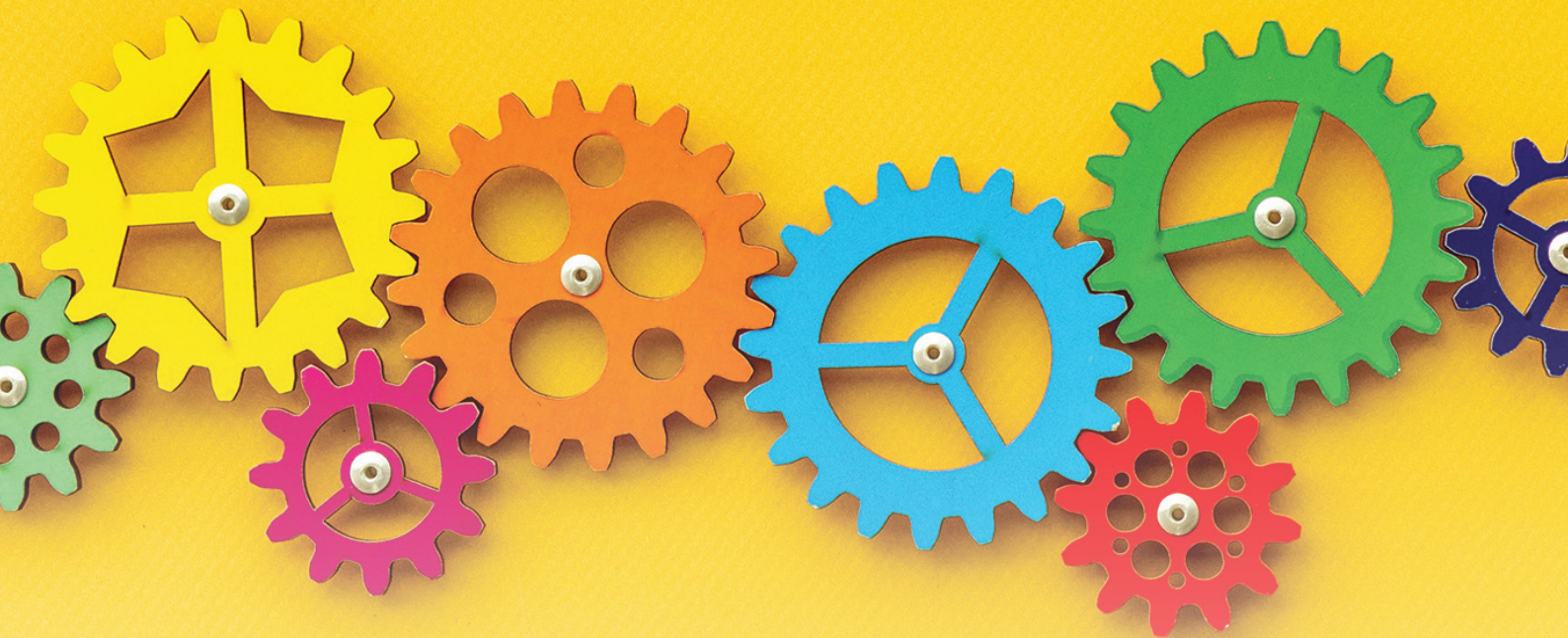


CareTalk

The voice of excellence in social care

Let's Talk Social Care! Issue **146** | November **2025**

Collaborative Care



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AUTHORITIES
CAN DELIVER
REAL
COLLABORATION**
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Chief Executive
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AWAKE AT NIGHT**
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Chief Executive
Hallmark Luxury
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QUESTION**
Phil Winterbottom
UK Head of Safeguarding
and Protection
Cygnet Group



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Care Talk

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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 November edition of Care Talk!

This month, we're celebrating the power of **Collaborative Care**. As winter approaches, it's a timely reminder that care doesn't happen in isolation - it thrives on teamwork, partnerships, and shared purpose. Collaboration isn't just about joint working between organisations; it's about building meaningful relationships between professionals, families, communities, and the people we support.

When we share knowledge, pool skills, and work side by side, we don't just deliver better outcomes, we create a culture where everyone feels valued and connected. Together, we're stronger, more innovative, and better equipped to meet the challenges our sector faces.

One inspiring example is Shared Lives, explored by their Chief Executive, Ewan King, in **Care That Lives Next Door (page 8)**. This model, where carers share their homes and lives with people needing support, transforms care into friendship, belonging, and genuine community.

Collaboration also means learning from beyond our sector. In **Learning from the Samaritans (page 20)**, Dr Mary Edmonds, Deputy Dean for Practice Learning at Anglia Ruskin University, explains how a pioneering partnership with the Samaritans is helping future care professionals master the art of listening - building empathy, resilience, and human connection into their practice.

Leadership, too, is a sleepless pursuit - full of ambition, responsibility, and 3 am decisions. In **What Keeps Me Awake at Night (page 30)**, Hallmark Care Homes' new Chief Executive, Nye Brown shows how challenges from growth to reputation are best met through collaboration, and why trust, teamwork, and shared values are the glue that holds great care together.

These stories remind us that collaboration is more than a concept - it's the heartbeat of great care. By coming together across homes, disciplines, and communities, we can achieve more than any of us could alone.

Here's to working and leading together, for a stronger, more connected future in care.

Till next time,

Lisa
✉ @lisa_caretalk



Collaborative care

Professor Martin Green, Chief Executive at Care England, discusses why true collaboration — built on shared goals, clear communication, and community engagement — is essential to securing the future of health and social care.

With each passing year, we seem to face even more challenges in delivering high-quality health and social care. The demographics indicate that the need is rising, while the resources are shrinking. If we are going to deliver what is required for citizens in the 21st century, we are going to have to be much smarter in how we use resources and much more focused on working together to achieve the required goals.

Every year, we see significant pressure on resources, making collaboration not just a nice-to-have, but essential, because services cannot meet demand unless the entire system works effectively together. Delivering this is not a small challenge, and it requires everyone in the system to put aside the needs of their own organisation and to focus exclusively on the outcomes that citizens require. Even if we all pull in the same direction, it is still going to be a significant challenge to meet the needs of a society where more people are living longer and require higher levels of support. If we are to be much more collaborative across the system, a range of things must happen to navigate the choppy waters of bringing various organisations together.

There will be a need for better information flows, and we must establish open lines of communication to share information, expectations, and updates. Regular meetings and updates can help maintain transparency and accountability. Still, we must also create a common language that is stripped of jargon and focuses not on organisational requirements, but on the needs of citizens. So often, fragmentation can be clearly seen in the jargon and language used within organisations. Whether in health or social care, we must step outside this organisation-centred approach and refocus our energy on the person who needs the service and the outcomes they require.

One of the big impediments to integrated care is the way in which organisations work to different requirements. To deliver integrated and seamless care, we must develop shared goals and objectives. Our current approach often sees different organisations having different success criteria, and until we coalesce around shared goals and shared measures, we will never have an integrated system.

“There will be no collaborative care until we see collaborative planning in place.”

It is sad to note that in some cases, success measures are not only underlined but they are also conflicting with one another, and success in one area is seen as a failure in another. We need to sweep these conflicts aside and work together on one set of easily identifiable success measures.

Resource sharing must become commonplace, and discussions about who owns what resource should be subsumed into a discussion about the needs of a citizen and how we can fulfil them. In the current system, so much time, energy, and money are spent on gatekeeping resources that people have forgotten that all these different pots of money come from the same source: the pockets of the citizens. As a citizen, you should have the right to expect that the money will be used in ways that support you to live well. If we stopped obsessing over the organisations, we would save billions of pounds, which is currently spent on transactional costs and gatekeeping.

There will be no collaborative care until we see collaborative planning in place. The system must involve independent care providers in planning processes for services and policies. The insights of people who deliver services at the frontline can be valuable in creating effective programs and help identify what works.

Community Engagement is a building block for collaborative care, and we must engage with the community to understand their needs and preferences, ensuring that both local authorities and care providers are aligned with those needs. It should be local communities that are at the centre of developing local support plans, and the more you listen to your communities, the more they will be on your side because you will be delivering what they need and what they want.

By implementing these strategies, local authorities and independent care providers can work together more effectively, ultimately enhancing the quality of care provided to the community.

 @ProfMartinGreen @CareEngland
 careengland.org.uk

“Too much time and money go on gatekeeping, forgetting it all comes from citizens’ pockets.”



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



Caring across generations, from cradle to grave



Stephen Burke
Director
United for All Ages

Stephen Burke, Director of United for All Ages — a national intergenerational charity and think tank—argues that blaming older people for rising care costs is both unfair and divisive. Instead, he advocates for intergenerational approaches that bring younger and older people together to build stronger communities and create more compassionate, sustainable care for all.

