well with other care leaders, to better understand themselves and their own wellbeing, and to seek support as they take steps to make positive changes in their organisations.

Leaders participating in our programmes share how they’ve grown in professional confidence, are more resilient, and are building stronger relationships within their organisation and beyond. One striking thing we see repeatedly is the realisation that, for leaders to continue providing effective support to their team, they also need support themselves. This often relates to setting

*“Homecare leadership is all-encompassing, not 9-to-5, and shaped by outsiders without experience.”*



boundaries and changing the dynamic of how leaders work with their teams. The impact is teams who feel more empowered, are more likely to take the initiative, and more confident responding to situations themselves. It might seem counterintuitive, but some of the best examples of growing confidence in their leadership style — and in their teams — is when managers say they finally took a day off without receiving any calls!

If I could change one thing tomorrow to make homecare leadership more sustainable, it would be very simple: ensuring the rates paid to homecare providers meet the actual costs. We set out six elements of good leadership, but those reflect six areas that need funding if leaders are to meet them. Too many homecare leaders are feeling personally responsible for the consequences of a funding system that does not cover their costs.

*“The capability of managers to keep all of those plates spinning is inspiring.”*

## Voices from the frontline

### MY HOME LIFE ENGLAND, ISLINGTON HOMECARE GROUP, 2025

Homecare leaders in Islington who are near to completing a My Home Life Professional Support and Development Programme echoed the report's conclusions with remarkable honesty. What keeps them awake at night is the sense of being perpetually on-call — the fear that something is uncovered, a task unfinished, or a problem emerging unseen. Staffing worries dominate: rota gaps, last-minute drops, shortages, and the anxiety that valued care workers might leave. Leaders also carry the weight of complaints and safeguarding, including the worry about issues they don't yet know could escalate. They spoke about particular people they support in very complex situations, and how responsibility for risk follows them home. External pressures matter too: extreme weather that makes visits unsafe or impossible, and growth targets or KPIs that can feel relentless

Yet pride is equally powerful. Leaders described purpose in “getting through a difficult time with someone we support,” enabling reablement, restoring independence, or simply making someone smile. They feel proud when teams pull together, when colleagues they mentor flourish, and when inspections or audits recognise hard work. Still, holding onto that pride isn't easy: doubt, fear, and preventable mistakes can quickly erode it.

On wellbeing, many said balance is learned the hard way. They talked about small wins, learning to accept praise, and realising — sometimes after illness — that looking after themselves is essential to caring for others. Boundaries, realistic workloads, and taking holidays were named as practical turning points.

*“Pride shines when teams unite and colleagues flourish.”*

Support, they said, comes from strong teams, trusted colleagues, and having the right resources. Loneliness creeps in when workload overwhelms, resources fall short, or there's no peer to confide in.

Their message to policymakers and the public was blunt: homecare leadership is all-encompassing, not 9-to-5, and too often shaped by decisions made without real homecare experience. They want leaders' contributions recognised nationally — not only when things go wrong, but for the quiet, daily work that keeps people safe at home.

 [myhomelife.org.uk](https://myhomelife.org.uk)

#### For further reading see:

My Home Life England's Leadership in Homecare Services – What Works Well? report (My Home Life England, Islington Homecare Group, 2025).

# Four steps to improving care home heating efficiency


**BAXI**

**Andy Green**  
Head of Technical Solutions  
Baxi

**The UK's binding 2050 net zero commitment requires all private and public sector buildings, including care homes, to take action to reduce their carbon emissions. With heating and hot water typically one of the largest energy uses in these facilities, it's a good starting point for improvement, says Baxi's Head of Technical Solutions Andy Green.**

While new build care homes will be designed and built for net zero operation, refurbishing the UK's existing care home building stock is acknowledged to be real challenge. Identifying the best approach to improve the efficiency of these buildings and decarbonise heat can feel daunting, as our recent survey of over 400 care homes managers revealed. Let's consider here four practical steps to help care homes set their older buildings on their net zero journey.

## Step one – reduce heat losses

Understanding how and where energy is being used in your building should be the first step.

Identifying and addressing heat loss will not only improve running costs by reducing waste but can significantly reduce the size or capacity of plant required when refurbishing the system – which in turn will lower capital expenditure.

Implementing fabric upgrades such as roof and wall insulation and/or draught proofing and improving the thermal performance of windows and doors can help. Adding lagging to poorly insulated pipework can also improve system efficiency as will optimising control settings.

