

# Back to Learning

Train,  
Develop,  
Retain

In This Issue:



**BUILDING SKILLS FOR THE FUTURE IN ADULT SOCIAL CARE**  
**Jane Brightman**  
Director of Workforce Development Skills for Care



**TRAINED TO CARE - BUT NOT TO STAY?**  
**Liz Blacklock**  
Chief Executive  
National Association of Care and Support Workers



**WHAT KEEPS ME AWAKE AT NIGHT**  
**Raina Summerson**  
Chief Executive  
Agincare



**THE TOUGH QUESTION**  
**Daisy Cooney**  
Head of Policy  
Practice and Innovation  
Homecare Association



## Contributors

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

**Caroline Abrahams**  
Charity Director, Age UK

**Katie Agutter**  
Unit Manager, Elmbrook Court Care Home, Oakland Care

**Liz Blacklock**  
Chief Executive,  
National Association of Care and Support Workers

**Jane Brightman**  
Director of Workforce Development, Skills for Care

**Daisy Cooney**  
Head of Policy, Practice and Innovation, Homecare Association

**Laura Davies**  
Chief Operating Officer, The Good Care Group

**Joe Desmond**  
Director, Recruit2Care

**Emma Dixon**  
Director of Clinical & Digital Services and SIRO,  
St Ann's Hospice

**Ruth French**  
Director, The Outstanding Society

**Beverly Futtit**  
Director of Digital Transformation, National Care Forum

**Lisa Goodman**  
Head of Mental Health Services,  
Age UK Leicester Shire and Rutland

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

**Marie Jevon**  
Director, Include 'In' Autism

**Jill Mason**  
Partner and Head of Health & Care, Mills & Reeve

**Tariq Naseer Raja**  
Executive Director, CareTech Foundation

**Dr Krishan Ramdoo**  
Founder, TympaHealth

**Vic Rayner**  
Chief Executive, National Care Forum

**Belinda Roberts**  
Wellbeing Lead, Dunniwood Lodge

**Raina Summerson**  
Chief Executive, Agincare Holdings

**Claire Sutton**  
Head of Independent Health and Social Care,  
Royal College of Nursing

**Jon Sparkes**  
Chief Executive, Mencap

**Johann van Zyl**  
Chief Executive and Co-founder, Fortava Healthcare

**Helen Walker**  
Chief Executive, Carers UK

## Contact us

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

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

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

**Communication Executive:**  
Ann Cooper - [ann@care-awards.co.uk](mailto:ann@care-awards.co.uk)

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

**Tell us your news, views  
and suggestions!**

[editorial@caretalk.co.uk](mailto:editorial@caretalk.co.uk)

**Follow us!**



@CareTalkMag



Care Talk

Care Talk is a trading name of Care Comm LLP  
Suite 2, Slatton Hill Farm, Slatton, Towcester,  
Northamptonshire NN12 8QD 07973 403535

*This month we're talking...*  
**3**  
A message from the editor

**IN MY OPINION**  
**4**  
Professor Martin Green

**TALKING**  
*Back to Learning*  
**6**  
Digital care starts  
with learning

**8**  
Balancing care and training  
can be challenging –  
but it's worth it

**9**  
What real life taught me  
about dementia, diversity  
and inclusive practice

**10**  
Nursing better care  
through training



**12**  
Trained to care –  
but not to stay?

**14**  
Retention starts with  
culture, not just courses

**16**  
Home grown talent

**18**  
Leadership blind spots that  
nearly cost me everything

**20**  
Together in training

**REAL LIVES**  
**22**  
Turning crisis  
into community



**24**  
Changing lives in a  
changing climate



**26**  
Proud, loud  
and Outstanding!

**28**  
Care with courage

**CHAT**  
**30**  
**THE TOUGH QUESTION**  
"What counts as quality  
in homecare?"

**32**  
**WHAT KEEPS ME**  
**AWAKE AT NIGHT**  
Raina Summerson

**34**  
**ASK THE EXPERTS**  
How can we safeguard the  
future of adult social care?

**35**  
**HAVE YOUR SAY!**

**CARE TALK**  
**ON THE ROAD**  
**23**  
Coming up...

**SOCIAL CARE'S**  
**GOT TALENT**  
*Leading The Way in  
Social Care*  
**38**  
Everything I've built has come  
from lived experience and love

**LET'S LEARN**  
**42**  
Building skills for the future  
in adult social care  
**44**  
Providing excellent care



**BUSINESS BANTER**

**46**  
Less spin, more solutions

**48**  
*This Month We Meet...*  
Dr Krishan Ramdoo

**50**  
*The Legal Bit*  
Fit for the future –  
or failing social care?



26

Coming up in the October 2025 issue:

DIVERSITY AND INCLUSION: BUILDING A WELCOMING CULTURE IN CARE



## Circulation List

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

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

### Welcome to the September edition of *Care Talk*!

Our theme this month is **Back to Learning: Training, Development and Retention in Social Care**. September always feels like a fresh start — children back to school, routines returning, and many in our sector balancing family life with the vital work of supporting people who draw on care. It's also the perfect time to reflect on our own learning journey.

In these pages, we explore how training development can build confidence, open career pathways, and retain a resilient workforce. From new qualifications to lifelong learning, the message is clear: in social care, learning never really stops. *Back to school, back to learning, back to care.*

This issues contributors bring this to life in very different ways Jane Brightman, Director of Workforce Development at Skills for Care, reflects on how the sector is adapting through the Workforce Strategy. In **Building Skills for the Future in Adult Social Care (pg 42)**, she shows how new pathways and qualifications are helping to create a stronger, more confident workforce.


And in **Proud, Loud and Outstanding (pg 26)**, the Outstanding Society's Out Standing Diversity Forum shows that Pride is so much more than a parade — it's a bold celebration of belonging, visibility and joy, and a reminder of how much we can learn from lived experience. *Care Talk* was thrilled to stand alongside the sector as a media partner for Pride in Social Care in Manchester, shouting loud and proud in support of diversity and truly inclusive care.

And in this month's **Tough Question (pg 30)**, Daisy Cooney of the Homecare Association argues that the best lessons aren't found in paperwork, but in everyday moments of trust and connection — and asks whether our systems are truly set up to value them.

Finally, don't forget nominations are open for this year's **Regional Great British Care Awards (pg 52)** — the perfect chance to celebrate those who go the extra mile to learn, grow and inspire.

We always love hearing your thoughts — they keep us here at *Care Talk* buzzing! Here's to fresh ideas, fresh energy, and a new season of learning in care.

Till next time,

Lisa  
 @lisa\_caretalk



# Back to learning

**Professor Martin Green, Chief Executive at Care England, discusses why investing in training isn't just about skills — it's a strategic tool to strengthen retention, build culture, and empower care staff to thrive in an evolving sector.**

*“Policy must treat training as investment, not overhead.”*

Training plays a vital role in enhancing retention in social care roles, and we are a sector which experiences high turnover rates. Effective training not only equips staff with the necessary skills and knowledge but also fosters a supportive work environment that can significantly improve job satisfaction and loyalty.

Firstly, comprehensive training programmes ensure that social care workers are well-prepared for their roles. Social care can be challenging, requiring a variety of skills, from practical caregiving to emotional intelligence and crisis management. When organisations invest in thorough training, they enhance their employees' competence and confidence in handling complex situations. Being prepared to meet the challenges of delivering care reduces job-related stress and uncertainty, which are common factors leading to employee burnout and turnover.

Continuous professional development encourages staff to pursue lifelong learning, which is needed because social care is an ever-evolving field with new methodologies, regulations, and practices consistently emerging. Providing training that keeps staff updated on these changes not only improves their performance but also demonstrates to employees that the organisation is committed to their growth. This commitment can lead to higher levels of job satisfaction, as staff feel valued and recognised for their contributions.

Training also plays a crucial role in promoting a positive culture. When an organisation prioritises the development of its staff, it cultivates an environment that encourages collaboration, communication, and teamwork. Training sessions can facilitate bonding opportunities among colleagues, leading to stronger relationships and support networks. A supportive and collegial workplace can significantly contribute to employee satisfaction, reducing the likelihood of staff leaving.

Training can help to align the values and goals of the organisation with those of the employees. Effective onboarding programs are crucial in this regard, as they introduce new staff to the organisation's mission, vision, and core values. When employees understand and feel connected to these principles, they are more likely to feel a sense of purpose in their roles and remain committed to the organisation's objectives.

Investing in training also addresses potential skill gaps within the workforce. By identifying specific areas where staff may struggle, organisations can develop targeted training initiatives. This proactive approach not only strengthens the workforce but also helps to create a culture of continuous improvement. Employees are more likely to remain with an organisation that actively supports their professional growth and addresses their developmental needs.

Mentor and coaching programs can also enhance the effectiveness of training initiatives. Pairing less experienced staff with seasoned professionals provides new employees with guidance, support, and practical insights into the day-to-day realities of social care work. Such relationships can foster a sense of community and belonging, making employees feel more engaged and less likely to leave the organisation.

Organisations that regularly evaluate and refine their training programs demonstrate responsiveness to the changing needs of their workforce. Gathering feedback from employees regarding their training experiences and areas for improvement ensures that programs remain relevant and effective. This iterative approach not only leads to better training outcomes but also enhances employee morale as staff feel their opinions are valued.

Care providers must see training as an essential strategy for enhancing staff retention in social care roles. By equipping employees with the necessary skills, fostering a supportive culture, aligning organisational values, addressing skill gaps, implementing mentorship, and continuously evaluating training effectiveness, organisations can significantly improve job satisfaction and loyalty. Investing in training is not just an operational necessity; it is a strategic imperative that can lead to a more stable and committed workforce in the demanding field of social care.

*“Retention starts with training – and ends with strategic commitment at every level.”*

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





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





# Digital care starts with learning



**Beverly Futtit**  
Director of Digital Transformation  
National Care Forum

**Beverly Futtit, Director of Digital Transformation at the National Care Forum, shares how a focus on digital skills and technology adoption is empowering both care workers and people who draw on care and support.**

Digital skills will be crucial in the successful implementation of the government's three shifts: hospital to community, analogue to digital, and sickness to prevention. Focusing on strengthening the capabilities of the adult social care workforce and improving the understanding of how technology can assist those who draw on care are key.

This is why, for the last few years, we at the NCF have focused on using our leadership role to create opportunities for both the care and support workforce and people who draw on care to adopt and benefit from new technology and confidently develop their digital skills. NCF is working with many of its not-for-profit members and in consultation with care workers and people with lived experience of drawing on care and support to ensure outcomes are improved for everyone in the sector. Digital skills are critical pillars that will strengthen the government's 10 Year Plan for the NHS and prove the critical role that social care will play in its successful implementation.

The 'doctor in your pocket' idea is great if you have a smart phone, know how to use it and have the Wi-Fi or data to connect to apps that can help you. But not everyone has this access. Acting on statistics from Liverpool City Region Combined Authority that found that 56% of non-internet users are disabled adults and NHS data showing that over 20% of over 65's are digitally excluded, NCF is ensuring that creating digital inclusion is an integral part of an exciting, new, unique partnership that we have recently created.

This is the Adult Social Care Testbed partnership with University of Liverpool, funded by Liverpool City Region Life Sciences Innovation Zone, which aims to use collaboration between care providers and tech providers to help ensure nobody falls through the gap into digital exclusion. All parties within the testbed project will work together to develop, test and evaluate innovative tech products and services, catalyse the use of social care data and enhance the digital skills of the care workforce across the Liverpool City Region. Through this work together, we seek to nurture inclusive growth and help transform the care and support experienced by working-aged adults with disabilities and the region's growing ageing population.



We believe the compact nature of the testbed offers a genuine opportunity to understand what the local sector, its workforce and the people who rely on support truly need and what needs to be on the watch list to prevent digital exclusion.



Also currently in development is a programme with the intention to create a new type of professional in adult social care. The Care Technologist Training Project will bridge the gap between traditional care approaches and modern technological solutions. Care Technologists will identify, demonstrate, and teach the use of technology to improve outcomes. They'll need to be able to develop a good understanding of people's care and support needs and the diverse circumstances of their lives. They will also need the ability to assess those needs and explore how technology can best support choice and independence.

***"Digital skills are key to transforming care and empowering support teams."***



Each element of the project and training syllabus is being carefully designed in consultation with existing care tech providers, senior leaders, care workers, and individuals who draw upon support. Through discovery sessions it is becoming clear that these groups hold a range of views on what the role should encompass and what capabilities are the most important. What has been identified is that this training can support the shift from hospital to community and pick up on issues that may serve as early indications of longer-term challenges, thus supporting the prevention agenda. A focus on the individual, rather than the technology is also a message that has come across very strongly during our conversations, as has the importance of building trusted relationships to support people with new technology.

Connecting all these other digital projects together is NCF's Digital Leadership Programme which NCF deliver as part of Skills for Care's Quality Assured Care Learning Service. Digital leaders will guide transformation and align the digital skills of a sustainable workforce with the future needs of care customers.



The course content empowers care managers to think big about where digital leadership and implementation could take them in their careers and the difference this could make to their care teams and the people they support.



Topics covered include:

- **Understanding Digital Leadership:** Discover what it really means to lead digitally and why it's so crucial in adult social care.
- **Technology in Adult Social Care:** Get up to speed with current and emerging tech solutions that can revolutionise your team's work and deliver better experiences and outcomes for those who access your services.
- **Overcoming Barriers:** Identify practical ways to overcome the hurdles of digital adoption in adult social care settings.
- **Change Management Essentials:** Learn to steer successful change without disrupting care quality or your team's morale.
- **Leading with Purpose:** Understand the difference between transactional and transformational leadership – and why it matters in digital transformation.

- **Building Digital Champions:** Find out how to foster enthusiasm and commitment to digital change within your team.
- **Data Protection, Cyber Security & Info Governance:** Master the essentials to protect your clients and stay compliant in a digital-first world.