Never forget – at some point in our lives we will all be caregivers or need care ourselves. It's one of those ties that binds humanity and connects us all. So rather than promoting division between generations about who should pay for better care, let's focus on how people of all ages can mix and improve care together.

That's also what the winners of the first two intergenerational Dementia Awards organised by Care Talk have demonstrated. Adopt a Grandparent and Brighter Together both bring older people with dementia together with children and young people, albeit in different ways, for mutual benefit.

Since the pandemic ended and care homes opened up, we have seen a huge growth in intergenerational care. More and more nurseries, schools, colleges and universities are linking with care homes and other care providers in their local communities.

Building links between care and education through visits, volunteering, work experience and so on is key to attracting young people into the wide variety of jobs and careers in care. The *Who Cares Wins* initiative, led by Championing Social Care, is encouraging these connections nationwide—through dedicated events such as the National Care Careers Conference and more broadly through *Care Home Open Week*, a sector-wide celebration that invites communities into care settings to foster understanding, engagement, and future workforce interest.

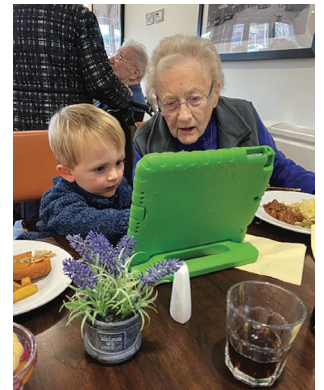
Young people are of course the future of care. That may sound trite but it's true and we bury our heads in the sand if we ignore this. The care workforce is ageing, with many care workers expected to retire in the next decade, while the need for care continues to increase. The workforce will have to grow by at least an additional half a million people to meet this rising demand.

Young people's experiences of care will also help drive change. They will have different expectations than their great-grandparents, grandparents or parents. Technology will be part and parcel of their lives. Young people will demand better care and fairer care – and will use technology to expose poor care. So we have to do things differently.

But care will still be very much a people business, based around relationships. Intergenerational care is one of the cornerstones of the wider move towards relational care. Relationships are central to all our lives and well-being, across the course of our lives. That doesn't change if we need care in old age. But relationships need to be maintained, nourished and looked after.

Some of the best examples are in colocated care where nurseries are based on the same site as care homes – involving not just the youngest and oldest but also parents of children, relatives of residents, care and childcare staff, and of course the local community. We will see many more examples of intergenerational care emerge in the coming decades.

As Judith Ish-Horowicz from Apples & Honey Nightingale says in our recent report, *Hope for all ages*: “*Without the wisdom of experience, nurturing of relationships, the security and confidence of belonging, the future of humanity is bleak. My vision of 2050 is one where every care organisation is connected to an educational setting whether it be co-located daycare or neighbouring school. Our future is in the custody of the children of today. Living and learning together with all generations from birth to death is the most effective remedy for healing a fractured society.*”



“Young people will demand better care and fairer care – and use technology.”

The benefits of engaging young people at an early age are manifold. It helps raise awareness of life in care homes, what it's like to be old and disabled, and to work as a carer. It can help tackle ageism by increasing understanding of being old or young; it can reduce loneliness faced by old and young alike as well as sharing common interests, activities and experiences. Both young and older people have time to spend and chat with each other, often a very precious commodity in care homes.

*“Living and learning together
with all generations from birth to death
is the remedy.”*



Care that lives next door



Ewan King
Chief Executive
Shared Lives Plus

Ewan King, Chief Executive of Shared Lives Plus - a national model where carers share their homes and lives with adults needing support - shows how Shared Lives turns ordinary homes into extraordinary partnerships that help people live well and stay connected.

When Val, 84, met Ann through Shared Lives Moray, their weekly coffee trips didn't just brighten her week — they gave her back a sense of independence and friendship. After Val's Alzheimer's diagnosis, her husband Tony became her primary carer. As Val's abilities declined and the demands on Tony grew, they found themselves struggling to manage alone. Through Shared Lives, they were carefully matched with Ann, a carer who shares Val's love of coffee outings, shopping, and gardening. The experience was so positive that Val was soon matched with a second carer, Lisa, for an additional day each week.

Val's story captures what Shared Lives is all about: connection, community and care that lives next door.

I often meet people who feel the loss of not knowing their neighbours or having anyone close by to rely on. Modern life — dispersed, digital, and demanding — means many families are left without the emotional connection they need as much as practical support. Around six million people juggle jobs with unpaid caregiving, and over 40% report poor mental health. Meanwhile, 1.4 million older people in the UK often feel lonely, and nearly 100,000 adults were denied state-funded social care last year due to funding pressures.

We all want to feel we belong — to be known by people who care about us. This is especially important when we have specific needs or need professional support to help us navigate life's challenges. Whether it's early dementia, mental ill health, a learning disability, or a young person needing a stable family base, social care should do more than meet needs — it should help people connect, recover, and thrive.

That sense of belonging sits at the heart of Shared Lives. Across the UK, 10,400 Shared Lives carers support almost 10,000 adults — mainly people with a learning disability, but increasingly those with mental ill health, dementia, or young people with care experience. Shared Lives is consistently rated the safest

“Val's story captures what Shared Lives is all about: connection, community and care that lives next door.”

and highest-quality form of social care by inspectors. Its strength lies in relationships: both the person looking for support and the carer choose each other, creating support that feels personal, trusted, and real.

Shared Lives carers use their own homes, vetted and approved through one of 150 local authority or independent charity schemes. These local partnerships mean care can flex to meet the needs of communities — and people can stay in places that feel familiar.

In Greater Manchester, for example, local authorities are testing whether Shared Lives can support people living with the early stages of dementia to “Live More” before they reach a point of formal social care need. The goal is not only to benefit from Shared Lives’ focus on friendship and connection but to test whether it offers a cost-effective model of proactive, preventive care aligned with the NHS 10-Year Plan and wider public service reform.

For Val, this approach has meant more than respite. With Ann and Lisa, she enjoys craft sessions, window shopping, and the B.A.L.L. (Be Active, Live Longer) group. *“The people in the group are really friendly, and I like that I see them every week,” Val says. “I consider Ann and Lisa good friends now — we have a good laugh and that lifts my spirits. Shared Lives gives me something to look forward to.”*

Diane McLeary, Shared Lives Officer at Health and Social Care Moray, has seen this impact over her 13 years running the service. *“A bit of support and company allows people to live good lives and to potentially stay at home for longer,”*

“Its strength lies in relationships: both the person looking for support and the carer choose each other.”

she explains. *“Support from a carer who knows an individual well reduces risk, ensures their home is safe, and builds confidence. Most importantly, I see people having fun, connecting, and living full lives.”*

Shared Lives is also proving its value in mental health. In South East Wales, a partnership between local authorities and the Aneurin Bevan University Health Board has been recognised by the World Health Organization for supporting people in mental health crisis. Instead of being admitted to hospital, people are matched with trained Shared Lives carers who welcome them into their homes and provide stability in a family setting. *“In a Shared Lives home, people are treated as individuals, not patients,”* says Emma Jenkins, Mental Health Crisis Manager. *“That personal, human connection is what helps them heal.”*

In Surrey, local partnerships between services have opened up new opportunities for people with mental ill health. Surrey Choices, the county’s Shared Lives scheme, has worked with local psychiatric hospitals to extend transition times for people moving into Shared Lives arrangements. Working together, social care and mental health teams have found that home-based support can reduce anxiety, promote recovery, and often lead to longer-term placements.

Shared Lives is care next door – it helps people stay part of communities they know, while local schemes and authorities adapt support around individual needs. It’s a model built on partnership, trust and belonging.

Whether for someone with a learning disability, dementia, or mental ill health, Shared Lives offers the chance to enjoy more of life, to be known and loved by people they want to be with, in places that feel like home. Because when care lives next door, people don’t just get support – they find connection, purpose, and home again.

 sharedlivesplus.org.uk

For more information about growing Shared Lives in your area, contact:

consultancy@sharedlivesplus.org.uk

Further reading:

- **Learning and Work Institute & Carers UK (2023–25):** Nearly 6 million people are balancing work with unpaid care. learningandwork.org.uk
- **Carers UK (2025):** State of Caring: Mental Health and Social Care. carersuk.org
- **Age UK (2024):** You are not alone in feeling lonely. ageuk.org.uk
- **The Guardian (2025):** Nearly 100,000 adults in England denied state-funded social care. theguardian.com

Shared responsibility

How local authorities can deliver real collaboration



scie social care
institute for excellence

Kathryn Marsden
Chief Executive
Social Care Institute for Excellence

Kathryn Marsden, Chief Executive at the Social Care Institute for Excellence (SCIE), explains how local authorities can drive real collaboration across health, housing and social care through co-production — turning shared responsibility into meaningful, person-centred reform.