## Step two – put a net zero roadmap in place

Unplanned replacements are common, according to our research, frequently resulting in a like-for-like distress purchase rather than enabling care home operators to plan and implement a phased approach to decarbonisation. Working with heat experts like Baxi to put a roadmap in place will help care homes to budget for the various stages, avoid emergency situations, and keep on track for net zero.

## Step three – get the system heat pump ready

Light refurbishment still accounts for much of the work in the care home sectors according to our research report, despite the willingness shown for embarking on heat decarbonisation projects.

A practical step when upgrading to more boilers or water heaters, is to use the opportunity to get system ready for heat pump integration. Address the system's distribution pipework and heat emitters to allow the system to operate more efficiently at a maximum flow temperature of 55°C (or lower), in line with Building Regulations. This will also allow the condensing boilers and water heaters to operate optimally in condensing mode, for maximum efficiency.

## Step four – all electric or hybrid heat pump

Ultimately, replacing existing gas boilers or water heaters with heat pumps is the goal. In new build care homes, a fully electric approach to heating and domestic hot water (DHW) based around renewable solutions such as our Auriga mid temperature and Auriga HP + high temperature heat pumps will be the favoured approach, particularly when combined with solar thermal and/or solar PV solutions.

When considering implementing heat pumps into older facilities, affordability, available budget and time, space and electrical capacity as well as running costs should all be considered at the outset. Moving directly to an all-electric heating system may not be deemed feasible in care homes with complex refurbishment challenges. In such buildings, a hybrid heat pump system combining heat pumps with existing boilers and/or water heaters is often a fast, affordable solution to partial decarbonisation. This will enable a large portion of the heat in the building to be decarbonised while meeting safe operation requirements.

## Talk to the experts

Each project and building will have its own requirements, so it is advisable to consult with the experts. Experienced heating and hot water solutions providers like Baxi can help break down the complexities for care homes, explaining the options and the associated carbon, energy and cost impacts of each. Working together, we can help ensure that the right decision is made to meet the specific needs of your building.



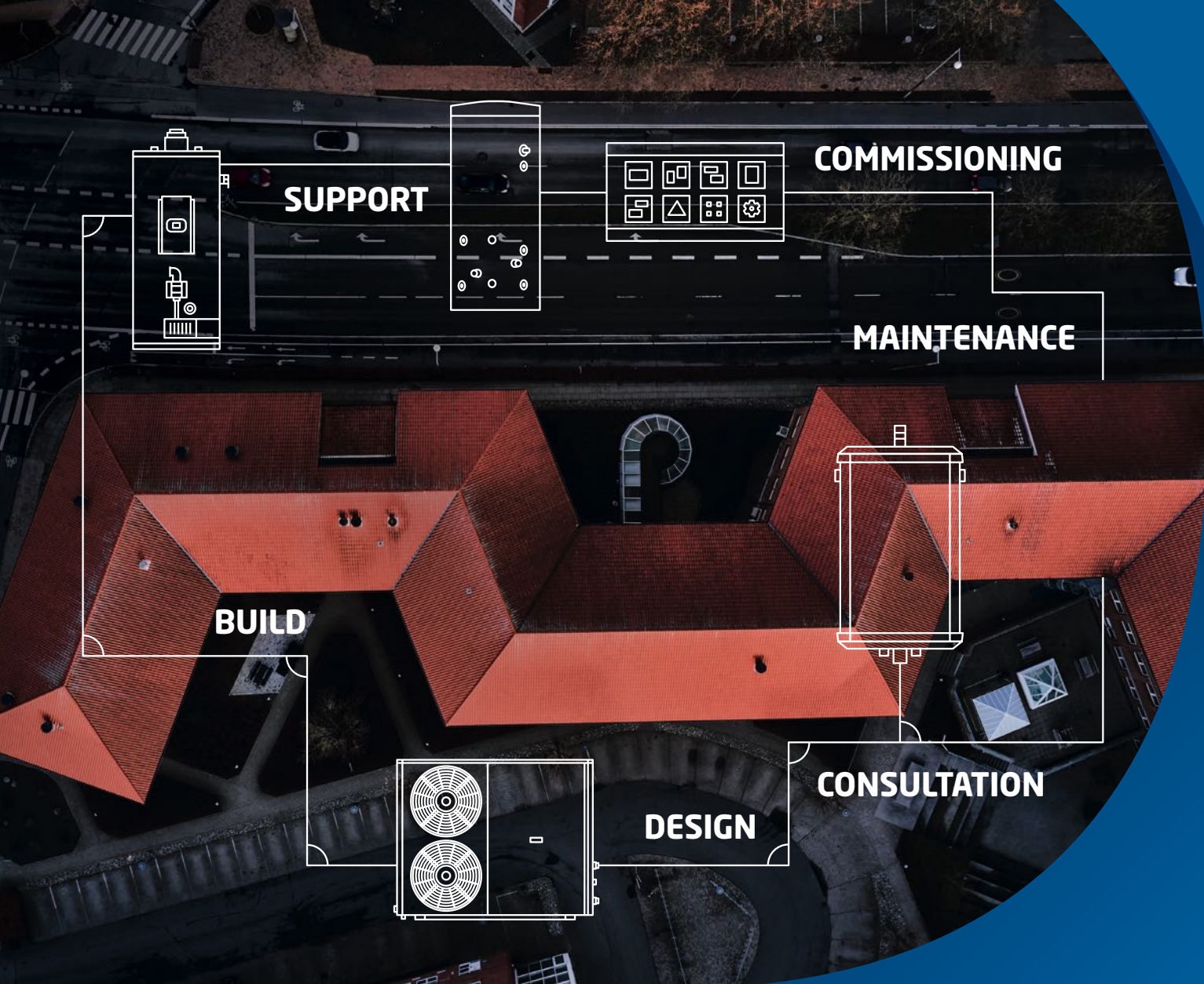
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**BAXI**