### Support available to cover training costs

Funding is available as part of The Department of Health and Social Care Adult Social Care Learning and Development Support Scheme (LDSS) for 2025-26, which is administered by NHS-BSA. Adult social care employers in England can claim eligible staff training costs from the LDSS. This scheme covers all non-regulated care staff, including deputy and Care Quality Commission-registered managers, and agency staff. The Digital Leadership Programme is eligible for the LDSS and eligible providers can claim £525 per person towards the cost of attending this programme which is £690 per person. Information on eligibility, the claims process, FAQs, and a course list is available on the DHSC web page. For enquiries, email [ASCreimbursement@dhsc.gov.uk](mailto:ASCreimbursement@dhsc.gov.uk).

✉ [@BevNCF](mailto:@BevNCF) [@NCFCareForum](mailto:@NCFCareForum)  
🐦 [@ncfcareforum.bsky.social](https://twitter.com/ncfcareforum)  
🌐 [nationalcareforum.org.uk](https://nationalcareforum.org.uk)

*“Empowering care through digital learning is central to NCF’s mission.”*

#### Connect with NCF's digital transformation team

For more information about digital skills in the care sector, contact Lynne Horton, Digital Skills Development Lead: [lynne.horton@nationalcareforum.org.uk](mailto:lynne.horton@nationalcareforum.org.uk)

For more information about the Adult Social Care Testbed in the Liverpool City Region **Beccy Incledon-Blevin**, Digital Care Development Lead: [beccy.incledon-blevin@nationalcareforum.org.uk](mailto:beccy.incledon-blevin@nationalcareforum.org.uk)

For more information about the Care Technologist Training programme or wider digital transformation projects contact **Heather Taylor**, National Digital Projects Lead: [heather.taylor@nationalcareforum.org.uk](mailto:heather.taylor@nationalcareforum.org.uk)

#### Further Reading & Resources

Explore the projects and tools helping drive digital transformation in adult social care:

- **Adult Social Care Testbed Project** (with University of Liverpool & LCR Innovation Zone): [www.nationalcareforum.org.uk/testbed](https://www.nationalcareforum.org.uk/testbed)
- **Care Technologist Training Project** (bridging care and tech skills): <https://www.nationalcareforum.org.uk/care-technologist-training-project/>
- **Digital Leadership Programme** (via Skills for Care's Learning Service): <https://www.nationalcareforum.org.uk/digital-transformation/digital-leadership-programme/>
- **Learning and Development Support Scheme (LDSS) 2025-26:** [www.gov.uk/government/publications/adult-social-care-training-reimbursement](https://www.gov.uk/government/publications/adult-social-care-training-reimbursement)
- **LDSS funding enquiries:** Email: [ASCreimbursement@dhsc.gov.uk](mailto:ASCreimbursement@dhsc.gov.uk)



# Balancing care and training can be challenging – but it's worth it



**Katie Agutter**  
Unit Manager  
Elmbrook Court Care Home  
Oakland Care

**Katie Agutter, Unit Manager at Elmbrook Court Care Home, part of Oakland Care, shares how on-the-job training helped her grow into leadership — without stepping away from the frontline.**

*“I didn’t step away from care – I deepened my impact through training.”*

My journey at Oakland Care began in November 2022 as a Care Team Leader, and within less than a year I was promoted to Interim Unit Manager. While I was delighted to receive this recognition, I had also applied and been offered a place to study Adult Nursing at university. At the time, I believed this was the next – and most appropriate – step for my professional development in the care sector. However, I soon discovered a more practical and equally rewarding path offered by my employer, one that aligned more closely with my day-to-day experience and aspirations.

The Assistant Practitioner Programme, part of Oakland Care’s accredited learning courses, was highly recommended by colleagues and led by Carrie Stone, a respected Clinical Training Partner employed internally. The programme had a strong reputation for combining academic learning with hands-on practice, which immediately appealed to me. After speaking with my Home Manager and reflecting on my goals, I applied and was accepted.

One of my biggest concerns was how I’d continue working effectively while dedicating time to training. This was why I initially felt university was the best direction – and why many in the sector hesitate to pursue development. The perceived conflict between learning and working can be daunting. However, I learned that while balancing care responsibilities with training expectations can be challenging, with a well-structured programme and strong support, it becomes manageable and fulfilling.

The programme involved one day per week attending in-person training at one of Oakland Care’s homes, alongside two afternoons each week set aside for coursework. This structure, paired with clear deadlines and consistent guidance, helped me stay organised while continuing in my full-time role. Crucially, it allowed me to apply my learning in real time, rather than keeping it separate from practice.

A typical day involved leading my team, managing resident care, and integrating learning into clinical work. With support from our Nursing team, I completed many competencies during shifts. We identified opportunities to link daily tasks with training objectives, making learning seamless and beneficial to the care environment. Rather than disrupting the flow of care, training enriched it. I gained deeper clinical insight, strengthened relationships with nurses, and grew more confident in my leadership. I also became more attuned to residents’ individual needs, which improved the quality of care I delivered.

As a result, I was employed as a permanent Unit Manager – a milestone in my development. My experience reflects that of many others at Oakland Care who are encouraged to grow on the job. Training opportunities are inclusive and accessible for those who wish to progress – something that should be standard across the sector.

Other opportunities include ‘Train the Trainer’ programmes, which allow staff to become qualified internal trainers and promote co-mentorship. Team members can also complete NVQ qualifications and other strands such as medication training, all of which contribute to a more skilled and confident workforce.

Time and resource management are crucial – with training embedded into daily practice, including rota planning, support with exams and coursework, and ensuring staff have what they need to succeed. This is why managerial support and a strong learning culture are so vital.

Today, I’m continuing my professional journey with the support of my manager, working towards a Level 5 Diploma in Leadership and Management for Adult Social Care. With every training opportunity, I’ve gained new skills, confidence, and a renewed sense of purpose. My dual role bridges clinical practice with leadership, guiding my team with real-life insight. Training hasn’t just supported my career – it has enhanced the quality of care we provide, empowered others to grow, and fostered a team culture rooted in confidence, competence, and compassion. This is what meaningful training in care truly looks like.



# What real life taught me about dementia, diversity and inclusive practice



**Lisa Goodman**  
Head of Mental Health Services  
Age UK Leicester Shire and Rutland

**Lisa Goodman, Head of Mental Health Services at Age UK Leicester Shire and Rutland, shares why learning by doing — through reflective practice, shared problem-solving and everyday experience — is one of the most powerful ways to build confident, inclusive dementia care.**

Working in dementia care and training others in Leicestershire, a county rich in ethnic and cultural diversity, has taught me more than any textbook ever could. It's the real-life experiences, not just my own but those shared by the communities I've worked with, that have truly shaped how I deliver training. It's not enough to just understand dementia from a clinical perspective, we also need to appreciate how it's perceived and experienced in different communities. I feel the best method of learning about dementia is to speak to people affected by dementia, to see dementia as they experience it. Through this, I've come to understand how deeply culture, stigma, and health inequalities can influence not only people's experiences of dementia but also their willingness and ability to seek help. I realised early on that for our training to be meaningful, it had to be culturally relevant, co-produced and rooted in real lived experience.

From years of listening and learning, the content I teach aims to gently address cultural stigmas around memory loss and dementia, while remaining culturally appropriate and respectful. This not only provides information about dementia, but also practical advice. By helping people understand where to seek support before reaching a crisis point, we can empower people with the knowledge and confidence to take early action. This can help to reduce health inequalities as people will be more aware of what support is available and have the knowledge of what to do next.

Through long-term relationship building, in the last two years I have trained 10 groups who are now driving change in their own communities including Somali, South Asian, Bangladeshi community and African & Caribbean communities. It has been inspiring to watch confidence and enthusiasm grow, with many groups starting up their own memory café or local support network.

Also, for the last 4 years the service has run Chai & Nashto- a social group tailored for those identifying as South Asian. Facilitated by staff and volunteers speaking Gujarati, Punjabi, Hindi and Urdu, it has been great to see this group unite people from different faiths and giving people a non-judgmental space to speak about their experiences of living with dementia.

*“Learning by doing guides my work in diverse communities.”*

Another highlight is our partnership with the EAGA Gospel Choir to create Kumbukumbu, a Music and Memories group tailored for the Black African and Caribbean community. Joining a choir can offer profound benefits for people living with dementia, enhancing both mood and mental stimulation. It engages multiple areas of the brain, helping to improve cognitive function and boost overall wellbeing.

At the same time, for my own team's training and development, I still strongly believe in the importance of traditional, classroom-based training. Staff need space away from the pressures of work to reflect and grow. I have found that facilitating group discussions around real life scenarios that incorporate factors around culture and sexuality are a powerful way to deepen understanding.

So, if you're thinking about embedding learning-by-doing into your own dementia services, my advice is simple: make equity, equality, diversity, and inclusion central to everything you do. It's not a side project, it's the foundation.



EAGA Gospel Choir



# Nursing better care through learning



**Claire Sutton**

Head of Independent Health  
and Social Care  
Royal College of Nursing

**Claire Sutton, Head of Independent Health and Social Care, Royal College of Nursing, explores how Registered Nurses and allied health professionals lead learning cultures in care, driving safer practice, stronger teams, and better outcomes.**

In care settings, learning isn't an optional extra – it's the heartbeat of safe, person-centred practice. As a Registered Nurse who has worked across a range of care environments, I've seen how Registered Nurses and allied health professionals (AHPs) bring a unique blend of clinical expertise and leadership that helps create workplaces where learning is not just encouraged but expected.

Creating a culture of learning is central to this. Registered Nurses and AHPs play a key role in embedding a culture where learning happens every day. This isn't only about formal training – it's also about the informal, on-the-spot teaching and mentorship that takes place in busy care settings. It might be a physiotherapist showing a colleague the safest way to assist someone to mobilise, or a Registered Nurse explaining how a particular positioning technique can prevent pressure ulcers. These moments ripple through the team, building confidence and competence.

***“As a Registered Nurse,  
I've seen how learning  
transforms care settings.”***

Access to essential learning and CPD matters just as much. In care settings, CPD works best when it's relevant, practical, and easy to fit around shift patterns. Alongside mandatory training, there's real value in opportunities to deepen knowledge in areas such as dementia care, end of life care, advanced assessment skills, and safeguarding. Resources can take many forms: bite-size e-learning for quick refreshers, structured short courses, or peer-led teaching sessions.

Professional guidance documents and virtual learning events can all help staff build expertise without leaving their workplace. The most effective programmes are flexible, evidence-based, and directly linked to improving outcomes for the people receiving care.

Embedding clinical leadership across the whole team is another vital role. Many colleagues in care settings are not registered, regulated clinicians but they still influence safety and quality every day. Registered Nurses and AHPs can help bridge that gap by translating clinical evidence into plain language and linking it to day-to-day practice. For example, explaining how hydration can reduce falls risk, or why certain infection prevention steps protect residents and staff alike, can make best practice meaningful to everyone. Developing clinical leadership isn't only about hierarchy – it's about influence. Any Registered Nurse or AHP can act as a role model, mentor, or champion for evidence-based approaches, encouraging colleagues to question, reflect, and improve.

Effective multi-disciplinary working is about genuine collaboration, not simply having different professionals under one roof. In the best examples I've seen, Registered Nurses, AHPs, managers, care staff, and





activities coordinators all contribute to a shared plan, each bringing their expertise. This holistic approach can transform outcomes for people with complex needs, ensuring that physical health, emotional wellbeing, and social engagement are all addressed together.

The power of supervision, mentoring, and peer support should not be underestimated.

Retention and confidence grow when staff feel supported to learn.


Clinical supervision provides a structured, reflective space to discuss challenges and share ideas. Peer mentoring – pairing experienced clinicians with newer team members – helps to build skills and a sense of belonging.

***“Good multi-disciplinary working is about genuine collaboration, not just co-location.”***

Even informal peer discussions, when part of everyday practice, can strengthen teamwork and morale.

Closing the gaps in learning opportunities remains a challenge. Despite the many strengths in our sector, access to funded CPD can be patchy, especially outside the NHS. Time pressures and staffing shortages mean learning is sometimes seen as secondary to “getting the job done”. Yet when learning is deprioritised, it affects safety, quality, and workforce retention. We need to work together – providers, education bodies, regulators, and professional networks – to ensure that every Registered Nurse and AHP in care settings has fair access to learning opportunities. This includes creating flexible pathways, sharing resources, and recognising that investment in learning is an investment in safe, compassionate care.

Registered Nurses and AHPs are uniquely placed to lead this charge. By modelling best practice, sharing knowledge, and working collaboratively, we not only deliver better care but also create teams where people want to stay, grow, and thrive.

 @ClaireLSutton  
 rcn.org.uk





# Trained to care – but not to stay?



**Liz Blacklock**

Chief Executive  
National Association of Care  
and Support Workers

**Liz Blacklock, Chief Executive of the National Association of Care and Support Workers (NACAS), challenges the system's focus on box-ticking qualifications — and makes the case for national, professionalised training that actually keeps care workers in the sector.**

*“We’re losing good people – not because they’ve stopped caring, but because they can’t see how to build a future.”*

Every event I go to, we end up talking about the same things — recruitment, retention, training, values. And I come away wondering how long we’re going to keep having these conversations without real change. We know what’s needed. The problem is, the structure and

support just aren’t there. We’re losing good people — not because they’ve stopped caring, but because they can’t see how to build a future in a sector that feels fragmented and unclear.

When we, as employers, talk to our teams about training, do we really take the time to have proper conversations? Are we helping people see what they’re good at and where they could go? Or are we just pointing them towards a Level 2, 3 or 4 because that’s what’s expected? If we want people to see care as something worth sticking with, we need to do more than hand out qualifications. We need to help people see their strengths and feel proud of what they achieve.