“Local authorities hold the key to real, community-led collaboration.”

Too often, health, housing and social care operate in parallel rather than in partnership – with social care, particularly, positioned as an adjunct. The result is fragmented services that leave people without the care they need. This runs counter to the government’s ambition for prevention-focused, community-delivered public services – particularly the prevention-focused, community-delivered NHS outlined in its 10-Year Health Plan – which is dependent on strong social care infrastructure.

Local authorities are uniquely positioned to change this. Their accountability to local people and deep connections within communities make them ideally placed to foster bottom-up, citizen-led, co-produced approaches. SCIE’s work continues to demonstrate that local authorities can drive integration by bringing together partners across health, housing, and social care to design solutions that work for people, not systems. Through our Embracing Change: Scaling Innovation in Social Care in Practice report – which draws on our work with over 120 local projects funded through the Department of Health and Social Care’s Accelerating Reform Fund – we’ve seen how co-production can expose where misaligned priorities and uneven resources create bottlenecks that limit independence and force services into reactive, crisis-driven responses. Understanding these dynamics allows local authorities to act earlier, with coordinated, evidence-informed interventions.

One example of this in practice is our partnership with Worcestershire County Council and a coalition of local partners. Together, we responded to feedback from unpaid carers who said they often experience anxiety when the person they care for is discharged from hospital. In response, the project established a dedicated Hospital Discharge Carers Adviser role on a hospital stroke ward to support carers and connect them with further services. It also explored how assistive technology, such as emergency buttons, could help create safer care at home. The project showed how targeted, co-produced initiatives can strengthen relationships between services and lead to better outcomes for people.

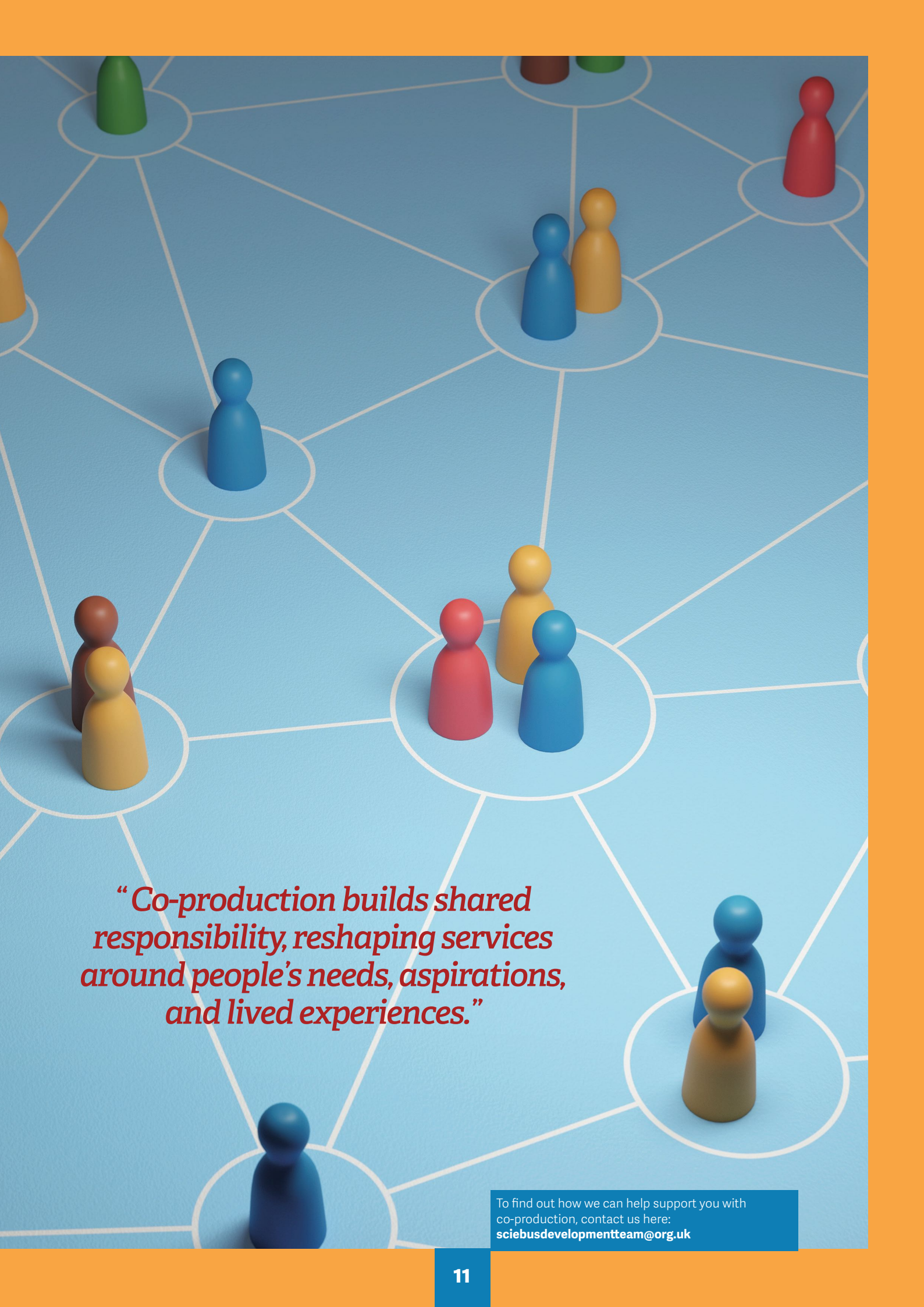
Co-production has also proven vital in shaping resources that flex around existing local strategies and structures. This encourages greater buy-in from all partners and enables genuine collaboration. Our Toolkit for Place-Based Strategies for Housing for Autistic Adults and Adults with a Learning Disability was developed by SCIE’s research analysts in partnership with national and local stakeholders, alongside people with lived experience. The toolkit outlines ten flexible steps that can be adapted or followed in full, helping local areas bridge the gap between where they are now and where they want to be. It supports local partners to clarify current and future demand, understand people’s housing preferences, and align commissioning accordingly.

Developing the toolkit together also revealed just how many voices need to be involved in designing housing strategies for autistic adults and adults with a learning disability. Autistic adults themselves, adults with a learning disability, family carers, representative groups, social care providers, NHS leaders, discharge teams, housing officers, and local planning departments all have vital perspectives. This process highlights how co-production fosters shared responsibility – reshaping services around people’s complex needs and aspirations rather than institutional boundaries.

To build on this progress, SCIE is now working with local authorities to identify barriers to embedding co-production more widely. Our goal is to help councils draw on the knowledge, ideas and lived experience of people who use social care, their families, carers, professionals, providers and commissioners – enabling them to turn collaboration into everyday practice.

True integration cannot be achieved by structure alone. It requires partnership built on trust, shared purpose and mutual accountability. Co-production gives local authorities the means to make that a reality – creating joined-up systems that not only meet people’s needs but reflect their lives.

 **Social Care Institute for Excellence (SCIE)**
scie.org.uk



“Co-production builds shared responsibility, reshaping services around people’s needs, aspirations, and lived experiences.”

To find out how we can help support you with co-production, contact us here:
sciebusdevelopmentteam@org.uk

Moments that matter

Making volunteering count in Wales' Care Homes



Lynne Connolly
Helpforce Cymru Manager
WCVA

Lynne Connolly, Helpforce Cymru Manager at Wales Council for Voluntary Action (WCVA), reflects on a new study from Bayes Business School and the Welsh Institute for Health and Social Care. Commissioned by Social Care Wales and funded by WCVA, the study shows the real difference volunteers make, the challenges care homes face in supporting them, and why investing in their role is so important to turn volunteering from hopeful to purposeful across Wales.

Volunteering isn't evenly spread across care homes. Around 15% of voluntary sector-run homes involve volunteers, compared with 5% of public sector and 3% of private sector homes. Differences in resources, attitudes, and capacity mean that while many homes want to involve volunteers, not all have the time or skills to recruit and manage them effectively. For residents, the benefits are clear. Volunteers bring new faces, fresh conversations, and links to the wider community.

“Volunteers are not just an addition, they are a vital part of our care team,” said one manager.

One manager described them as giving residents “access to the outside community,” especially for those with limited family contact. They also bring “brightness to their faces,” offering one-to-one attention that busy staff often cannot provide.