# UK Care Sector 2025: what you need to know



 **CHRISTIE & CO**

**Lee Howard**

Regional Director – Care  
Christie & Co

**Lee Howard, Regional Director for Care at Christie & Co, a specialist advisor for buying and selling businesses, shares insights from the newly launched Care Market Review 2025 report.**

We recently launched our Care Market Review 2025, which explores a wide range of topics shaping the UK healthcare business market. These include capital markets, land and development, the transactional landscape, changes in local authority fee rates, operator sentiment, and the finance environment. Here are some of the key highlights.

*“We’ve seen a rise in new operators entering the market.”*

## Market overview

The care market remains a strong investment opportunity, underpinned by demographic trends such as an ageing population and rising life expectancy. The number of people aged over 80 is expected to more than double by 2050. Investor interest is also supported by the sector’s ESG credentials and long-term, inflation-linked lease structures.

However, the UK care home development sector continues to face a challenging planning environment. Local authorities are under-resourced, and evolving policies such as Nitrate Neutrality and Biodiversity Net Gain add further complexity. Labour’s pledge to recruit 300 planning officers offers hope for medium-term improvement. Due to planning delays, fully consented sites remain scarce, despite rising demand from a population forecast to exceed 16 million people aged 65+ within the next decade.

While many SME operators paused acquisitions post-pandemic, stabilising costs and improved trading conditions have reignited interest. This has led to strong competition for prime, consented sites and a record H1 2025 in care home land transactions at Christie & Co.

Forward-funding deals are also returning to the sector, and we expect volumes to increase over the next year. Although high build costs have put pressure on land

prices, improved operating performance and rising private fee levels have helped maintain land values. Easing inflation has also supported EBITDA growth and valuations.

Senior living developments remain subdued due to high construction costs and a softer housing market. However, demand is growing for inclusive, future-proof housing with communal amenities, driven by lifestyle changes and longer life expectancy.

## Transactional analysis

Our analysis of transactions completed by the care team over the past year shows that deal activity is ahead of 2024, with completions at their highest level. Our pipeline is currently 24% ahead of where it was this time last year.

Over 70% of deals involved homes with 20 to 60 beds. There is also demand for homes with over 60 beds, but fewer are transacting as operators are choosing to expand rather than sell. This is reflected in the instructions we’ve received—around 90% are for homes with up to 60 beds. Larger homes (over 60 beds) made up just 5% of instructions, down from 15%, highlighting a shortage of purpose-built facilities coming to market.

We’ve also seen a rise in new operators entering the market. In H1 2025, they accounted for 17% of deals, up from 11% in 2024 and just 4% in 2023. Small and medium-sized groups (three to 19 homes) were the most active buyers, representing 32% of deals, followed closely by independent operators (one to two homes) at 31%.

The number of homes closed and sold with vacant possession rose to 21% in H1 2025, up from 13% in 2024. Encouragingly, 60% of these were reconfigured, reregistered, and reopened as care homes. A further 24% were converted to residential dwellings, and 16% were repurposed for other uses.