I do sometimes wonder what actually happens in some of these training programmes. We’ve all met people who’ve got the certificate, but when it comes to something as important as safeguarding, they’re unsure. And that’s not their fault — it shows where the system isn’t working as it should. Training should give people confidence and knowledge, not just a piece of paper.

A big part of this is making sure we explain why we do things, not just what to do. When people understand the reasons behind actions, they work with more confidence and give care that’s thoughtful as well as safe. It helps them feel part of something bigger. It helps them see that care can be a proper career, not just a stopgap.

I often think back to the old ENB post-registration nursing courses (yes, I know I’m showing my age here!). They were the same wherever you trained, and people respected what they stood for. That’s what we’re missing





now. We need a national training programme that means something — that people feel proud to have done and that's recognised wherever they work.



The gaps are plain to see. There's no clear national path linking training to career progression. A lot of what's out there depends on individual employers, and not all have the resources to offer more than the basics. And we're still battling old ideas that care is low-skilled, when in reality it takes knowledge, judgement, resilience, and emotional intelligence. No wonder people leave when the career path doesn't reflect the reality of what they do.

At NACAS, working with IHSCM, we're trying to change that. We want care staff to feel recognised, with the chance to develop if that's what they want. And if someone's happy doing the essentials to give safe, kind care, that's absolutely fine. It doesn't make their role any less valuable. We need good people at all levels, people who care about what they do. What matters is that the training they get means something and supports them in their work.

That's why I believe professionalisation matters. It's hard to explain to people who haven't seen what's missing — a bit like that jigsaw piece you don't notice is gone until it fits back in. Registration isn't about adding red tape. It's about filling that gap so people see care staff for what they are: skilled, essential, and deserving of proper support.

If we want people to stay — young people or anyone else — we have to offer more than just a job. We need to offer something they can feel part of and believe in. It's

not enough for government to say they "understand the role" of care staff. I think all the evidence points the other way. This is a case where actions really do speak louder than words. I'm confident Baroness Casey will see this through the commission. The question is whether the findings will finally lead to action that helps the system — and everyone in it — for the future.

 @NACASUK  
 [nacas.org.uk](https://nacas.org.uk)

***“No wonder people leave when the career path doesn't reflect the reality of what they do.”***



# Retention starts with culture, not just courses



*The Good Care Group*

**Laura Davies**

Chief Operating Officer  
The Good Care Group

**Laura Davies, Chief Operating Officer at home care provider The Good Care Group, shares how retention depends on more than learning pathways — it's about building a values-led culture where carers feel seen, supported, and set up to thrive.**

As someone who has worked in social care for many years, I've seen the sector evolve dramatically. But, one truth remains: training alone won't maintain standards of excellence, keep teams happy, or stop people walking out the door.

Of course, training is essential. It ensures safety, builds confidence, and develops the skills our teams need. However, if we rely solely on training as a silver bullet for retention, we're missing the bigger picture.

At The Good Care Group, we believe retention is built on a deeper foundation: one rooted in values, purpose, and a culture of care that extends just as much to our people as it does to our clients.

Ultimately, it's about fostering an environment and an ethos with excellence at its core. Excellent care for our clients and championing the work that carers do day to day.

***“Our Step Into Care programme helped reduce early leavers and boost confidence.”***

That's why our approach to learning and development is just one part of a much broader strategy. For us, everything starts with recruitment. We use a wide range of tools and situational judgement testing to identify candidates who aren't just looking for a job, they're looking to make a difference. We assess empathy, problem-solving and alignment with our values, because we know these are the traits that lead to longevity, excellence and job satisfaction.



Once someone joins us, they're not dropped into the deep end with a checklist of e-learning modules. Instead, they experience a comprehensive induction, including our Step Into Care programme — a structured and supportive on-boarding process that eases new entrants into the realities of live-in care. We recognise that the transition into care work, especially in someone's home, can be overwhelming.

Step Into Care builds confidence gradually, ensuring our people feel ready, prepared and supported from day one. The impact has been tangible: higher job satisfaction and a marked reduction in early leavers.

But retention isn't something that's "fixed" in the first week. It's something we cultivate every day, through continuous development, recognition, and individualised support. We create personalised wellbeing plans for every carer, understanding their needs, goals and pressures beyond the workplace. Mental health support, rest and recuperation between placements, and regular one-to-one check-ins are all part of the fabric of working with us.



***“Carers deserve the same structure, opportunity and esteem as professionals in any other field.”***

We also know that carers want to grow. That's why we invest in specialist pathways, including advanced training in dementia and Parkinson's care. These aren't just badges of honour; they enable our carers to deepen their expertise and deliver exceptional care. More importantly, they offer a genuine career progression route, one that reflects the complexity, intelligence, and emotional intelligence required in care.

Too often, our sector confuses qualifications with culture. It's not enough to push people through a series of accreditations. We need to create an environment where carers feel respected, valued, and heard. That means recognising the emotional labour involved in care. It means giving people a voice in how they work and what support they need. And it means celebrating the small wins; because in care, the smallest things often make the biggest difference.

Can we really call care a “career” without a nationally funded, structured pathway? I'd argue not yet, but that doesn't mean we can't lead the way. At The Good Care Group, we've created our own internal pathway for progression, from new starter to care manager and beyond. Our carers deserve the same structure, opportunity and esteem as professionals in any other field, and we're working tirelessly to make that a reality.

In the end, retention isn't about the quantity of training, but the quality of experience. We must stop thinking of learning and development as a box-ticking exercise and start seeing it as a powerful vehicle for belonging, purpose and growth. That's how we'll keep our people not just in care, but thriving in it.

 @goodcaregroup  
 thegoodcaregroup.com

***“Too often, our sector confuses qualifications with culture.”***



# Home grown talent

## How care providers are building career pathways that last



**Ruth French**

Director  
The Outstanding Society

**Ruth is a former director of Stow Healthcare and now a Non-Executive Director for both The Outstanding Society and Elizabeth Finn Homes. With a background in care leadership and change management, Ruth explores how providers are tackling workforce challenges through career pathways that attract, grow, and retain the talent the sector urgently needs.**

It's no secret that the care sector continues to face a critical staffing shortage and an unsustainable turnover rate – posing significant challenges for leaders and their teams alike. Over the 15 years I spent building my own care company, and through my work as a non-executive director with The Outstanding Society and more recently Elizabeth Finn Homes, I've seen both the challenges and the sparks of innovation that could help reverse this exhausting churn.

It comes as Skills for Care celebrates the first anniversary of the Workforce Strategy for adult social care in England, developed by sector stakeholders to ensure the social care workforce is futureproofed by an approach to 'Attract, Retain, Train, Transform' to ensure we can meet the ever-growing needs of those who draw on care and support.

A key focus of the strategy is the development of the Care Workforce Pathway, a newly developed framework to define the skills, values and behaviours of roles within the sector from the bottom up to change perceptions and professionalise careers in Social Care.

At Stow Healthcare, we took pride in developing bespoke training programmes to upskill motivated and ambitious care staff in becoming Care Home Assistant Practitioners, dementia specialists, or even nursing associates. We provided stepping stone opportunities beyond this, including nursing apprenticeships, and deputy and home management development opportunities allowing us to retain home grown talent and reinvest in our workforce.

We were not alone in our efforts, there are providers - large and small - doing remarkable things to create meaningful, progressive career paths. One large not-for-profit provider I spoke with is launching a bold new

strategy to support staff progression at every level. Others have invested in training academies, developed nursing associate roles, or created innovative pathways for nurses. Smaller providers are also making impressive strides, though the challenges they face are steeper - without the infrastructure or head office support, scaling innovation is far more difficult.

Pay still features high in the debate and a joined up consistent approach is a key factor to attract and retain staff. A Fair Pay Agreement would undoubtedly help reduce turnover, but every provider I've spoken to is asking the same question: how will it be funded? Many are already struggling to absorb the 40% increase in the National Living Wage since 2020 without a commensurate rise in funding. The pressure is mounting.

Another persistent barrier is the volume of mandatory training required - often repeated annually or triennially. While essential, this leaves little room for staff to explore new areas of interest or deepen their expertise. Some local authorities have even introduced their own additional training requirements, diverging from Skills for Care guidance and adding further pressure. Are we, in our efforts to stay compliant, at risk of disengaging our staff with repetitive content?

We should be rewarding staff for pursuing additional learning and qualifications - something I've always championed. But again, we return to the issue of funding. The sharp rise in the National Living Wage has eroded pay differentials, making it harder for providers to reward progression. If a Fair Pay Agreement causes these differentials to shrink further, will social care nursing remain an attractive career?

Many smaller providers are already operating under considerable financial pressure. If we are to build rewarding career pathways, support progression, and professionalise the sector, we need a national approach to funding that enables providers of all sizes to invest in their teams and offer meaningful development opportunities.

By championing our workforce, rewarding development, and creating real career structures, we can not only strengthen the sector—we can help social care workers feel proud, recognised, and excited for what's ahead.

***“We retained homegrown talent and reinvested in our workforce.”***



**WAGS**

**WOMEN ACHIEVING GREATNESS  
IN SOCIAL CARE**

**2025**



★ **2nd DECEMBER 2025** ★  
★ **LONDON HILTON BANKSIDE HOTEL** ★

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

Professor Vic Rayner, Chief Executive Officer, National Care Forum

### THE CATEGORIES

- ★ The **Business Woman of the Year** Award ★
  - ★ The **Corporate Leader** Award ★ The **Third Sector Leader** Award ★
  - ★ The **Girl Power** Award ★ The **Rising Star** Award ★
  - ★ The **Communications Guru** Award ★ The **HR and Recruiter** Award ★
  - ★ The **Equality and Diversity** Award ★ The **Social Care Superwoman** Award ★
  - ★ The **Inspirational Volunteer** Award ★ The **Lifetime Achievement** Award ★
- and many more!**

★  
**WITH  
CELEBRITY  
GUEST  
PRESENTER!**  
★



IN  
ASSOCIATION  
WITH  
**CareTalk**  
The value of excellence in social care

★ **NOMINATE NOW AT** ★

**[www.thewags.co.uk](http://www.thewags.co.uk)**



# Leadership blind spots that nearly cost me everything



**Johann van Zyl**  
Chief Executive and Co-founder  
Fortava Healthcare

**Johann van Zyl, Chief Executive and Co-founder of specialist dementia care provider, Fortava Healthcare, explores how leadership blind spots are driving talent out of care – and why we need a fresh approach to developing and supporting leaders.**

Before entering the health and social care sector, I'd built multiple businesses – some soared, others flopped spectacularly. Looking back, I've realised something uncomfortable: my worst failures didn't come from bad ideas. They came from overconfidence. I was so sure they'd succeed, so convinced the strategy would deliver, that I ploughed ahead. I trusted KPIs over people. I ignored red flags. I thought I was leading – but really, I was creating blind spots.

When confidence becomes a liability, everything can look perfect on paper – detailed plans, sharp KPIs, focused execution. But I didn't stop to ask: where is this leadership style actually taking us? I mistook silence for agreement. I overlooked stress and burnout. I assumed people understood the vision just because I'd explained it once. I underestimated how power dynamics can silence honesty. And when things started slipping, I finally asked questions. The feedback was sobering: *"I felt unheard. Burnout stayed hidden until I got sick. But the warning signs were there – no one asked."*

The cost of blind spots in care isn't just theoretical. The data is stark. Nearly two-thirds of UK social care professionals are on the brink of burnout. Over half feel their services are overwhelmed. More than a third are considering leaving the sector altogether. NHS staff are 50% more likely than the general workforce to suffer work-related stress. If we think this isn't happening in our own services, we're likely not seeing it – or worse, we're not being told.

The gap between leaders and their teams often goes unnoticed. I used to think I was a good boss. I paid well. I cared. But I was too busy to truly connect. I rushed conversations. I assumed my managers "got it" because they didn't complain. Micromanagement? Another blind spot. We trust our home managers with vulnerable lives and multimillion-pound budgets – but question who they appoint as a Senior Nurse. What message does that send?

Leadership culture starts with you. If you're too busy to walk the floor, your team thinks you're too busy to care. If you don't listen, they stop talking. If you avoid conflict, issues fester until they become irreversible. We avoid tough conversations thinking we're being kind – but kindness without clarity breeds chaos. And when managers start falling apart, it's often because no one supported them early enough. The most dangerous leadership blind spot is thinking you always know best. We hire talented, thoughtful people for both skill and cultural fit. Then we ignore their ideas because they don't match our own. True leadership means being okay with not having all the answers – and inviting challenge anyway.

Is your door really open? We tell our teams it is. But when someone walks through, are we actually present? Are we making eye contact, closing the laptop, listening without judgment? Or are we distracted, defensive, half-engaged? A door isn't open if it's hiding behind vague feedback, rushed check-ins, and cold KPIs. Because when we miss the warning signs, we don't just lose productivity – we lose people. But when we lead with curiosity and humility, we build something different: a culture where it's safe to speak up, safe to challenge, and safe to say when something's not working.

Leadership doesn't start in the boardroom. It starts on the shopfloor. Blind spots aren't a flaw—they're human. The difference between a good leader and a great one lies in what you do once you recognise them. So take that walk. Ask the questions. Listen for what isn't being said. Because in care, what we don't see can hurt people. But what we choose to notice? That's what defines us.

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

***"We say our doors are always open – but how do we react when someone actually walks through?"***



*“In care, true leadership begins when we’re willing to look again – and listen differently.”*



#### What the Research Says

- **64.5%** of UK social care professionals are on the **brink of burnout**, citing overwhelming workloads and unrealistic targets.

*(Health & Social Care Workforce Study, 2023 – Ulster & Queen's University Belfast)*

- **59.4%** feel their service is **overwhelmed**.

- **37%** are considering leaving the sector.