For volunteers, the rewards go beyond doing good. Many develop strong bonds with residents, gain insight into their lives, and experience a deep sense of purpose. “It gives you such a good sense of well-being. It’s giving back to your community and enriching the lives of the elderly — you can’t ask for more than that,” said one volunteer. “It’s part of my life now and I like it — I won’t be cutting this out,” said another. Yet volunteering can also be emotionally demanding. Some volunteers feel

feel anxious, particularly when residents they know well pass away. The report highlights the importance of “support and supervision to safeguard volunteers’ wellbeing as well as residents.”

Clear role boundaries are key to successful volunteering. Volunteers should complement, not replace, staff. Many managers, however, worry about risk, training, and supervision, often dreaming of the “perfect volunteer.” “We used to have a volunteer years ago who would come in and play Bridge...

she loved it so much, she even offered to come on some of our minibus trips. That's the kind of person we really need in a care home," said one manager. The research notes that this ideal rarely exists. By focusing on flexible roles and supportive supervision, however, care homes can welcome a diverse group of volunteers who reflect the people living there, creating inclusion and meaningful impact for everyone.

Many care homes struggle to plan or manage volunteering, with staff stretched and little time for long-term strategy. Homes often rely on third-party organisations or short-term funded programmes to recruit and manage volunteers. While helpful, this isn't always sustainable and can create duplicated effort across the sector.

The report concludes that approaches to volunteering are often "hopeful rather than purposeful, and reactive rather than proactive." Volunteering is too often seen as a pleasant extra, not a core part of care home life. At a national level, the researchers call for greater policy clarity about volunteering in social care in Wales. How does it fit into workforce strategy? Who should lead this agenda, and to what end?

The study highlights five shifts to strengthen volunteering: clear national policy, committed leadership, skilled volunteer management, better coordination, and sustainable long-term support. Volunteers already bring joy, connection, and meaningful moments — but with better guidance, recognition, and planning, their contribution can be fully embedded and sustainable.

Volunteers are already making a real impact, and with Social Care Wales continuing its research, next year's findings will show how care homes can make volunteering even more meaningful — for residents, volunteers, and the wider social care workforce.

 **wcva.cymru**

"With the right support, they can transform the lives of our residents and enrich our community."

For further insights and detailed analysis, we encourage you to read the complete report here:
<https://insightcollective.socialcare.wales/whats-on/news-and-blogs/volunteering-in-social-care-a-new-report>

Together in training



Tariq Raja
Executive Director
CareTech Foundation

Tariq Raja, Executive Director at the CareTech Foundation, shares how the charity's Special Educational Needs Initiative (SEN-i) is transforming inclusive education in Pakistan by training teachers and sharing UK expertise.

"We identified a gap for children with SEN struggling to access education in Pakistan."

The CareTech Foundation has always committed to investing in social care where intervention, expertise and funds will make the most difference. Internationally, this has meant identifying areas currently lacking and utilising British expertise to strengthen them. Unlike many areas of the world, our social care sector is resourced and regulated, putting those in our care at the forefront of consideration. In 2022, we identified a gap for children with Special Educational Needs (SEN) facing barriers that limit their access to education in Pakistan. Despite growing awareness and targeted investment, millions of children remained excluded from mainstream education. This led the Foundation to create the Special Educational Needs Initiative, SEN-i. The aim was to train teachers and encourage inclusive teaching practices without compromising academic excellence.

In the UK, over 1.7 million pupils are identified as having SEN, a number that continues to rise each year. This reflects a system becoming more responsive to diverse learning needs, but also highlights the ongoing demand for resources, trained professionals and support. Expanding access to Education, Health and Care (EHC) plans has been an encouraging step. For us, this meant tailoring a localised approach suitable for the Pakistani market with the support of UK SEN specialists.

With our experience in offering training through partner programmes, having trained nearly 4,000 facilitators in the UK health and social care sectors, we identified schools currently operated by CareTech Ltd and paired them with an initial cohort of five mainstream schools in three Pakistani cities. With CareTech Ltd's approach, we also enrolled teachers on the company's LMS, Myrus. This common training helped teachers communicate with each other as they started learning terminology familiar to the UK staff.

Pakistan faces unique challenges: according to the 2023 Census, 9.64% of the population (approx. 24.1 million) lives with a disability, yet only 371,833 children are formally registered - most with physical impairments. Out-of-school rates are more than double for children with disabilities compared to their peers, while literacy rates remain critically low at just 14%. Despite progressive legislation guaranteeing inclusive education, implementation is underfunded and uneven. In many areas, special education institutions reach only a fraction of the need and teacher training capacity is critically limited.

Recognising these gaps, using the EHC Plan, we first created a bespoke Initial Assessment Form, suitable for the local system. Following this, we consulted with UK and Pakistan teachers to further identify the creation of observation forms for continued management and development, or Individual Education Plans, which would be tailored for each child. This was also the first time educators and parents/carers would be asked to collaborate together on each child's academic progression.

Alongside these resources, we are now delighted that SEN-i has created a pioneering SEN training programme and delivered workshops to 135 teachers. This will collectively impact an estimated 16,000 pupils. The programme applies a contextualised framework tailored to the realities of Pakistan's education system. With schools and disability specialist organisations now receiving the training, SEN-i is receiving feedback from rural low-cost schools to private institutions and non-profits. Teachers were also trained on practical approaches to supporting physical, sensory, communication and cognitive needs such as autism, dyscalculia, and developmental coordination disorder.

The impact of the programme has been both far-reaching and deeply personal. Teachers praised the training as insightful and thought-provoking, particularly valuing opportunities to reflect on their own practice. A local teacher shared, *"I have now understood how to identify learning barriers, and apply the tools given to us by SEN-i to remove those barriers from every child's learning experience in my classroom."* Parents also expressed optimism about the shift toward inclusivity, with one noting, *"I learned a lot from today's session. When I send my child to school, I expect they will access the same quality of education as the rest of their peers. I am happy to learn that the school will take ownership of my child's learning."* The overwhelmingly positive feedback highlights both the immediate impact of the training and the growing demand for advanced SEN-focused professional development across Pakistan.



***“UK and Pakistan
teachers trained together,
sharing language, knowledge
and collaboration.”***

We criticise our sector for a lot, but there is even more to be proud of when it comes to the lasting impact of those who lead the way in our services, homes and schools. Yes, we have a lot to learn ourselves, but the incredible staff who have volunteered their time to guide our partners in Pakistan have given hope to a generation of children who would have remained out of school, struggled or may have never fallen in love with learning. When someone asks me ‘what do you want to achieve?’ my answer is simple – a future where everyone has the opportunity to be independent. We can achieve this when we share knowledge and practice of what we do well with those who have not yet reached that level of understanding in their space.

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The 5 Cs of kindness



HC-One Caring with kindness

Anna Selby
Executive Director of Safety
HC-One

Anna Selby, Executive Director of Safety at HC-One, explores how kindness has evolved from a personal value into a strategic force — reshaping care culture, guiding organisational decisions, and driving innovation across one of the UK's largest care providers.

To care for an individual is both a responsibility and a privilege. Every resident carries a unique story, life experience, and journey into care — a process that is often life-changing and sometimes traumatic. When someone enters a care home, kindness is often the first familiar feeling in an otherwise daunting transition.

Across our homes, kindness is more than a word — it is the foundation of every decision, action, and idea. Our belief in kindness as a strategic driver has transformed the lives of both residents and colleagues, and it's a concept that we continue to develop to this day.

The pandemic marked a turning point for the care sector and for kindness itself. Residents and colleagues endured what was arguably one of the most difficult periods in their lives, and many continue to carry those burdens with them. Covid reinforced that our philosophy of kindness must not only prevail, but become a crucial aspect of our strategy.

Our ever-present belief in kindness was not threatened by the pandemic — it was strengthened. The tragedy of those years helped us to build upon and define the very foundation of our approach, embedding kindness even more deeply as the guiding principle throughout HC-One.

After the pandemic, we began to construct what became known as our 5 Cs — a distinct set of characteristics that we wanted to develop, enrich and embed within everyone connected to the organisation. Compassion, curiosity, creativity, courage, and the ability to be counted on became the guiding principles for how kindness should live within each individual. Together, they helped us define what we as a care provider believe makes a kind, caring person.

From this, our vision to become the kind care company was firmly enshrined in our culture. By embedding the 5 Cs across our organisation, we created a clear and practical framework that brings kindness to life for every colleague.

“Kindness is a full strategic force as well as a guiding light.”

COMPASSION

CURIOSITY

CREATIVITY

Once we defined kindness through the 5 Cs, the next step was ensuring it shaped not only words, but actions. From recruitment onwards, every colleague is introduced to the principles of kindness and the 5 Cs. We actively seek people who embody these qualities, and every development conversation and training pathway reinforces them.