## Expectations for the Market

- All types of care homes will remain in demand from regional operators looking to grow
- High closure rates at the lower end of the market are likely to continue
- Lease-based and sale-and-leaseback models will remain popular, with more interest in sale and manage-back deals
- The number of new operators entering the market is expected to rise further

 @christieco  
 christie.com

To read the full ‘Care Market Review 2025’ report, visit: <https://www.christie.com/sectors/care/care-market-review-2025>



# THE SUMMER AWARDS 2026



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# nominate now!



# This month, we meet...

Each month we meet key stakeholders and business leaders in the social care sector. This month we meet Dean Bennett & Ranjit Singh Bains, Co Founders of Mentor Software — an intuitive platform designed by care professionals to streamline documentation and support safer, more consistent care.

## What inspired you to found Mentor Software?

"When we worked together in a local authority children's services team, we saw first-hand how much time staff spent duplicating notes, chasing signatures, and trying to make disconnected systems talk. We imagined something better—software that makes care easier to deliver and evidence. That idea became Mentor Software. From the beginning, we've built it alongside care professionals, Responsible Individuals, and ex-Ofsted inspectors who understand daily pressures. Every feature is shaped by lived experience: simple to use, inspection-ready, and designed to help teams deliver safer care."

"Before we build anything, we ask 'does this help improve outcomes for young people?'"

## How has that founding vision evolved from Mentor's launch to today, especially with the release of Mentor V3?

"The vision hasn't changed—just grown. What began as a tool to cut paperwork in one children's home has become a purpose-built platform supporting residential children's services and supported accommodation. Unlike generic systems adapted for social care, Mentor was built specifically for it. Everything aligns with Ofsted's inspection framework and the rhythms of life in a regulated setting. Our latest version, Mentor V3, brings audits, incidents, staffing, medication, and daily records together in one secure dashboard. It helps leaders spot patterns early, keep compliance on track, and free managers to focus on people—not paperwork."

## How do you balance innovation like AI with ease of use for frontline teams?

"Innovation should make life easier, not more complicated. Our AI tools support—not replace—human judgement. They help with tasks like summarising reports or flagging missing data, so staff spend less time typing and more time caring. We test every feature with real care teams before it goes live. If it's not useful or intuitive, we go back and fix it. Mentor also offers free training and a UK-based Customer Success team."



**Dean Bennett & Ranjit Singh Bains**  
Co-Founders  
Mentor Software



## What strategies have proven most effective in ensuring adoption and ongoing satisfaction?

"Every customer gets a dedicated UK-based Customer Success Lead to guide them from setup to rollout. Our trainers all come from care backgrounds, so sessions are practical and jargon-free. We also give teams early access to a safe training area where they can explore the system and build confidence without worrying about breaking anything."

Support doesn't stop at go-live. We stay in touch, share updates, and listen closely. Most new features in V3 came directly from customer ideas. We've always believed the best software is built with the people who use it."

## What challenges and opportunities are shaping the children's social care software sector, and how is Mentor responding?

"The biggest challenge is building software that does it all without overwhelming people. There's no point in feature-packed systems if staff don't feel confident using them day to day."

We show teams not just how features work, but why they exist—how they help evidence quality, outcomes, and care impact."

## "Putting the young person at the centre" is your tagline. How do you live that value?

"It's not just a tagline—it's how we make every decision. Before we build anything, we ask: does this help improve outcomes for young people?"

Each child's plan, progress, and safeguarding record sits at the heart of Mentor. Many of our team have worked in care, so they understand that behind every log and note is a real young person's story."

## Looking ahead 3–5 years, how do you see Mentor evolving?

"We're excited to keep helping more care providers use secure, intuitive software that puts young people first. The goal remains the same: making life simpler for teams and driving safer, stronger outcomes."



**Mentor - Software for Children's Services**  
[mentorsoftware.co.uk](https://mentorsoftware.co.uk)



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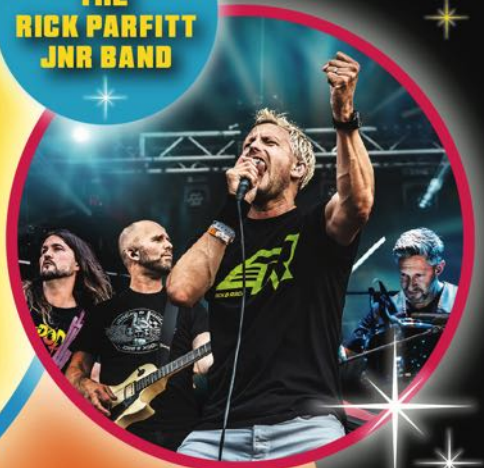
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