*(Same study, Phase 4)*

- NHS staff are **50% more likely** than the general workforce to suffer work-related stress — affecting safety, morale, and quality of care.

*(House of Commons Health & Social Care Committee, 2021)*



# Together in training

## A new chapter for children's care



**Tariq Raja**  
Executive Director  
CareTech Foundation

**Tariq Raja, Executive Director at social care charity the CareTech Foundation, shares how a new partnership with Together for Short Lives is driving investment in training and support to strengthen children's palliative care.**

***“CareTech funding is driving change in palliative care.”***

The CareTech Foundation has entered a three-year partnership with Together for Short Lives (TfSL), a charity leading the way in championing and supporting children affected by life-limiting and life-threatening conditions, along with their families and the professionals that support them. Our funding offers vital emotional, practical and financial assistance to support the families that are facing these devastating realities. It has

become evident through our partnership with TfSL that professionals in the palliative care sector require greater support and addressing these gaps is a key objective of our partnership.

The lack of adequate training, education, and ongoing support for nurses and care workers significantly hinders their professional development and contributes to retention challenges. Since 2001, there has been a 250% rise in the number of children and young people with life-limiting and life-threatening conditions. At the same time, since 2021/22 the cost of running a children's hospice has increased by a third, with 89% of hospices expecting their expenses to exceed income this year (TfSL, 2024). A major factor driving these costs is the difficulty in recruiting and retaining trained, reliable staff. The emotional toll of caring for terminally ill children contributes to high levels of stress, burnout and fatigue among nurses. In turn, making it harder to sustain a committed and resilient workforce.

## New Chapter:



Retention challenges are also linked to poor working conditions, disillusionment, and inconsistencies in care quality, as highlighted in a 2017 UK NMC survey. Therefore, many professionals leave not only due to emotional strain but also due to inadequate support and limited opportunities for growth. Non-specific or insufficient training is widespread across the UK social care sector which prevents staff from building the confidence and resilience they need. Targeted training and ongoing professional development must be made a priority within the palliative care sector to improve job satisfaction, retention and care standards.

At the CareTech Foundation, our mission to champion the social care sector, care workers and those living in care, made partnering with TfSL an obvious and vital decision. We are committing £225,000 over three years to drive meaningful change in the palliative care space. This funding will enable professionals to access a wide range of opportunities, including networking events, webinars, outreach activities and crucial training that will strengthen the workforce and improve care quality. al pathway for progression, from new starter to care manager and beyond. Our carers deserve the same structure, opportunity and esteem as professionals in any other field, and we're working tirelessly to make that a reality.

Together for Short Lives is paving the way to ensure health and social care professionals are supported, equipped, and heard. Their professional resources are widely used, with 80,000 visits to their website's dedicated section and 33,000 downloads of their palliative care materials

***“Through our partnership with TfSL, CareTech is strengthening training, support and hope for children's palliative care.”***

in 2023/24. The charity also offers a free e-learning programme for professionals on children's palliative care communication, including how to communicate with families. Alongside this, TfSL's 24/7 online support hub for families and professionals ensures continuous access to expert advice and guidance.

Beyond direct support, TfSL is driving systemic change, most notably securing the renewal of the Children's Hospice Grant, which ensured that the Government committed to £26 million in funding for children's hospices in 2025/26. TfSL is now campaigning for the UK Government to maintain the Children's Hospice Grant for multiple years and increase it to £30 million by 2030. The challenges facing the palliative care sector are undeniable, but they are not insurmountable. With the right investment in training, we can build a stronger, more resilient workforce and ensure that every child with a life-limiting condition receives the care they deserve. Our partnership with Together for Short Lives is a step toward that future – but real, lasting change requires collective action. We invite policymakers, sector leaders and funders to come on this journey with us. With shared commitment and compassion, we can build a brighter future for everyone involved in palliative care.

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

## Children's Care





# Turning crisis into community



**In a city known more for deprivation and drug headlines than for hope, something powerful is happening behind the doors of a former hostel in Stoke-on-Trent. At Adullam Lifehouse, crisis is being turned into community – and lives are being rebuilt from the inside out.**



Led by Manager Amanda Stevenson and a tight-knit team of just 14, the Lifehouse is home to 64 residents at a time, offering not just a roof over their heads, but a new way forward. It wasn't always like this. The building used to carry a difficult reputation – locals associated it with antisocial behaviour, and even some support services kept their distance. But in 2020, when Adullam stepped in, things began to change.

*“This isn't just housing – it's healing, hope, and second chances.”*

And change they did. In 2024–25 alone, 288 residents moved on from the Lifehouse – 252 of them into independent living. That's an incredible 87.5% success rate, compared with 56% before the turnaround began. And it hasn't happened by accident.

The secret? Coproduction, community spirit, and care that actually listens.

At the Lifehouse, residents don't just sleep there – they shape the place. When rooms were redecorated, it was the residents who chose the colours and the bedding. When policies needed reviewing, like their approach to drug use, residents sat down and rewrote the documents with staff. It's a place where everyone gets a say, and that changes everything.

Take Coproduction Week, for example. Held in March, it featured a new theme every day – like sexual health, drugs awareness, and neighbourhood connections. Local councillors, the city's MP, and external agencies came in to chat, listen, and share space with the people who live there. One of the most impactful moments? A former addict and counsellor sharing his recovery journey over lunch with residents – raw, real, and deeply inspiring.

Learning is a big part of the Lifehouse ethos, too. In the past year alone, 15 residents signed up for Maths and English, eight completed first aid courses, and 12 explored mental health training. These aren't just tick-box qualifications – they're about confidence, direction, and future-proofing people's independence.

But the work doesn't stop at the front door. The Lifehouse is now an active part of the local community. Residents regularly head out on litter picks, helping improve the neighbourhood and repair relationships with nearby residents. Staff are now part of Stoke's Homelessness Forum, contributing ideas and connecting with other services. And there's a powerful partnership with the Prince's Trust at Stoke College – where young people facing challenges of their own now help with decorating, gardening, and gaining hands-on experience at the Lifehouse. It's win-win.

None of this would work without the team behind it. Staff wellbeing isn't an afterthought – it's a core part of the model. Everyone gets personalised training in trauma-informed care, safeguarding, and incident management. A new chill-out area gives them a break from the intensity of the work, and new benefits have been introduced to help with retention and morale. After all, caring for others starts with caring for the team.

What makes Adullam Lifehouse special isn't just the numbers – though they're impressive. It's the culture. This is a place where people are listened to, trusted, and encouraged to play a part in their own journey. It's a space that says, “You matter,” and then proves it.

In one of England's hardest-hit areas, the team at Adullam has created something rare: a service that not only houses people – but heals them. One conversation, one meal, one freshly painted room at a time.



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

## Coming up...

### **The National Children & Young People Awards 2025**

3rd October 2025 ICC, Birmingham

### **The Social Care Top 30 Awards 2025**

21st October 2025 Grosvenor Square Hotel, London

### **The Neurological & Complex Care Awards 2025**

28th October 2025 Hilton Bankside London

### **Great British Care Awards Regionals 2025**

**31st October 2025**

*East of England – Milton Keynes Dons F.C.*

**1st November 2025**

*West Midlands – ICC, Birmingham*

**5th November 2025**

*Wales – Marriott Cardiff*

**7th November 2025**

*Yorkshire & Humberside – Royal Amouries, Leeds*

**8th November 2025**

*North West – Kimpton Clocktower Hotel, Manchester*

**10th November 2025**

*Scotland – The Grand Central Hotel, Glasgow*

**13th November 2025**

*South West – Ashton Gate, Bristol*

**14th November 2025**

*South East – Double Tree Metropole, Brighton*

**15th November 2025**

*London – Hilton Bankside London*

**26th November 2025**

*East Midlands – East Midlands Conference Centre, Nottingham*

**27th November 2025**

*North East – Grand Hotel Gosforth Park, Newcastle*

### **Women Achieving Greatness in Social Care (WAGS) Awards 2025**

2nd December 2025 Hilton Bankside London

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



# Changing lives in a changing climate



## **There's a quiet revolution happening in social care – and it starts in the garden.**

A unique partnership between Community Integrated Care and leading conservation charities WWF, RSPB, and the National Trust is helping people who draw on care to connect with nature, boost wellbeing, and become champions for the environment – all at the same time.

*"This dual impact, transforming lives while protecting our environment, makes this one of the most exciting and vital programmes that we have ever developed,"* says John Hughes, Director of Partnerships and Communities at Community Integrated Care.

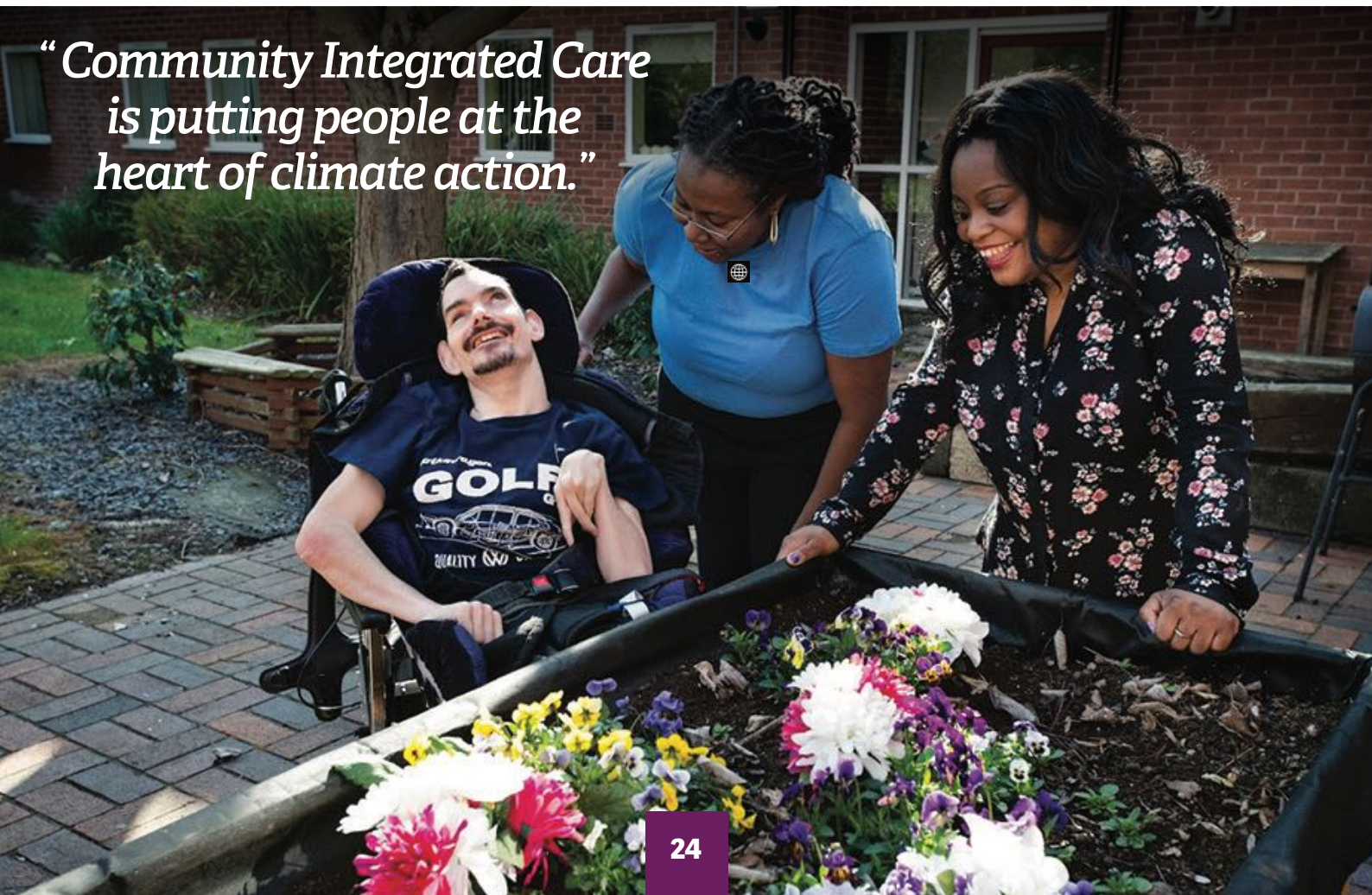
The project began as part of the Save Our Wild Isles campaign, an ambitious movement led by the UK's three biggest conservation charities to protect and restore our fragile ecosystems. But Community Integrated Care saw an opportunity to go further – to make nature a tool not just for recovery, but for empowerment.

Let's face it: access to nature is something many of us take for granted. But for people who rely on social care, the barriers are often huge – physical, financial, and practical. This project set out to break those barriers down.

The result? A suite of co-produced, accessible, and affordable tools that are already making a big impact across the country. One of the standout resources is a guide to creating a sensory garden for under £100. Designed alongside people supported by the charity and RSPB gardening experts, the guide uses perennial plants that are easy to maintain but rich in texture, colour, and scent. These gardens aren't just beautiful – they're therapeutic, giving people space to relax, connect, and feel at home.

There's also a series of sensory walk guides, specially designed for people with complex learning disabilities. These walks offer gentle, meaningful ways to experience nature safely and joyfully – helping tackle the deep health inequalities that this group often faces.

***"Community Integrated Care  
is putting people at the  
heart of climate action."***







The impact isn't just anecdotal. The project has reached thousands of people so far, with hundreds of care services and community groups using the resources. It's also earned national recognition, winning the Care Innovator Award at the Great British Care Awards in both Scotland and the North East.

And this is just the beginning. In 2024, WWF launched A Prescription for Nature, a national campaign to prescribe a "daily dose of nature" to the UK public — highlighting its positive impact on everything from depression to diabetes. This campaign took centre stage at the Climate Coalition's Mass Lobby in July, with thousands calling on MPs to protect nature and promote green spaces as a public health necessity.