Care delivery itself reflects this approach. For example, our transition from paper records to digital care plans was about more than efficiency. By reducing administrative tasks, colleagues can spend more time connecting with residents, building relationships, and tailoring care.

At scale, digital planning also brings powerful insights. With data from 280 homes, we can identify trends, share lessons, and raise standards across regions. Combined with a culture of learning and kindness, these insights help elevate care as experiences from one home are shared across the organisation.

Today, kindness doesn't just inspire what we do — it drives our strategy. Our post-pandemic commitment has created an organisation that truly lives its values. Kindness is the engine that drives everything we do.

This approach has reshaped our long-term vision and given rise to ambitious projects that seek to enhance the future of care. Our focus on providing the best possible End of Life Care is a direct expression of kindness.

*“Through our 5 Cs –
compassion, curiosity, creativity,
courage and counted on -
we’ve defined how kindness is
lived across our organisation.”*

Likewise, our dementia care models emphasise understanding the causes of distress rather than simply managing symptoms, ensuring person-centred care is delivered at even the most advanced and challenging stages of a person's journey.

Kindness, therefore, is both a full strategic force and a guiding light. By embedding it as both principle and practice, we have created a care organisation where every decision — from boardroom to bedside — is guided by compassion.

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COURAGE

RELIABILITY

Putting families first

How Lifeways is transforming care through collaboration



lifeways

Tanya Farley

Chair
Lifeways Family Advisory Panel

Tanya Farley is a mother of James who receives supported living care from Lifeways in Stockport, is the first Chairperson of Lifeways Family Advisory Panel. Here she discusses how lived experience and family insight can transform the future of care and support.

“The panel works independently to give feedback and strengthen family relationships.”

In care and support, one truth remains constant for me: families hold invaluable knowledge about their loved ones' needs, preferences, and aspirations. Yet too often, this expertise is underused, and providers can sometimes miss a golden opportunity to enhance the quality of support.

That is why I was determined to act. When I reached out directly to Chief Executive Andrea Kinkade via LinkedIn, I sparked a conversation that reshaped how Lifeways engages with families. We had a really honest conversation about my son's story and my hopes for improving supported living. I just felt it was time to step up.

My son James receives supported living care from Lifeways in Stockport, giving me firsthand experience of the system's strengths and challenges. This perspective led me to become part of the newly created Family Advisory Panel, which grew out of Lifeways' Family Checkers Initiative. I was later chosen by fellow panel members to serve as the group's first Chairperson.

The panel operates as an independent group of Quality Checkers, providing honest feedback on organisational performance, identifying areas for improvement, and suggesting ways to strengthen family relationships. Members also engage in peer-to-peer auditing, visiting services beyond our own loved ones' to offer fresh perspectives and shared learning. Crucially, senior

leaders attend each meeting to listen, learn, and be held accountable. The panel's insights reach the Lifeways Board, creating a direct line from lived experience to strategic decision-making.

I always say: *“The families of people we support hold a huge amount of knowledge. We've lived it. So it makes sense to use that experience to benefit not just our own loved ones, but other families and Lifeways team members too.”*

My appointment as Chair reflects the power of lived experience in leadership. With more than 20 years of experience running autism conferences and creating safe spaces for difficult conversations, I bring both personal insight and professional expertise. For me, the approach has to be direct: if something isn't working, people need to feel safe enough to say so. That is how we make things better for everyone.

Looking ahead, Lifeways plans to establish similar panels across every UK region, creating a national network of family collaboration. This will enable shared learning, consistent quality standards, and a unified voice for families throughout the organisation.

The success of the Family Advisory Panel shows what is possible when organisations genuinely embrace families as equal partners. It challenges the sector to move beyond tokenistic consultation toward meaningful collaboration. Families like mine know our loved ones better than anyone. Our insights are essential, not just for improving care, but for supporting teams and shaping the future of services.

For me, the time for genuine family collaboration is now. The question isn't whether families should be equal partners – but how quickly we can make it happen.

“The question isn't whether families should be equal partners – but how quickly we can make it happen.”

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- The Supporting People With Profound and Multiple Learning Disabilities Award

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Learning from the Samaritans

Teaching future carers the power of listening



Dr Mary Edmonds

Deputy Dean for Practice Learning
and Simulation, Faculty of Health,
Medicine and Social Care
Anglia Ruskin University

Dr Mary Edmonds is the Deputy Dean for Practice Learning and Simulation at the Faculty of Health, Medicine and Social Care at Anglia Ruskin University. Here she discusses how a unique partnership with the Samaritans is helping students build confidence, compassion and communication skills that will shape their future careers in health and social care.

At Anglia Ruskin University (ARU), we believe the most powerful learning happens through collaboration. That's why we partnered with the Samaritans to provide placements for Nursing, Paramedic and Social Work students — a first-of-its-kind initiative designed to help them understand the importance of listening, empathy and emotional support.

These placements gave students a rare opportunity to learn directly from one of the UK's most trusted emotional support charities. The aim was simple: to deepen their understanding of the Samaritans' work and strengthen their skills in supporting individuals struggling with their mental health.

This partnership went further than traditional placements. ARU students and staff were trained as Samaritans volunteers, supporting the charity's online chat pilot and telephone services. It marked the first time the Samaritans had partnered with a university, creating a model that bridges education, mental health and social care.

While the Samaritans are not primarily a social care service, their work has deep links to the sector — particularly in supporting people experiencing loneliness, addiction, isolation and mental distress. Their expertise in suicide prevention and emotional support provides a vital connection to the challenges faced daily by health and social care professionals.

Placements offered students a unique opportunity to develop self-awareness, empathy and resilience. Over a one-week virtual placement, they learned how to be active listeners — to give someone space, use silence effectively, and respond with empathy rather than instruction. Experienced Samaritan facilitators created a safe environment where students could practise open questions, reflection and summarising. They also explored how to support someone who might be self-harming, in crisis, or in need of distraction from difficult thoughts.

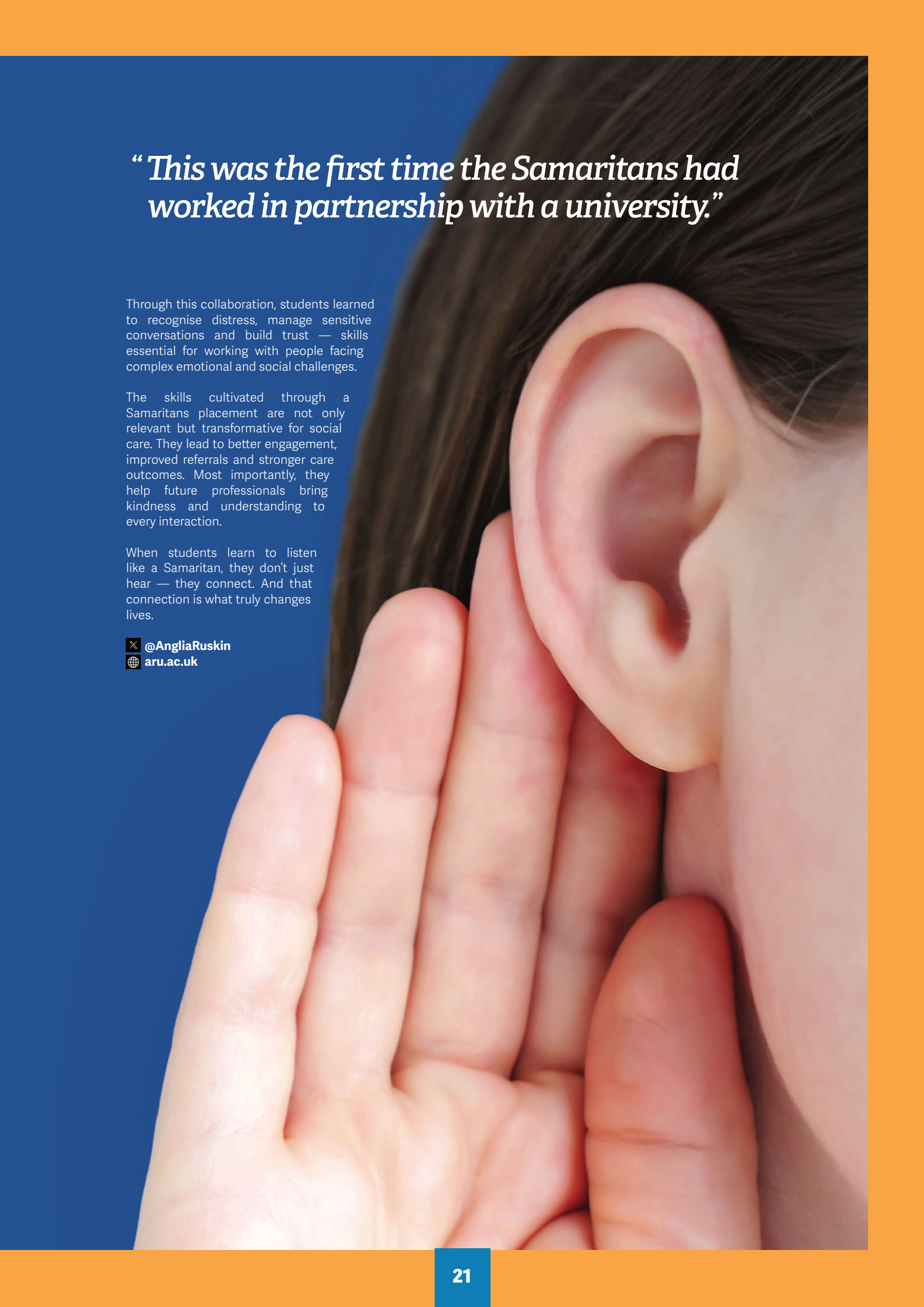
Students from a wide range of disciplines — including Mental Health Nursing, Adult Nursing, Children's Nursing, Paramedic Science, and Social Work — took part. Staff from the Samaritans and ARU worked closely to tailor training to each discipline.