Matt Price, a member of Community Integrated Care's Support Squad — a team of people with lived experience of care — summed it up beautifully: *"As a person who is autistic, I find that being connected to nature is vital for my wellbeing – nothing beats a walk with my dog when I'm feeling a bit down. I've seen the difference these programmes make."*

The collaboration has created a ripple effect, empowering people who are too often left out of the climate conversation to become contributors — not just recipients — of change. As Hughes puts it: *"We've built a legacy that lives in gardens, walks, and daily moments of joy — while supporting the bigger fight to save our planet."*

This is social care with a difference — one that brings people and nature together, and shows just how powerful that combination can be.

Find out more and access the free resources at [www.CommunityIntegratedCare.co.uk/Nature](http://www.CommunityIntegratedCare.co.uk/Nature)

 [communityintegratedcare.co.uk](http://communityintegratedcare.co.uk)



*"We're making nature part of care  
– and care part of change."*

#### Further Reading & Resources

Explore Community Integrated Care's nature-based innovations and partners:

- Nature resources and sensory garden guide:  
[www.CommunityIntegratedCare.co.uk/Nature](http://www.CommunityIntegratedCare.co.uk/Nature)
- WWF's A Prescription for Nature campaign:  
[www.wwf.org.uk/prescription-nature](http://www.wwf.org.uk/prescription-nature)
- Save Our Wild Isles campaign:  
[www.saveourwildisles.org.uk](http://www.saveourwildisles.org.uk)



# Proud, loud and Outstanding!

## Social care shines at Manchester Pride 2025



**On 23rd August 2025, Manchester's streets erupted in music, glitter floated through the air like confetti in sunlight, and the roar of celebration carried from the Canal Street cobbles to every corner of the city centre. In the middle of it all — amongst the sequins, rainbow flags and dazzling smiles — the social care sector made its mark, bigger, bolder, and prouder than ever before.**

*“This year's Pride presence for social care was a fusion of joy, advocacy, and connection.”*

Last summer's London debut was about making history for adult social care at Pride. This year, at one of the UK's most iconic Pride festivals, the message was louder: “We belong here, and we're here to stay”. The Outstanding Society's, *Out Standing Diversity Forum*, brought together providers, frontline workers, people who draw on care, and allies to form a united, unapologetically colourful presence in the parade.

“Marching at Manchester Pride was a powerful reminder of the strength and vibrancy of our care community,” said Sanjay Dhrona, Director of The Outstanding Society.

“At The Outstanding Society, we believe inclusion isn't just a value — it's a responsibility. Pride is about visibility, solidarity, and celebration, and we are proud to stand shoulder-to-shoulder with colleagues, communities, and those we support, to champion equality in every space. The energy, love and joy we experienced on the parade route reaffirm our commitment to ensuring social care is a place where everyone—staff and those receiving care — can feel safe, respected, and truly themselves.”



Adding their perspective, Phil Harper, social care lecturer, poet, drag artist and LGBTQIA+ activist, said: “As a poet and drag artist, Pride gives me the platform to celebrate joy and identity. As a social care lecturer, it reminds me why inclusion must run through every care interaction — because dignity, culture and representation are not optional extras.”

The backdrop to Pride 2025 was a Britain in flux — fresh from a general election, with new policy promises on equality and inclusion, but still navigating the ongoing cost-of-living crisis. In social care, workforce shortages and funding challenges remain, yet the march proved that there's also a growing determination to make the sector more inclusive, culturally competent, and welcoming to LGBTQ+ people.







For many LGBTQ+ people — particularly older adults or those living with complex needs — accessing care that truly affirms their identity remains a challenge. Past experiences of discrimination can make people wary of seeking help. Manchester Pride gave the sector a chance to send a powerful message: your identity will be respected, your voice will be heard, and your care will come with dignity and understanding.

This year's Pride presence for social care was a fusion of joy, advocacy, and connection — proof that when the sector shows up, it makes a difference. Every step along the parade route was a reminder that visibility matters, that representation matters, and that inclusion should be the norm, not the exception. And when the last float rolled away and the music faded, one thing was clear: the work of building a truly inclusive social care sector continues — but after Manchester Pride 2025, it does so with even more colour, confidence, and pride.

*“At The Outstanding Society, we believe inclusion isn't just a value – it's a responsibility.”*



*“I enjoyed expressing my sexuality and being around such positive energy,” said Cameron, an expert by experience supported by LDC Care. “Walking through thousands of people cheering for me made me feel like a special person. I love going to Pride. I love that my support and everyone there made me feel safe. I can't wait for the next one — I had a blast.”*

Care providers used the opportunity not just for celebration but for commitment. Alongside the march, some announced new LGBTQ+ awareness programmes for staff, while others launched peer support networks for queer employees in care.

Samantha Crawley, Chief Executive of EQ Care Group, explained: “Equality, Diversity and Inclusion is the cornerstone of EQ Care Group. Our homes are built to include everyone... places where people from the LGBTQ+ community can live and work, where they are encouraged to be themselves, every day, in every way. We are thrilled to have people from our homes join in this momentous occasion — Social Care, marching together in Manchester Pride.”



@OutstandingSCIC  
theoutstandingsociety.co.uk



# Care with courage



**Paula Smith**  
National Lead  
Royal British Legion

**For over 20 years, Paula Smith has dedicated her career to Admiral Nursing. As National Lead for the Royal British Legion service, working in partnership with Dementia UK, she has grown a small pilot into a nationwide model now supporting thousands of Armed Forces families.**

*"My journey with Admiral Nursing began in 2001," Paula reflects. "It was one of the few roles that truly recognised the needs of both the person with dementia and their family carers — offering clinical support that was genuinely person-centred." By 2012, Paula was ready for a new challenge. Joining the Royal British Legion (RBL), she began the task of adapting the Admiral Nursing model to meet the unique needs of veterans and their families. "We started with a single team in Lancashire," she recalls. "From there, we listened closely to carers' voices, built strong local relationships, and concentrated on delivering measurable, high-quality outcomes that we could refine and improve over time."*

The service has since grown significantly, with 39 Admiral Nurses now working nationwide. Building a service with families at its heart meant embedding clear governance, robust referral pathways, and consistent training, ensuring that wherever families live, they receive the same high standard of care. "Our focus is always on the individual," Paula explains. "Every family's situation is different, and our role is to provide the right support at the right time, whether that's face-to-face, over the phone, or via video consultation." What makes the RBL Admiral Nurse Service distinctive is its deep understanding of the Armed Forces community. Military service shapes identity, resilience, and family dynamics in ways that profoundly influence the experience of dementia. "Our nurses are skilled at tailoring their approach to acknowledge service history, pride, and sometimes trauma," Paula says. "It's about care that respects where people have come from."

***"Walking alongside families through their most difficult moments is a privilege, and ensuring they never feel alone is at the heart of what we do."***

Innovation in the face of challenge has been another hallmark of Paula's leadership. When the Covid-19 pandemic hit, she and her team adapted overnight. "We moved quickly to remote working, virtual assessments, and digital support," she explains. "These changes have now become a permanent part of our blended model — giving families flexible, responsive support." This adaptability has enabled the service to meet people's needs more effectively than ever. Whether through digital platforms or home visits, Admiral Nurses have ensured that carers remain supported, connected, and never feel alone.

***"Kitbags Live On brings veterans and carers together, building belonging and vital peer support."***

Paula is also proud of initiatives designed to build belonging and peer support, such as Kitbags Live On, a group programme that brings veterans and carers together through shared activities. "It helps people reflect, connect, and share experiences," she says. "The camaraderie and peer support these groups foster is powerful. Families leave feeling understood, less isolated, and part of a community." The service has also extended into RBL care homes, where Admiral Nurse-led clinics and peer groups ensure specialist dementia support continues in residential settings.

Her commitment to clinical excellence has grown alongside the service itself. Under Paula's leadership, the programme now offers a strong induction, ongoing supervision, Dementia UK training, and regular opportunities for reflective practice. "It's vital that our nurses feel supported," she says. "A strong professional network ensures best practice is shared and standards remain consistently high."

Ultimately, Paula believes the most important measure of success comes from the families themselves. "Many tell us that Admiral Nursing has enabled them to keep caring for their loved ones and to do so with confidence," she reflects. "Walking alongside families through their most difficult moments is a privilege, and ensuring they never feel alone is at the heart of what we do."

From a single team in Lancashire to a nationwide network of 39 nurses, Paula's leadership has been pivotal in building one of the UK's most respected dementia support services for veterans and their families. "Our success has always been built on partnership — with families, with the RBL, and with the Armed Forces community as a whole," Paula says. "Together, we are making sure that carers have the support, information, and understanding they need every step of the way."

*“Paula grew a small pilot  
into a nationwide service supporting  
Armed Forces families.”*





# CHAT THE TOUGH QUESTION

## “What counts as quality in homecare?”

**Daisy Cooney, Head of Policy, Practice and Innovation at the Homecare Association, asks whether regulation can ever capture the true quality of homecare — those human moments of trust, compassion and flexibility that matter most.**

Seldom does a form capture the essence of good homecare. It's in the quiet moments: when a care worker instinctively knows to stay a little longer, when routines flex around a person's changing needs, or when someone notices a client is unusually withdrawn and takes time to listen. These are the subtle, relational elements that make care in someone's own home deeply personal and profoundly human.

But can these moments, so central to what people value, ever truly be captured by a regulatory framework?

The Care Quality Commission (CQC) has recognised the need to modernise. Through initiatives like The CQC Way and a series of nationwide roadshows, the organisation seeks to reset its relationship with providers and rebuild trust in the role. The ambition is sound: regulation that protects people, informs the public, and drives improvement.

Yet despite its stated ambition, implementing the *Single Assessment Framework* has left many providers frustrated and disillusioned. As highlighted in a recent Care Provider Alliance (CPA) review, providers describe the new regime as disorienting, burdensome, and often out of step with the reality of care. Rather than building trust, the system has, in its current form, deepened concerns that regulation is drifting further from what actually matters to people receiving care.

The framework asks inspectors to assess services against a rotating sample of 34 quality statements. In practice, this approach can miss key parts of the service, including relational, innovative care that doesn't fit neatly into a box.

This burden falls heaviest on small and medium-sized providers, who lack the resources to dedicate staff solely to compliance. Front-line managers often find themselves navigating vague quality statements and gathering reams of documentation, while also running complex, responsive services. The administrative weight can be overwhelming and, ironically, take time away from quality improvement itself.

This is particularly problematic in homecare, where the care environment is someone's private home. A space that providers neither control nor standardise. No two visits are the same, and flexibility is not a flaw in the model; it is the model. Being person-centred means adapting hour by hour, day by day. The framework does not yet fully account for this.

One of the most revealing facts is that the CQC hasn't inspected many homecare providers in years. Backlogs and capacity constraints have left much of the sector in regulatory limbo. And yet, in the absence of formal oversight, good care has not just continued; it has flourished.

Providers have supported people through cost-of-living pressures, increasingly complex needs, and the echoes of a pandemic, often without external validation. Trust, continuity, and compassion have been their quality assurance. Where the inspection regime adds value, it must do more than check compliance; it must recognise and amplify these strengths.

None of this is a call to abandon regulation. On the contrary, most providers want a strong, effective regulatory system, one that is fair, proportionate, and grounded in a real understanding of how they deliver care. The CPA's recommendations include reducing the number of quality statements, making guidance specific to service type, and ensuring inspectors are trained to appreciate different models of care.

Regulation can and should drive improvement. But it must do so by working with the grain of good care, not against it. It should support flexibility, not penalise it. It should elevate relationships, not obscure them under paperwork.

If we want regulation to drive quality, it must learn to see, and reward, the human heart of care, not just its evidence base.

**“Good care has flourished without inspection – what does that say about regulation?”**

 @homecareassn  
 homecareassociation.org.uk

*“Regulation should elevate relationships,  
not obscure them under paperwork.”*



**Daisy Cooney**

Head of Policy, Practice and Innovation  
Homecare Association





## WHAT KEEPS ME



## AWAKE AT NIGHT

# Raina Summerson

## Chief Executive, Agincare Holdings

**Following the sudden deaths of three residents at Gainsborough Care Home, Raina Summerson, Group Chief Executive of Agincare, reflects on the sleepless nights, the lessons learned, and why leaders need honesty, support, and collaboration in times of crisis.**

*“The biggest lesson: honest reflection, transparency, communication, and readiness matter most in any crisis.”*

Now that the investigation has closed, I want to share a positive message with families and with the Swanage community about our team at Gainsborough Care Home and the care they deliver. First and foremost, I feel immense gratitude to all those who gave their support and understanding throughout what has been an incredibly challenging period. Gainsborough has been at the heart of Swanage for many years, and the way the community rallied around on the day of the incident, and in the months that followed, was humbling. We also received extraordinary support from colleagues across the wider social care sector. When the police investigation confirmed that no third party or environmental factor was responsible for the sad loss of three residents, it was a huge relief. Our recent Good-rated Care Quality Commission, (CQC), inspection and council monitoring visits also gave us reassurance — and positive feedback — about our team and the quality of care they provide.

The biggest lesson I take from this incident, and what I would share with other providers, is the importance of honest reflection, transparency, communication, and readiness in moments of crisis. This was the first major incident of this kind in almost forty years at Agincare. The reality of social care is that incidents can happen, whatever the cause. That is why we must regularly review and test our business continuity plans, and why leaders must balance managing the immediate situation with continuing to support all the other people and services that rely on us.

I cannot overstate how proud I am of the Gainsborough team. They were thrown into a major incident that involved a full home evacuation, national publicity, and the arrest of a manager they deeply respected. Despite the shock and speculation, they showed professionalism

at every step, continued to advocate for residents, and supported each other. Many of them live locally, which meant facing very personal and public scrutiny, as well as press intrusion and trial by social media. Their resilience under such pressure was extraordinary. Even in the face of fear and public judgment, they never wavered from their values or their commitment to residents and families.

One of the most difficult aspects was the swirl of speculation on social media. Being unable to speak publicly and candidly was frustrating, but unavoidable while the police investigation was ongoing. The silence created a vacuum that harmful speculation quickly filled. My advice to other providers is to prepare for this in advance. Have robust communication plans, support staff who may face online hostility, and ensure access to experienced legal professionals. We had fantastic support from our legal partners from day one. Above all, stay focused on the people directly affected, and don't get drawn into the noise of social media.

The wellbeing of our team was — and remains — a priority. We provided counselling, direct access to employee assistance programmes, and additional practical and financial support where needed. For the manager involved, this included immediate legal representation, emergency accommodation when national media camped outside her home, and ongoing support when she returned to work.

I know this incident has left many care managers across Agincare and beyond asking themselves, “Could this happen to me?”. That sense of vulnerability is deeply worrying for our sector. The sudden criminalisation of a respected care professional without full context or evidence sent shockwaves through social care. We must ensure leaders are supported, not isolated, when crises happen. That means more balanced media coverage, better public understanding of the realities of social care, and systemic recognition that risk is inherent in this work.

*“Stay focused on the people directly affected, and don't get drawn into the noise of social media.”*



I also want to reassure families considering residential care. Safeguarding is robust, with safety protocols, regular audits, and continuous staff training in place. Increasingly, digital care planning systems are helping

**“Our recent  
Good-rated Care Quality  
Commission, (CQC),  
inspection and council  
monitoring visits also  
gave us reassurance.”**

us provide transparency, timely interventions, and rapid responses to changing needs. Most importantly, I see — every day — residents in our homes living well, cared for with dignity, and sharing laughter, friendship and connection.

This case also underlined the importance of partnership working. We were part of a multi-agency response involving the council, police, and ambulance services, all working under pressure. What became clear is that greater mutual understanding and better pre-agreed protocols are essential. Care providers should be seen as partners in such moments, not just as organisations to be scrutinised.

Finally, I want to emphasise that we are embedding the learning from Gainsborough across Agincare. We have conducted internal reviews and joined multi-agency reviews to reflect and learn. The lessons cannot stay with individuals or in silos; they must be shared and applied nationally across our organisation. The impact of this incident has been profound and long-lasting. But what remains strongest in my mind is the resilience, compassion, and professionalism of the Gainsborough team, and the continued trust of the families we support. That is the heart of social care — and it is something I remain incredibly proud of.

 @agincare  
 agincare.com

Find out more at  
[www.agincare.com/about-us/](http://www.agincare.com/about-us/)

**Raina Summerson**  
Chief Executive  
Agincourt Holdings

**Agincare**  
Caring in your community





## ASK THE EXPERTS

# How can we safeguard the future of adult social care?

**Adult social care is at a tipping point. The July ADASS Spring Survey 2025\* reveals record overspends, rising complexity, and shrinking preventative care. As councils shift to crisis response, sustainability is at risk. We asked sector leaders: "What one change is most urgently needed to safeguard the future of adult social care?" Their answers call for bold, immediate reform.**

*"Older people want to stay independent – we must enable that."*



**Caroline Abrahams**  
Charity Director  
Age UK

### The Charity for Older People

*"The most urgent change is to ensure social care and the NHS are genuinely integrated, with adequate funding for both. The ADASS survey shows a stark truth: local authorities are forced to focus on crisis management, and older people are being left behind as preventative services shrink. This undermines the success of the Neighbourhood Health Service — an initiative with great potential, but only if care is in place to support it. Too many older people are struggling without the help they need, especially as access to Continuing Healthcare narrows. A truly joined-up system would help people stay well and independent for longer, while relieving pressure on hospitals and reducing long-term costs. We must listen to older people who tell us their top priority is to maintain their health and independence — and build a care system that enables them to do exactly that."*



**Professor Martin Green**  
Chief Executive  
Care England



*"Commissioning reform is urgent to deliver sustainable, quality care."*

### The Representative Body for Independent Care Providers

*"The top priority must be reforming commissioning and funding models. ADASS data shows that councils are being forced to choose between crisis response and prevention — and failing at both. With increasing care needs and rising costs, local authorities are under-resourced, yet providers are expected to absorb wage increases and still deliver safe, high-quality care. That's not sustainable. We urgently need multi-year funding settlements for councils and a commissioning framework that properly reflects the cost of delivering person-centred care. The Government's talk of prevention is meaningless without real investment to support it. Local councils, providers, and most importantly the people we care for, cannot afford to wait until the Casey Commission reports in 2028. Every delay risks more provider exits and service breakdowns. We need decisive action now — fair funding, joined-up planning, and a reset that values care as essential infrastructure, not an afterthought."*



**Vic Rayner**  
Chief Executive  
National Care Forum (NCF)



**“Prevention must be properly funded to avoid system-wide crisis.”**

### The Membership Body for Not-for-Profit Care Providers

*“We must urgently reinvest in preventative, community-based care. The ADASS findings show prevention now accounts for less than 6% of commissioned spend — a figure that should alarm anyone serious about sustainable care. Without early intervention, people reach crisis sooner, complexity escalates, and the system becomes costlier and less personal. Not-for-profit providers already demonstrate how prevention transforms lives, but they need to be recognised and funded as strategic partners. We also need investment in technology and digital skills that support smarter, more responsive care delivery. At NCF, we’re leading work with the Liverpool City Region to ensure CareTech is co-designed with people who use and deliver services. If we want a future where people’s needs are truly met, we must shift focus from firefighting to planning — building neighbourhood-level services that promote independence, not just safety. Prevention isn’t optional; it’s essential.”*

**“Fair funding is essential for personalised support and dignity.”**



**Jon Sparkes**  
Chief Executive  
Mencap

### The Learning Disability Charity

*“The most urgent change needed is a long-term, fully funded plan for adult social care. The ADASS Spring Survey lays bare the financial strain across councils, with a £774 million overspend and little sign of relief. Without proper Government investment, care providers and charities can’t deliver the personalised support people need — especially those with learning disabilities, who often face the sharpest cuts. Austerity has left councils firefighting rather than enabling people to live full, meaningful lives. The result is a care system that’s reactive, not preventative, and people with complex needs missing out on vital support. The Government must act now with fair funding and a bold vision for social care — not just to avert further crisis, but to unlock the potential of individuals who deserve so much more than survival. The forthcoming Louise Casey Commission is welcome, but people need change well before 2028.”*



**Helen Walker**  
Chief Executive  
Carers UK



**“Unpaid carers are at breaking point and urgently need support.”**

### The Charity for Unpaid Carers

*“We urgently need a national strategy to support unpaid carers, backed by real investment. The ADASS survey confirms what carers tell us every day — they are at breaking point, providing more care than ever, often with little or no formal support. Carers are now propping up a system that has been cut back to the bare minimum, and many are experiencing serious impacts on their physical and mental health. One in two carers say they feel overwhelmed, and the lack of respite or recognition is unsustainable. As we shift toward more home- and community-based care, unpaid carers will inevitably be expected to do even more. That must be accompanied by meaningful support: breaks, financial help, emotional support, and involvement in care planning. Carers’ wellbeing must be built into the heart of social care and the NHS 10-Year Plan. Without them, the system simply cannot function.”*

\* <https://www.adass.org.uk/documents/adass-spring-survey-2025/>



# HAVE YOUR SAY!

## 3 Wishes!

**Belinda Roberts is the Wellbeing Lead at Dunningwood Lodge. Here she shares her 3 wishes for the social care sector:**



**1**

At Dunningwood Lodge, we're building a future where every resident's story truly matters. By capturing their life histories, we create meaningful experiences – from hosting vibrant VE Day street parties to developing research-based activities in partnership with community groups. My first wish would be for this person-centred, community-connected approach to become the norm across the sector, because when we listen and act, we transform lives.

**2**

My second wish is for shared leadership to be embraced everywhere. Here, our Resident Committee gives people a real voice in shaping their home. When residents influence decisions, it's not just empowering – it creates purpose, connection, and genuine growth.

**3**

Finally, I wish for co-creation to become standard practice. At Dunningwood, residents join panels, help design training, and shape day-to-day life. Their knowledge and experience guide how we move forward together.

interview

These approaches aren't just initiatives; they are part of our values-led culture. They're making a real difference here – and I believe if the wider sector adopted them, we could create care environments where everyone feels heard, valued, and at home.

## In The Spotlight

**Langdon House Resident Stephen George – Life in the Fast Lane**

At 72, Langdon House resident Stephen George is enjoying a well-earned breather after a thrilling career in the fast-paced world of motor racing.

His journey began with a job selling car parts, followed by training as a mechanic and working on aircraft at Ciba-Geigy in Duxford. Then came a game-changing moment — he spotted a job advert for McLaren Formula 1. He applied, got the job, and never looked back.

Stephen started as a carbon laminator and worked his way up to Head of Carbon, helping build high-performance race cars for some of the sport's biggest legends, including James Hunt, Niki Lauda and Ayrton Senna. "Senna was my favourite," he says. "A brilliant driver and a genuinely kind guy."

While his role was mostly factory-based, Stephen travelled to races across Europe and loved seeing the cars he worked on flying around the track.

After his time at McLaren, he took his skills to the U.S. with Swift Engineering, then eventually returned to Cambridge. Over the years, he's owned a Maserati, a Lancia Delta and, more recently, a Smart car. "A bit more practical these days," he jokes.

Now settled at Langdon House, Stephen says, "It felt like the right time to slow down. And I really am being well looked after here."





# Movers & Shakers

**Venelle welcomes new Deputy Manager with clinical compassion, global perspective, and leadership spark**

Venelle, London's premier luxury home care provider, is thrilled to welcome Stephanie Blenkinsop as its new Deputy Manager, bringing clinical expertise, global experience, and a powerful passion for care that truly makes a difference.

A Registered Nurse with an MBA and Masters in Global Project Management, Stephanie has built her career across Australia and the UK, including high-pressure hospital roles at Alfred Health in Melbourne. Her background in acute and trauma care shaped her calm, people-first leadership style that puts both clients and carers at the heart of every decision.

Most recently, Stephanie headed up the Live-In Service division at SweetTree Home Care Services, leading a team of 50 carers and helping to co-create a cutting-edge, tech-enabled model of home care focused on continuity, flexibility, and above all, dignity.

*"Care should never feel transactional. It should feel like trust, like presence, like home," says Stephanie. "Venelle crafts care around the lives people want to live. That's what drew me here." Chief Executive Louise Blezzard adds: "Stephanie embodies care that's clinically excellent, emotionally intelligent, and beautifully delivered."*

With Stephanie on board, Venelle is stepping boldly into its next chapter, redefining what luxury home care means for London.



## Lightbulb Moment

### The Role of Nurse Leadership in Shaping Hospice Care

**Emma Dixon, Director of Clinical & Digital Services and SIRO, St Ann's Hospice.**

Strong leadership is essential in tackling the pressing challenges currently facing hospices.

Across the UK, funding shortfalls are putting pressure on services, making it harder to meet the growing demand for palliative and end-of-life care. But leadership in hospice care goes far beyond administration. It means mentoring teams, driving innovation, and fostering a culture of resilience and adaptability. At St Ann's Hospice, I prioritise professional development — making sure staff are well-equipped to respond to the increasing complexity of care.

As a clinical leader, I also advocate for progress in hospice services — from integrating technology to improve care delivery, to extending our reach through community outreach. My aim is to ensure that hospice care is not only sustained, but continually strengthened to meet the needs of future generations.

The role of nurse leaders will keep evolving as the sector faces demographic shifts, rising costs, and growing care demands. That's why investing in leadership development is more important than ever.

My journey at St Ann's Hospice has deepened my belief in the transformative power of leadership. It's a privilege to be part of a profession that not only delivers care, but also drives meaningful change — helping ensure hospices remain a vital part of compassionate and effective healthcare.



**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.





# Everything I've built has come from lived experience and love



**Marie Jevon**  
Director  
Include 'In' Autism

**Marie Jevon, Director of Include 'In' Autism, leads with empathy, honesty, and a deep understanding of what it means to feel excluded. Here she shares how her lived experience has shaped a new kind of leadership rooted in connection, co-production, and a deep belief that every neurodivergent person deserves to be seen, heard, and truly included.**

I've always believed in the power of care, connection, and community. My journey into this work wasn't just a career choice, it was a calling shaped by years of feeling different, excluded, and unheard. Everything I've built has come from a place of lived experience, resilience, and love. It hasn't always been easy, but every challenge has become part of a bigger purpose: to create spaces where neurodivergent people are seen, valued, and truly included.

I've always felt different. Even as a child, I often felt excluded and alone, even when I was surrounded by people. I learned to put on a show so that no one could see the real me, the overwhelm, the confusion, the need to make sense of a world that often felt too much. Deep down, I knew I was different, but I never understood why. It wasn't until I was 56 that I finally received a diagnosis of autism, ADHD, and an anxiety disorder. That brought so much clarity, but also a deep sadness for the years I spent feeling lost and unseen.

While working as a nursing home manager, I began volunteering in my spare time. It started in a small room with two parents who were looking for support. From there, Include In Autism was born. I've always had a natural connection with neurodivergent people. I understood the meltdowns, the shutdowns, the need to just be accepted as we are. I always wanted to make a difference, but I didn't know how, until I began building this organisation from scratch. It wasn't built with funding or fancy plans, it was built with passion, purpose, and my heart.

Over the years, my role has grown in ways I never thought possible. What began as a small support group has evolved into a fully established organisation offering outreach, in-reach, crisis support, respite, and children's homes, each part shaped by real-life experience and the people we support. I now hold the role of Chief Executive of my own organisation, something I never imagined would happen. For so long, I was the one who was excluded, whose thoughts and suggestions were either dismissed or taken and used by others without acknowledgment. To now be leading something I built from the ground up, on my terms, is something I carry with a mix of pride and disbelief.