For example, Children's Nursing and Social Work students developed strategies for talking with young people and taking action to prevent or reduce self-harm. Paramedic students focused on understanding people experiencing suicidal thoughts, learning how to assess risk, create safety plans and manage difficult conversations.

By participating in a Samaritans placement, students developed vital communication skills that enhance both professional competence and personal growth. The experience helped them better understand mental health, build confidence in supporting vulnerable people, and connect with empathy and patience.

Active listening is fundamental in social care. It helps practitioners grasp the full context of a person's life — hearing not only what is said, but what is meant. This deeper understanding allows for tailored support that meets individual needs. When professionals listen without judgment, people feel heard, validated, and more willing to open up.

“Samaritan facilitators offered students a safe space to reflect on mental health crises.”



“This was the first time the Samaritans had worked in partnership with a university.”

Through this collaboration, students learned to recognise distress, manage sensitive conversations and build trust — skills essential for working with people facing complex emotional and social challenges.

The skills cultivated through a Samaritans placement are not only relevant but transformative for social care. They lead to better engagement, improved referrals and stronger care outcomes. Most importantly, they help future professionals bring kindness and understanding to every interaction.

When students learn to listen like a Samaritan, they don't just hear — they connect. And that connection is what truly changes lives.

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When care workers thrive, care itself thrives



Karolina Gerlich
Chief Executive
The Care Workers' Charity

Karolina Gerlich, Chief Executive at The Care Workers' Charity shares how The Care Workers' Charity's Advisory Board and Champions Project are proving the power of collaboration in shaping a stronger social care sector.

The future of adult social care depends on collaboration. Care is built on relationships, and when those relationships thrive, so does the entire sector. Over the past year, The Care Workers' Charity's Advisory Board and Champions Project have shown the power of collaboration when it is rooted in shared purpose and genuine respect for those who deliver care every day.

“The Advisory Board and Champions Project ensures care workers' voices shape policy, practice and research.”

The Advisory Board and Champions Project was established to ensure care workers' voices are heard at every level of policy, practice, and research. Since launch, members have contributed to research projects, consultations, and discussions with partners including the Department of Health and Social Care (DHSC), the Care Quality Commission (CQC), Oxford University, Sheffield University, and digital innovators working to improve the care experience. Together, we have created a national platform where care workers' insights directly inform decisions about the future of adult social care.

Through regular meetings and engagement sessions, members have identified everyday challenges — from limited access to mental health support to inconsistent induction and progression pathways. They have also co-developed practical recommendations to address these challenges, shaping The Care Workers' Charity's priorities and encouraging partners to think differently about workforce inclusion.

Our publication *Centring Care Workers: A Guide*, co-produced with Advisory Board and Champions members, builds on these insights. It outlines tangible approaches

to achieving genuine collaboration with care workers, ensuring their expertise and experiences directly shape policy, practice, and innovation across the sector.

One of the most significant outcomes of this collaboration has been the creation of care worker-led feedback channels that feed directly into national policy. Members have contributed evidence to DHSC workforce reviews, advised CQC on its evolving regulatory framework, and provided personal perspectives for university-led research into wellbeing and retention. This ensures that those who understand care best — the workforce itself — are not only consulted but actively shaping the sector's future.

Our 2025 Wellbeing Survey of over 2,000 care workers reinforced how vital this collaborative approach is. Only 56% of respondents agreed or strongly agreed that their role is valued by the wider public — highlighting the ongoing gap in understanding and appreciation of care work. Feedback from our Advisory Board and Champions Members mirrors this finding: care workers want to be part of the conversations and decisions that shape their work, wellbeing, and future. They are not just participants — they are essential stakeholders in the sector's success.

Through collaboration, we are building a growing evidence base for what care workers need most. Partnership has allowed us to turn insight into action — developing wellbeing resources, shaping sector guidance, and promoting care as a career of pride and purpose.

But collaboration cannot stop here. It must reach every part of the workforce. The Advisory Board and Champions Project has shown that when care workers lead conversations about the challenges they face, the solutions become stronger, fairer, and more sustainable.

At The Care Workers' Charity, we believe true partnership means co-production — working *with* care workers, not simply for them. It means ensuring their voices shape not only how we talk about care, but how we design the policies, training, and wellbeing support that reflect the realities of their work.

As we look ahead, our Advisory Board and Champions Project will continue to lead this vision, bringing together care workers, policymakers, researchers, and innovators in pursuit of a shared goal: to build a sector where collaboration is the norm and every care worker feels respected, supported, and valued for the vital contribution they make every day.

Because when care workers thrive, care itself thrives — and that is the future we are working to achieve together.

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Collaborative care starts with knowing your rights



Kaddy Thomas
Founder
Carers Collective

Kaddy Thomas, Founder of Carers Collective, a community supporting unpaid carers through advice, advocacy and connection, shares why this year's Carers Rights Day theme, "Know Your Rights, Use Your Rights," is crucial to building collaborative care.

Carers Rights Day takes place this year on Thursday 20th November. The theme, "Know Your Rights, Use Your Rights," could not be more timely or vital. Across the UK, millions of unpaid carers provide crucial support for loved ones – yet research shows it takes, on average, two years for someone to even recognise they are a carer.

Two years without support. That means two years unaware of the rights and help available: the right to unpaid carers' leave, to request flexible working, to register with a GP as a carer, and to access Carer's Allowance if eligible. Two years where many struggle alone — unsupported and often invisible within health and social care systems. Sadly, it is only when carers reach breaking point, exhausted from juggling work, family and caring responsibilities, that they seek help. By then, many are burnt out, isolated, and in crisis. Collaborative care means ensuring support and information reach carers before they reach that point. It should not be a fight — it should be a partnership.

At Carers Collective, we regularly hear carers describe the "fight" to be heard, to access resources, and to secure the support their loved ones need. As a parent carer to my son Elijah, now 19, I know this experience first-hand. When Elijah suffered a catastrophic brain injury, our world turned upside down. I was in shock, grieving, and trying to keep life afloat. No one told me about my rights or where to find support – I had to discover it all myself. It was exhausting.

The transition to adult services is another hurdle. When Elijah turned 18, everything changed — new departments, new assessments, new forms. Recently, a crucial payment was stopped by the DWP without warning, leaving us financially vulnerable. Because Elijah is still in education, I am now navigating a complex appeals process to get it reinstated — all while managing his round-the-clock care.

This is not unusual. Many carers tell me the system feels like a maze. There is no single handbook, no standardised guidance, and few professionals who proactively share information. True collaborative care means carers and professionals working together, so no carer is left to navigate alone.

Knowing your rights builds resilience. It's about more than entitlements – it's about staying healthy, financially secure, and able to continue caring. Collaborative care begins with awareness. Carers can turn to national resources such as Carers UK for factsheets, advice lines and legal guidance; connect with local forums and peer groups for emotional support; contact MPs for signposting to local services; and register with GPs to access health checks, flu jabs, and priority appointments.

"When Elijah turned 18, everything changed – new departments, new assessments, new forms to fill in."

Professionals have a powerful role to play. In health, social care, and education, they are often the first point of contact — sometimes before carers even realise they are carers. This gives professionals a vital opportunity to share information early and prevent future crises.

Ask yourself: are you proactively signposting carers to their rights? Are you helping them access support networks, claim entitlements, and register with their GP?

Carers Rights Day is a perfect opportunity to review practice. A few simple steps — a poster in a waiting room, a leaflet during discharge, or a conversation at an appointment — can make a world of difference. These are the small but essential building blocks of collaborative care.

Every day, carers shoulder enormous responsibility and save the UK economy billions. But behind those numbers are parents, partners, and friends doing extraordinary things out of love. Giving carers timely information and support isn't just good practice; it's a lifeline. When carers and professionals work together, care becomes truly collaborative — and everyone benefits.



Where care and connection Belong

The human side of dementia support



BELONG
VILLAGES

Bridget Lawler
Admiral Nurse
Belong Villages



Caroline Clifton
Admiral Nurse
Belong Villages

At Belong Villages, dementia care is more than clinical—it's deeply personal, rooted in compassion, and shaped by two exceptional Admiral Nurses who are transforming lives through expert support and emotional understanding.



“People may not remember what you said... but how you made them feel.”

Caroline Clifton and Bridget Lawler, finalists in this year's Dementia Care Awards, are redefining what it means to support people living with dementia and their families. Their work blends clinical excellence with human connection, guiding people through every stage of the dementia journey — including the often-overlooked terrain of grief.

Since 2013, Belong has partnered with Dementia UK to introduce Admiral Nurses into its villages, offering families facing dementia the highest standard of evidence-based, relationship-centred care. Caroline and Bridget provide assessments, tailored interventions, and holistic emotional support, recognising the unique and often complex challenges families face. They are a steady, reassuring presence during times of uncertainty, transition, and loss.

“It's a privilege to be working to improve quality of life for people with dementia and their families,” Caroline shared.

“It's a privilege to be working to improve quality of life for people with dementia and their families,” Caroline shared.

Bridget added, *“Over the years I've gained so much knowledge about dementia that I truly feel I can make a difference. People may not remember what you said or did, but they'll remember how you made them feel. The human element of this role is just as important as the clinical aspect.”*

At Belong, Admiral Nurses don't just deliver care — they shape it. They play a key role in service development, raising standards, and ensuring that Belong's dementia approach aligns with national guidance and the organisation's own high expectations. Their compassion-first model empowers colleagues to look beyond symptoms and diagnoses, exploring emotional wellbeing, relationships, and the wider social context. It's about recognising fear, validating lived realities, and responding with sensitivity.

Take the common phrase, “I want to go home.” A factual reply — “This is your home now” — might seem logical, but it risks distressing someone whose emotional reality says otherwise. Instead, Caroline and Bridget model therapeutic responses that soothe and reassure: “That sounds really important to you. Are you worried someone doesn't know where you are? ... They know where you are and that you are safe.”

Belong's environment supports this approach beautifully. Smaller households create homely, personalised spaces where residents are truly known. The wider village offers bistros, salons, gardens, and libraries—places to live, not just stay. And it's not just nurses and carers who understand dementia. Everyone—from gym instructors to hairdressers—is trained in dementia communication. Bridget beams, “I love seeing housekeepers chatting and laughing with residents: that's what community looks like.”

The impact of Admiral Nursing stretches beyond Belong's walls. B's Memory Café, a monthly drop-in, offers coffee, conversation, and connection to anyone navigating a dementia diagnosis. *“People often come to us unsure what to do after a diagnosis,”* Caroline explained. *“We've always been here for Belong customers, and we're pleased to offer this to the wider community too.”*

One relative described the service as “an invaluable lifeline at a really stressful time,” praising Caroline's practical help in securing care and financial support.



For Caroline and Bridget, dementia care is about more than managing a condition—it's about celebrating life. "We promote happiness and fun because that's what life is about," said Bridget. "Once you step into a person's world and go with the flow, everything changes—you understand them so much better."

"We are committed to ensuring that people affected by dementia feel heard, safe, and supported, as well as celebrating the person as they are today," they added. "Every day is an opportunity to find joy, connection and love in the moment."

 belong.org.uk
 @Belongvillages

"Every day is an opportunity to find joy, connection and love in the moment."

From classrooms to care homes



Oakland Care's Support a School campaign is transforming classrooms, playgrounds, and green spaces across London and the South East — bringing care home teams and local communities together to deliver hands-on projects and sustainability initiatives that are making a real difference to children's lives. And as schools return for a new term, the results of those partnerships are already coming to life.

“We feel a strong sense of responsibility to support our local communities.”

When pupils at Gildredge House in East Sussex returned to school this autumn, they were greeted by a brand-new wetland habitat buzzing with life — dragonflies hovering above the water, native plants beginning to bloom, and a space designed to bring science lessons to life. It's not the kind of project you'd usually associate with a care home company. But then again, Oakland Care isn't doing business as usual.

The wetland is just one of several imaginative projects created through Oakland Care's new “Support a School” campaign, a community initiative designed to give local schools a helping hand with projects that make a difference. Launched earlier this year, the scheme invited schools near the company's ten care homes



Oakland Care team members organising books for new outdoor reading area at Horizon Primary Academy



Elmbrook Court and Head Office helping to restore flower beds at Wantage Primary School

across London and the South East to apply for grants and volunteer support. Seven were chosen — and what followed shows how powerful partnerships between schools and care providers can be.

At Forty Hill Primary School in Enfield, for example, an overgrown patch of land that had become a dumping ground has been transformed into a thriving allotment where pupils now grow fruit and vegetables. Over in Kent, children at Horizon Primary Academy have a brand-new outdoor reading space designed specifically to support those with special educational needs. And in Hildenborough, a new school pathway — once just a wishlist item — is now under construction thanks to Oakland Care's volunteers.

These projects are about more than building paths and planting gardens. They are about building connections between generations and creating greener, more welcoming spaces for young people to learn and play. As part of the campaign, schools could apply for up to £1,000 in funding — but the real magic has come from the time and skills donated by care home staff, head office employees, and even Oakland Care's supply chain partners.

“We feel a real sense of responsibility to support the communities we're part of,” says Aaron White, Assistant Director of Corporate Services & Sustainability at Oakland Care. “It's been incredibly rewarding to see our teams rolling up their sleeves alongside teachers and pupils — and in many cases, residents' grandchildren and great-grandchildren are the ones who benefit.”

At Lambourne Primary in Essex, the focus was on sustainable travel, with funding going towards a new bike shelter to encourage families to cycle to school. The project builds on Oakland Care's wider sustainability ambitions, which include its annual Greener Month — a four-week programme of events focused on environmental action, from reducing waste to planting trees.

The 'Support a School' campaign is also a glimpse of bigger things to come. It's the first step towards a new initiative called "Caring for the Community", due to launch in 2026, which will extend funding and volunteer support beyond schools to other local groups and projects.



Oakland Care team clearing overgrown wasteland space at Forty Hill Primary School in Enfield

For Oakland Care, these activities are about redefining what a care provider can and should be. *"We're not just here to provide care within our homes," Aaron explains. "We're part of a bigger ecosystem — of families, schools, and neighbourhoods. Supporting them helps us all thrive."*

The benefits go both ways. Many care home residents have been following the progress of the projects with pride, while staff have relished the chance to contribute to something that will last for years. *"It's been heart-warming to see how much joy these projects bring, not just to the schools but to our own teams," Aaron adds.*

As the new bike racks fill up, the allotments flourish, and pupils explore their new outdoor spaces, the 'Support a School' campaign is proving that when care providers and communities work together, the results can be truly transformative — for young and old alike.

 @oaklandcare
 oaklandcare.com

*"Small grants
and helping hands
are delivering
excellent projects
for local schools."*



Oakland Care team members creating new wetland area at Gildredge House School

Care you can't measure – but families remember



Donna Hammans
Care Assistant and Dementia
Champion, Henbrook House,
Part of Connaught Care Collection

She doesn't seek the spotlight — but Donna Hammans plays a key role in Henbrook House's award-winning dementia care. As the home earns national recognition, Donna's consistency, compassion, and commitment stand out.



Ask anyone at Henbrook House who sets the tone for care, and they'll likely mention Donna. She's not loud about it. She doesn't chase recognition. But when she was named a finalist for *Dementia Carer of the Year* at the Great British Care Awards, no one was surprised — except Donna herself.

"Honestly, I was shocked," she said. "It's humbling. I just try to do my best every day."

"What really stands out is the consistency — the kind of care that happens when no one's watching."

Henbrook House, part of the Connaught Care Collection, recently became one of the UK's highest-rated homes for dementia care, earning a Three Star Platinum Accreditation from the National Dementia Care Accreditation Scheme (NaDCAS). It's the highest recognition available — and a significant achievement for the team. The process took seven months and involved detailed assessments, audits, and a review of 140 performance indicators.

"She sat with my dad through the night," one family member shared. *"They didn't just care for him — they cared about him."* That line stuck. It's the kind of care that doesn't show up on a spreadsheet, but it's what families remember.