I've led projects rooted in co-production, accessibility, and empowering neurodivergent voices, because I know exactly what it feels like not to have one. Along the way, I've been incredibly lucky to receive several awards. Each one overwhelms me, because I never set out to be recognised. Winning the national award for Putting People First meant everything to me. It made me feel proud, not just of the work, but for staying true to what I believe in. People deserve to be seen, heard, and put first, because they are worthy of that, always.

*"We meet people where they are, without judgment, without trying to fix them."*

At the heart of everything I do is a deep belief in dignity, connection, and the power of being human first. I don't just bring knowledge, I bring passion and real-life stories that help others understand neurodivergence from a personal point of view. Whether I'm supporting someone in crisis, helping a young person find their voice, or mentoring a staff member, I always lead with empathy and honesty. We meet people where they are, without judgment, without trying to fix them. That's when the real magic happens.

This work isn't just a job, it's a calling. If I can help others feel seen, safe, and valued, then I know I'm doing what I was meant to do.

@includeinautism  
 includeinautism.org.uk



# NCF

THE NATIONAL CARE FORUM

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

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

MEMBERSHIP • NOT FOR PROFIT • NETWORKING

EXPERTISE •

INNOVATION •

QUALITY •

LEADERSHIP

**NCF is the strongest  
voice for the  
not-for-profit  
care sector - Join us!**

[www.nationalcareforum.org.uk](http://www.nationalcareforum.org.uk)  
@NCFCareForum  
[info@nationalcareforum.org.uk](mailto:info@nationalcareforum.org.uk)  
02475 185 524





The National  
Children & Young People  
Conference

CELEBRATING EXCELLENCE IN SOCIAL CARE

Book  
your  
delegate  
spaces  
NOW!

# A BOLD VISION FOR CHILDREN AND YOUNG PEOPLE

*Shaping the Future of Services  
for the Next Generation*

8TH OCTOBER 2025 9.30AM – 16.30PM

THE INTERNATIONAL CONVENTION CENTRE, BIRMINGHAM

#### HEADLINE SPONSORS



**Mentor**  
Software for Children's Services

#### ASSOCIATE HEADLINE SPONSORS

Forge & Care  
HOMES FOR CHILDREN

Crystal Care  
Solutions

THE CHILDCARE  
COMPANY

**FOR MORE INFO AND TO  
BOOK YOUR DELEGATE PLACES VISIT:  
[www.cypawards.co.uk/cyp-conference-2025/](http://www.cypawards.co.uk/cyp-conference-2025/)**

## KEYNOTE SPEAKERS:



**Lemn Sissay**

Poet, Author and Care Leaver Advocate



**Chris Wild**

Author and Campaigner for Children

## CONFIRMED SPEAKERS:

**Nerys Anthony** Executive Director for Youth Impact, The Children's Society **Matthew Brazier** Senior Inspector, Ofsted

**David Graham** Chief Executive, The Care Leavers Association; Care Leaver and Advocate

**Eleanor Haworth** Head of Children's Services Transformation and Improvement, SCIE **Ros James** Advocate and Campaigner

**Carolyn Willow** Director & Children's Rights Advocate, Article 39 **Emma Waldron** Education Law Barrister, 3 Paper Buildings

## EXHIBITORS



Small things  
make a  
**BIG** difference

2 0 2 5



The National  
Children &  
Young People  
Awards

CELEBRATING EXCELLENCE IN SOCIAL CARE

HEADLINE SPONSORS

**clearcare**  
best practice | best solution™

ASSOCIATE HEADLINE SPONSORS



THE CHILDCARE  
COMPANY



Lief

The ICC, Birmingham 3rd October 2025

**BOOK YOUR TABLE**  
**NOW!**

Contact: [ann@care-awards.co.uk](mailto:ann@care-awards.co.uk) to book

Help us pay tribute to the unsung heroes  
of our sector

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





# Building skills for the future in adult social care



**Jane Brightman**  
Director of Workforce Development  
Skills for Care

**Jane Brightman, Director of Workforce Development at Skills for Care, shares how the Workforce Strategy for Adult Social Care is Supporting Learning and Development.**

*“50% of the 56 recommendations are either completed or currently in progress.”*

We recently celebrated the one-year anniversary of the launch of the Workforce Strategy for Adult Social Care in England. It was a time to reflect on the great work that has come from the Strategy so far and to think about what comes next.

I'm delighted to share that since the Strategy launched in 2024, 50% of the 56 recommendations are either completed or currently in progress. This Strategy is a pivotal step forward in developing the workforce of the future – ensuring we have social care professionals with the right skills to meet the growing and changing care needs of our communities.

One of the key strands of the Strategy is 'Train', with recommendations and commitments specifically focused on building consistent, lifelong learning and development opportunities across the sector. Over the past year, we've seen some exciting progress in this area.

This includes development of the Care Workforce Pathway, which maps clear routes for progression to support a long-term career in care. Following early adoption last year, a further 90 organisations are now pioneering the Pathway in its next phase of rollout. A new programme for aspiring Directors of Adult Social Services has also been launched by Skills for Care in collaboration with ADASS, while the National Care Forum is piloting a new Care Technologist role – an initiative that has the potential to unlock greater digital innovation across the sector.

For registered nursing staff, the Strategy has already led to tangible changes. The 'Small but Mighty' programme has funded a new preceptorship support package for newly-registered nurses and nursing associates working in social care – helping providers develop structured, consistent preceptorship where this hasn't previously existed. The recently published 'Social care as a placement of choice' strategy is another important development, helping to make social care a valued part of nursing students' education experience.

The Care Certificate remains a foundation for learning and development, but our focus is now on formalising and expanding opportunities. The new Level 2 Adult Social Care Certificate qualification will set a baseline standard for practice, reduce the need for repeat training, and provide recognition for care as a skilled profession.

LEVEL UP

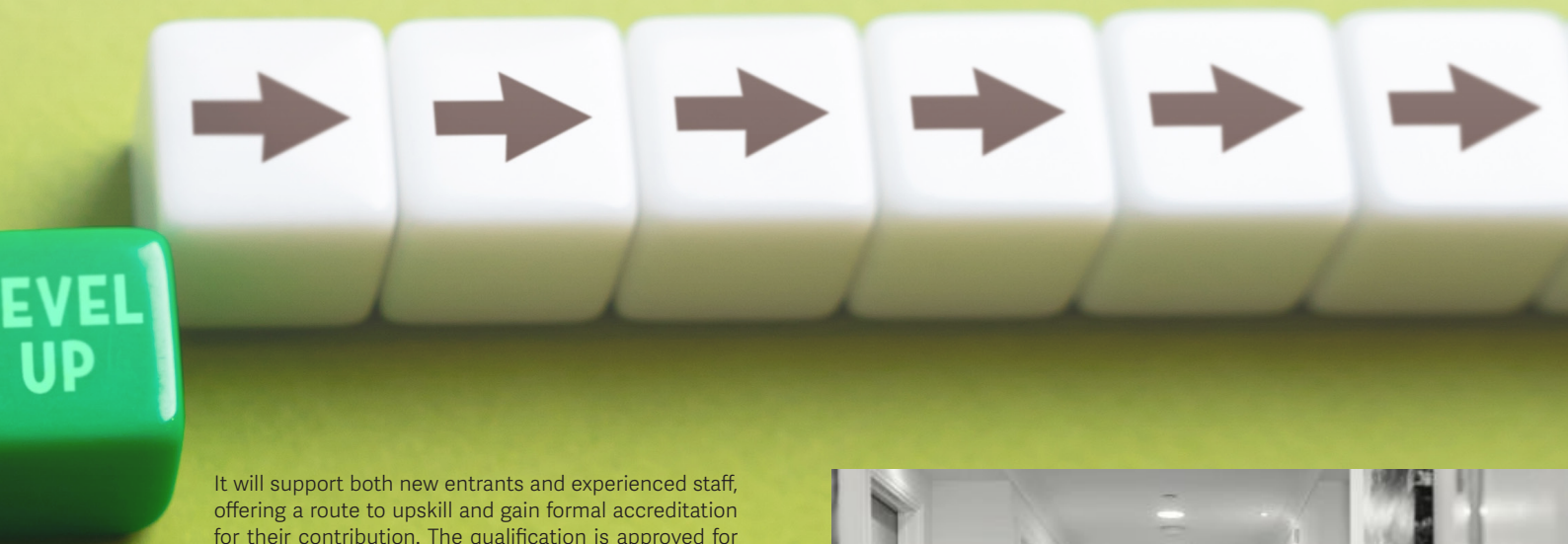
LEVEL UP







*“New nurses gain support through ‘Small but Mighty’ preceptorship programme.”*



It will support both new entrants and experienced staff, offering a route to upskill and gain formal accreditation for their contribution. The qualification is approved for funding via the Learning and Development Support Scheme.

Beyond this, we’re progressing key priorities such as funding for delegated healthcare activities, investment in new skills, reform of social care apprenticeships, and support for social workers and occupational therapists. Together, these initiatives are laying the foundation for a better-supported, better-trained, and more sustainable social care workforce.

We are also seeing strong momentum from providers across the country, many of whom are actively contributing to the Strategy through innovation, leadership, and advocacy. To date, 409 individuals, organisations, and groups have signed up to become Workforce Strategy Champions – sharing its messages, advocating for investment in workforce development, and helping to embed the Strategy at local and national levels.

The Workforce Strategy is a 15-year vision – but its success will depend on continued energy, commitment, and collective action. That’s why it’s so important that we continue to champion this work – not just this year, but next year and far beyond.



*“The Workforce Strategy is a 15-year vision.”*

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

Find out more:  
<https://www.skillsforcare.org.uk/Workforce-Strategy>



# Providing excellent care



We're here to help health and care professionals understand Parkinson's, so they have the support and knowledge they need to provide excellent care to people with Parkinson's. Parkinson's is on the rise. In the UK today, someone is diagnosed every 20 minutes. By 2050, the number of people with Parkinson's worldwide will double to 25 million.

## Working together to improve life with Parkinson's

You can improve your knowledge to better care for people with Parkinson's. Whether you're a newly-qualified care professional or more experienced in Parkinson's, we have a range of free resources and education courses for you. These range from short 15-minute online courses to our 1-hour Introduction to Parkinson's webinar delivered by our Volunteer Educators with lived experience. This tailored webinar provides participants with insights into time critical medication management, effective communication strategies and techniques to support daily activities, empowering people with Parkinson's to lead more autonomous lives. Our online courses and resources are designed for you, with you. We collaborate with subject matter experts and people with lived experience to create learning that will help you better support your patients living with Parkinson's.

To learn more about our Parkinson's UK Excellence Network, visit: [parkinsons.org.uk/excellencenetwork](https://parkinsons.org.uk/excellencenetwork)

We'll connect you to what you need.



# Want to learn more about Parkinson's?



An Introduction to Parkinson's is a live webinar aimed at teams of health and care professionals, staff in nursing and care homes, and home care agencies. By the end of this 1-hour session, staff will:

- have better knowledge and understanding of Parkinson's
- know the needs of (and how best to care for) people living with Parkinson's, particularly in a care or nursing home environment
- recognise the resources available
- evaluate their own practice and care of people with Parkinson's.

Scan the QR code or follow the link to book your free webinar: [parkinsons.org.uk/introductiontoparkinsons](https://parkinsons.org.uk/introductiontoparkinsons)



Parkinson's UK is the operating name of the Parkinson's Disease Society of the United Kingdom. A charity registered in England and Wales (258197) and in Scotland (SC037554). © Parkinson's UK 07/25 (244382)



## SPECIALISTS IN SOCIAL CARE RECRUITMENT

## Are you a Care Provider in need of reliable staff?

At **Recruit2Care**, we understand the importance of finding the right people to provide high-quality care. We help care providers across the sector recruit skilled, compassionate, and dependable professionals.

### SECTORS WE RECRUIT FOR:

- Elderly Care
- Learning Disability & Autism
- Children & Young People's Services

### OUR SERVICES INCLUDE:

- Permanent Staffing Solutions
- Comprehensive Candidate Screening
- Fast and Efficient Recruitment Process
- Personalised Service Tailored to Your Needs
- Overseas Recruitment

### WHY CHOOSE RECRUIT2CARE?

- Extensive Experience in Social Care Recruitment
- Access to a Wide Network of Qualified Candidates
- Dedicated Support for Both Employers and Job Seekers
- Quick Turnaround Times to Fill Your Staffing Gaps



email [info@recruit2care.co.uk](mailto:info@recruit2care.co.uk)

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

# The Sector's Premier Event For Leaders and Influencers in Social Care

## Social Care TOP 30

RECOGNISING INFLUENTIAL LEADERS IN SOCIAL CARE

# 2025

I N C O R P O R A T I N G

Social Care  
**LEADERSHIP**

**AWARDS**

RECOGNISING EXCELLENCE IN SOCIAL CARE LEADERSHIP

Social Care  
**PREMIER SUPPLIER**

**AWARDS**

RECOGNISING EXCELLENCE IN SUPPLIERS TO SOCIAL CARE

**21st October 2025**

**GROSVENOR SQUARE HOTEL  
LONDON**

CareTalk  
The voice of excellence in social care

CareTalk  
Business

**CLOSING  
DATE:  
31st July  
2025**

N O M I N A T E   N O W   A T

**[www.socialcaretop30.co.uk](http://www.socialcaretop30.co.uk)**



# Less spin, more solutions

## How immigration rules could break social care



Recruit2Care

**Joe Desmond**

Director  
Recruit2Care

**Joe Desmond, Director at Recruit2Care, warns that the government's new immigration reforms could unravel hard-won progress in social care workforce stability — unless urgent action is taken.**

This September, social care leaders find themselves grappling with the fallout of seismic immigration reforms rolled out by the UK government in July. What was once a vital staffing lifeline has been effectively withdrawn — with major implications for the future of care delivery across the country. With care worker visas now closed to new international applicants, salary and qualification thresholds raised, and settlement rules tightening, the scaffolding that's kept the sector stable post-pandemic has been abruptly removed. These measures have been framed as a move to “restore control.” But from where providers are standing, they look more like a high-risk gamble — one that threatens to undo fragile gains in workforce stability just as the sector begins to recover.

Of course we all want a thriving domestic workforce. But pretending that we can meet long-term demand solely by recruiting British nationals is wishful thinking. Care roles remain undervalued, underpaid, and overburdened. That's why UK-born workers continue to leave the sector in droves — not because they don't care, but because conditions make it nearly impossible to stay. In contrast, international workers have shouldered much of the burden in recent years. Since 2022, more than 230,000 overseas professionals joined the workforce, many making profound personal sacrifices to deliver life-enhancing care. To now shut that route down — without fixing pay, career progression or job security for domestic staff — is not only unjust, it's short-sighted.


*“We've had enough headlines — what social care needs now is investment, action, and honesty.”*

Skills for Care's latest data shows signs of recovery: vacancy rates have dropped, and filled posts have increased. But these improvements are heavily reliant on international recruitment. Strip that away, and we risk a sharp reversal. Worryingly, the number of British workers in the sector continues to fall — down 30,000 in the past year alone. And projections suggest we'll need almost half a million additional care staff by 2040 to meet rising demand. Instead of reinforcing that foundation, current policy is removing its most critical support beam.

Concerns around ethical recruitment are valid — especially regarding staff from WHO red list countries. But eliminating international hiring altogether is a blunt instrument for a nuanced issue. Rather than shutting down pathways, we should be strengthening ethical recruitment frameworks and ensuring oversight. Many care providers are already working hard to improve standards — but they need guidance, not punishment. And let's be clear: care workers make up a small fraction of overall migration numbers. Yet they're being hit hardest by reforms aimed at broader political targets.

The ripple effect of these changes is already being felt. Providers are struggling to fill rotas. Home visits are being reduced. Complex care packages are being turned down. Behind every vacancy is a person — an older adult left waiting for support, a family stretched to breaking point, a vulnerable individual whose needs go unmet. This isn't a future crisis. It's unfolding now.

The government could have pursued a dual strategy: invest in domestic workforce transformation while retaining international recruitment as a necessary bridge. Instead, it chose an abrupt withdrawal with no clear plan to fill the gap. The long-promised Fair Pay Agreement and Employment Rights Bill are steps in the right direction — but they remain underfunded and years away from impact. We need action now.



*“Resilience is a myth – international workers kept care afloat, now they’re being shut out.”*

To safeguard the future of social care, we urge policymakers to:

- **Reopen and reform the Health and Care Worker visa route, with stronger ethical standards and realistic eligibility criteria.**
- **Accelerate funding and delivery of the Fair Pay Agreement to improve pay and job quality for domestic staff.**
- **Support and retain international workers already in the UK, many of whom now face uncertainty and stress.**
- **Invest in a national recruitment strategy with tangible incentives and career pathways to attract homegrown talent into the sector.**

The adult social care sector has shown remarkable resilience — but resilience alone won’t secure its future. This moment demands honesty: about what’s working, what’s not, and what it truly takes to build a sustainable workforce. We can’t afford to let immigration policy become disconnected from reality on the ground. The ladder has been pulled up. Now is the time to rebuild it — with urgency, with compassion, and with policy that matches the scale of the challenge ahead.

*“Behind every vacancy is a missed visit, a hungry person, or unmet need.”*

 [recruit2care.co.uk](https://recruit2care.co.uk)



# This month, we meet...

Each month we meet key stakeholders and business leaders in the social care sector. This month we meet Dr Krishan Ramdoo, ENT surgeon and founder of TympaHealth.

## How does TympaHealth empower care providers to deliver ear and hearing health treatment within communities?

"Care providers are under significant pressure to deliver high quality care while dealing with the financial constraints of the sector.

Ear and hearing health is one of the most prevalent health challenges in care settings. A report by NICE found that three in four people in care are living with hearing loss, projected to rise to 80% by 2032.

Untreated hearing loss is a risk factor for dementia, depression, falls, and even cardiovascular disease. It also affects staff engagement and interaction with residents. The impact is profound, and yet preventable.

By integrating ear and hearing health technology into care environments, this helps hearing issues to be addressed quickly and in a more comfortable environment for residents. This results in improved resident well-being and better staff interaction as well as family satisfaction."

## Can you explain how regular ear and hearing health checks can help prevent misdiagnosis of conditions such as dementia?

"Hearing loss can mimic early symptoms of dementia, such as difficulty following conversations, memory problems, confusion, and social withdrawal. Without regular hearing checks, these signs may be mistaken for cognitive impairment, potentially resulting in inappropriate or unnecessary treatments while the underlying hearing issue remains unaddressed. Routine, proactive hearing assessments help ensure an accurate diagnosis, allowing individuals to receive the care they truly need."

## Why is supporting residents' ear and hearing health important for reducing social isolation and improving wellbeing?

"Hearing loss is not just a medical condition; it is a quality-of-life issue. Residents with hearing loss often experience mood changes and behaviour challenges that can take a toll on their quality of life. Untreated hearing loss also raises the risk of falls. When hearing is addressed, communication improves, people feel more connected, and this can boost both their thinking skills and emotional wellbeing. Older adults especially benefit from having ear and hearing care right where they live. When hearing issues are resolved, they're more likely



**Dr Krishan Ramdoo**  
ENT Surgeon and Founder  
TympaHealth



to join in conversations, engage with others, and take part in group activities—making daily life a lot more enjoyable."

## Could you share some success stories from your care provider partners where hearing checks have made a significant difference?

"Our work with The White House Nursing Home in Surrey has led to a significant positive impact on the lives of residents.

Previously, it set aside significant staff resource to accompany residents to appointments. Hearing checks can now take place by the bedside or in the communal areas. One resident with hearing aids was immediately reassured when it was explained that the procedure would be carried out by familiar carers. She felt immediate clarity after the micro suction treatment, enabling her to communicate better with family and those around her.

While The White House is already rated as Outstanding, the partnership with TympaHealth has enabled them to retain high standards of care, aligning closely with the CQC's renewed focus on safe, effective and responsive care as well as spotlight their innovative approach."

**"When hearing improves, people engage more – joining conversations, activities, and enjoying daily life."**

## How do you see technology like TympaHealth shaping the future of ear and hearing health in residential and community care settings?

"As the NHS ten-year plan shifts towards prioritising preventative care and equitable access, digital technology will play a key role in making routine hearing checks easier to deliver and scale. This will be essential in tackling long-term challenges like social isolation, cognitive decline, and fall prevention.

Hearing loss shouldn't hold older people back from living well. By acting early and proactively, we can make a real difference in improving residents' overall wellbeing."

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

# CareTalk Business

Sharing business excellence in social care

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



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

## Our Audience Reach

Average monthly Twitter impressions

**300K+**

Average monthly visitor numbers

**105K+**

Social media followers

**30K+**

Great introductory rates for advertisers!  
contact: **advertising@caretalk.co.uk** for details

**[www.caretalk-business.co.uk](http://www.caretalk-business.co.uk)**



# Fit for the future – or failing social care?



MILLS &amp; REEVE

## Jill Mason

Partner and Head of Health & Care  
Mills & Reeve

**Jill Mason, Partner and Head of Health & Care at Mills & Reeve, examines whether England's 10-Year Health Plan lives up to its ambition — and what its silence on social care really signals.**

The social care sector may have felt a sense of disappointment when *Fit For The Future: The 10-Year Health Plan for England* was first published. And rightly so. A search for the term “social care” yields 59 mentions, which initially sounds promising – until you realise that many of these are simply references to the Department of Health and Social Care’s name. “Care homes” appears just twice, and “dom care” doesn’t appear at all. But perhaps that’s unsurprising, given that this is a health plan, not a health and care plan.

We do know that Baroness Casey will lead an independent commission into adult social care, with findings expected in two phases, concluding in 2028. Until then, what can the sector realistically take from this Plan?

## The Plan's Core Shifts

The Plan outlines three major shifts that aim to reshape the health system:

- From hospital to community
- From analogue to digital
- From sickness to prevention

These shifts have been broadly welcomed by organisations such as the Care Providers Association and Care England. The Plan sets out short-, medium-, and long-term goals, with clear deadlines. Given the scale of funding gaps and workforce shortages – both nationally and globally – the Plan’s message is stark: “It’s change or bust – we chose change.”

## Chapter Two: NHS Neighbourhood Health Service

The key aspects of this chapter relating to social care include:

- Greater involvement in rehabilitation, recovery, and frailty prevention
- Empowering care professionals to take on more healthcare responsibilities
- Improved pay and working conditions for social care staff through Fair Pay Agreements

- The creation of a National Care Service to support better integration between health and care
- Enhanced coordination of care using wearables and remote monitoring technology, including “call before convey” to reduce unnecessary hospital transfers
- Support for end-of-life care at home, with community-based advice and planning

The Plan places patients at the centre of care delivery, with a strong emphasis on co-created care plans that address holistic needs—not just clinical treatment. Digital tools, particularly the NHS App, will enable patients to manage their care locally and independently

## Chapter Three: Analogue to Digital

The NHS App is described as a “doctor in your pocket.” Its My Care feature is designed for individuals with complex needs and long-term conditions. Over time, it will connect users to services beyond the NHS – including voluntary organisations, social enterprises, local government, and social care providers.

For this to succeed, digital innovation must be matched by practical integration. Social care technology must be embedded at the heart of service delivery, not left on the margins. While some scepticism remains around the role of technology, the App’s design includes mechanisms to identify users with low digital literacy. Importantly, those who prefer or rely on in-person care will retain that option.

## Looking Ahead

Collaboration will be essential under the proposed neighbourhood health model. The Plan highlights the need to embed social care expertise into the training of medical professionals, including nurses and allied health workers. The delivery plan is expected in early September, followed by a three-year planning framework later that month.

Legislation will be required to implement many of the Plan’s proposals, particularly around data access, sharing, and regulatory oversight. While the 150-page document may be light on direct references to social care, the broader shifts – from hospital to community and analogue to digital – could bring meaningful benefits to the sector if implemented with care and collaboration.

As Wes Streeting aptly noted: “I am sometimes told that NHS staff and our social care workforce are resistant to change. In my experience, they are crying out for it.”

 [mills-reeve.com](https://mills-reeve.com)

THE  
PALLIATIVE &  
END OF LIFE  
CARE AWARDS  
Celebrating Excellence in  
Palliative & End of Life Care



S U P P O R T E D   B Y

CareTalk  
The voice of excellence in social care

S U M M E R   2 0 2 6   ●   C E N T R A L   L O N D O N   H O T E L

A w a r d   C a t e g o r i e s

- ★ THE PALLIATIVE CARE AT HOME AWARD ★
- ★ THE PALLIATIVE RESIDENTIAL CARE PROVIDER AWARD ★
- ★ THE PALLIATIVE NURSING HOME PROVIDER AWARD ★
- ★ THE PALLIATIVE CARE WORKER AWARD ★
- ★ THE PALLIATIVE CARE MANAGER AWARD ★
- ★ THE PALLIATIVE CARE TEAM AWARD ★
- ★ THE ANCILLARY WORKER AWARD ★
- ★ THE SUPPORT FOR FAMILY CARERS AWARD ★
- ★ THE DIVERSITY AND INCLUSION AWARD ★
- ★ THE INNOVATION IN END OF LIFE SOCIAL CARE AWARD ★
- ★ THE BEST INFLUENCER AWARD ★
- ★ THE EXCELLENCE IN PALLIATIVE CARE NURSING AWARD ★
- ★ THE BEST FUNDRAISER AWARD ★
- ★ THE WORKFORCE DEVELOPMENT AWARD ★
- ★ THE BEREAVEMENT SUPPORT AWARD ★
- ★ THE OUTSTANDING VOLUNTEER AWARD ★
- ★ THE LIFETIME ACHIEVEMENT TO EXCELLENCE  
IN PALLIATIVE CARE AWARD ★

Closing  
date for  
nominations  
**28TH APRIL  
2026**

N O M I N A T E   N O W   A T :

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



Great British  
Care Awards



HEADLINE  
SPONSOR **HOWDEN**

HOST & COMPERE  
**STEVE WALLS**

**BOOKINGS NOW  
BEING TAKEN!**



# THE REGIONAL AWARDS

**CELEBRATING EXCELLENCE IN SOCIAL CARE**

**31st October 2025**  
**EAST OF ENGLAND**  
MK Dons  
Milton Keynes

**1st November 2025**  
**WEST MIDLANDS**  
ICC  
Birmingham

**5th November 2025**  
**WALES**  
Marriott  
Cardiff

**7th November 2025**  
**YORKSHIRE & HUMBERSIDE**  
Royal Armouries  
Leeds

**8th November 2025**  
**NORTH WEST**  
Kimpton Clocktower Hotel  
Manchester

**12th November 2025**  
**SCOTLAND**  
Kimpton Blythswood Square  
Glasgow

**13th November 2025**  
**SOUTH WEST**  
Ashton Gate  
Bristol

**14th November 2025**  
**SOUTH EAST**  
Double Tree Metropole  
Brighton

**15th November 2025**  
**LONDON**  
Hilton Bankside  
London

**26th November 2025**  
**EAST MIDLANDS**  
East Midlands Conference Centre  
Nottingham

**27th November 2025**  
**NORTH EAST**  
Grand Hotel Gosforth Park  
Newcastle

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

SUPPORTED BY