Donna is one of Henbrook's Dementia Champions — a role that involves enhanced training and supporting others across the home. Everyone at Henbrook receives dementia training, including carers, kitchen staff, receptionists, and managers. It's part of a whole-home approach that recognises dementia care as a shared responsibility.

Henbrook's General Manager, Catherine Frost, describes the accreditation journey as both demanding and deeply personal. The team didn't just meet standards — they worked to create a more familiar and comforting environment for people living with dementia. Local photographs, quiet corners, and interactive spaces were added to make the home feel engaging and supportive.

"She sat with my dad through the night - they didn't just care for him, they cared about him."

"We wanted it to feel alive," Catherine said. *"Donna helped make that happen."*

Henbrook's accreditation is a milestone, and Donna's award nomination is a proud moment. But what stands out is the consistency — the kind of care that happens day in, day out, across the whole team.

Henbrook House may now be recognised nationally for its dementia care, but its strength lies in the everyday moments. In the way staff work together to create something that feels safe, personal, and full of life.

"We're always looking to improve and adapt," said Catherine. *"This recognition gives us a strong benchmark for continued development, but the ongoing process of gradual improvement and reflective practice is what truly matters. We know that outstanding dementia care isn't about one moment of success — it's about focussing on what we do every day, in every interaction, to make life better for our residents."*

 connaughtcare.co.uk





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*“Growth brings
scrutiny, and rightly so.
As we scale, I’m
determined to maintain
our standards.”*



Nye Brown
Chief Executive
Hallmark Luxury Care Homes



WHAT KEEPS ME



AWAKE AT NIGHT

Nye Brown

Chief Executive, Hallmark Luxury Care Homes

After a record-breaking year, Hallmark's newly appointed Chief Executive, Nye Brown, is aiming high, with a target of 15 new homes by 2030 shifting from building to acquiring care homes. But with workforce shortages, spiralling costs, and reputational risks stalking the sector, what keeps him awake at night as he steers Hallmark into this new era of growth?

After a record-breaking year, Hallmark Luxury Care Homes is entering an exciting new era. As the company's newly appointed CEO, I've set an ambitious goal: 15 new homes by 2030, with ten of those coming through acquisition rather than new builds.

For a business that's become known for designing and building our own award-winning homes, it's a change of strategy. We've always been proud of creating exceptional environments, but now it's about growth through bringing new homes and experienced teams into the Hallmark family.

What keeps me awake about this? The pace. I want to move faster on our acquisition plan —but these things take time. It's a change of direction, yes, but I believe in our winning formula, the strength of our leadership team, and our integration plan to ensure smooth onboarding for any new acquisitions into the Hallmark family.

Our target of 15 homes by 2030 is ambitious, especially in a sector facing workforce shortages and cost pressures. But we're confident in the strength of our product which customers value and want.

Equally important, we are committed to being a company our team are proud to work for, supported by category-leading talent management practices which help us achieve our retention goals.

I started at Hallmark as a Hospitality Services Manager myself, so I know Hallmark invests in its team and when done effectively, this leads to strong talent retention.

Growth brings scrutiny, and rightly so. As we scale, I'm determined to maintain our standards. Every Hallmark home inspected in England is rated Good or Outstanding and in Wales, Excellent. That's not by chance — it's the result of our robust audit and compliance framework.

To support our expansion, we've created a new internally sourced Integrations Team. They are all experienced Hallmark team who understand our product, our processes, and our culture.

Despite going beyond regulatory requirements, we are mindful that even one slip can put our reputation on the line.

Hallmark's reputation has been built over 28 years, but trust can be eroded in seconds. That's why we emphasise continuous improvement, openness, empowerment of our teams and accountability. If something goes wrong, we respond quickly, communicate clearly, and learn to ensure it does not happen again.

Record results last year brought pride but also and pressure. But I remind myself that our goal isn't short-term growth; it's building a lasting legacy. As a private, family run business, we set our own targets and plan. This independence means we stay true to our vision and remain a values-driven company — putting people first. Our priority is sustainable growth, with an experienced team in place to deliver.

I'm proud that Hallmark has won the Princess Royal Training Award twice for our leadership and talent management programmes. Investing in our people isn't just a HR initiative, it's the foundation of our success and I am actively involved in talent and succession management.

Of course, in today's world, even minor missteps can be amplified by regulators, media, or social platforms. We address scrutiny with honesty and transparency. In a sector where trust is paramount, clear communication and accountability are essential. Our focus is always on care, and we work hard to ensure our actions reflect our values.

The care sector is evolving rapidly, with standards rising all the time. As a market leader, we never stand still. We constantly invest in our people and product to stand out from other care providers.

And what keeps me awake at 3am? Delivering on our promises — supporting our people, delivering excellent resident experience, and sustaining growth. It is the responsibility of making the correct decisions every day, but this is also what drives my ambition for Hallmark.

“Record results brought pride and pressure — but our goal is building a lasting legacy.”



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CHAT THE TOUGH QUESTION

“Are health and social care services really equipped to tackle domestic abuse?”

Phil Winterbottom, UK Head of Safeguarding and Protection at Cygnet Group, a provider of mental health services, asks whether health and social care services are truly equipped to identify, respond to, and prevent domestic abuse — and what must change to make a lasting difference.

“Work could be the only safe place for people — and it can become unsafe when disclosure is made.”

Are health and social care services really equipped to tackle domestic abuse? We all know the question — but few of us are ready for the answer.

We recently held roundtable discussions at the Palace of Westminster and an Independent Sector Safeguarding Network (ISSN) event, and what emerged was both revealing and uncomfortable. The conversations exposed gaps, inconsistencies, and areas for improvement across every level of the system. The consensus was clear: our approach remains fragmented, and we are still struggling to move towards a unified, trauma-informed, system-wide response.

Leaders explored whether current training and safeguarding protocols are sufficient to identify and respond to domestic abuse — for both service users and staff. It was clear that DA training is often inconsistent, piecemeal, and seen as an afterthought. There is strong demand for national, tiered, trauma-informed training that is embedded in university curricula and delivered to all staff, yet practical challenges stand in the way. Frontline colleagues face time pressures and see training as another burden on already overstretched services.

The result? A “tick-box” culture that leaves people ill-equipped to act. Organisations such as Women’s Aid have long called for comprehensive training to build confidence and competence — a message echoed by attendees at both events.

Even existing HR mechanisms, such as safer recruitment and Person in a Position of Trust (PiPoT) pathways, are failing those at risk.

One provider put it plainly: **“PiPoT is broken.”**

Across local authorities, inconsistent interpretation and high thresholds for harm mean opportunities for early intervention are missed.

Moving beyond a tick-box approach and embedding truly trauma-informed, person-centred care requires a cultural shift — and that responsibility sits with us all. Sector and provider leaders spoke powerfully about the need for psychologically safe environments for disclosure and “routine enquiry” about domestic abuse. As one attendee reflected: “Work could be the only safe place for people — and it can become unsafe when disclosure is made.”

That point stayed with me. Creating a workplace culture that actively supports survivors means integrating domestic abuse support into staff wellbeing, not treating it as a separate issue. It could include access to counselling, legal advice, and flexible leave. As providers, we must stretch our thinking beyond reactive measures and create environments where staff feel safe to disclose without fear of retribution — recognising that for some, the workplace might be their only safe space.

So, what would a “gold-standard” approach look like — and what’s standing in the way?

Leaders called for a unified national policy on domestic abuse within health and social care: one that is trauma-informed, intersectional, and co-produced with survivors and experts. It must include:

- **Mandatory Domestic Abuse Lead or Champion roles at all organisational levels**
- **Mandatory tiered training**
- **Robust, system-wide data recording and sharing to improve inter-agency collaboration and learning**

Yet the barriers are all too familiar. Leaders spoke of fragmented systems, inconsistent practice, time constraints, low confidence, disconnected IT, and fear of information-sharing across agencies.

A close-up portrait of Phil Winterbottom, a man with short brown hair, wearing glasses and a colorful floral shirt. He is looking directly at the camera with a serious expression. The background is a blurred green and brown, suggesting an outdoor setting.

As one contributor put it: “The foundations are currently built on sand — ever-changing and at risk of falling at any time.”

If we are serious about protecting people from harm, we can't keep building on sand. Without a robust national framework and real investment in change, our sector will continue to struggle to provide the safety, care, and dignity that victim-survivors both need and deserve.

Because the tough question isn't whether we're equipped — it's whether we're truly willing to change.

 @PhilWinterUK @CynetHealth
 issn.org.uk

“Moving beyond a tick-box approach and embedding truly trauma-informed, person-centred care requires a cultural shift.”

Cygnets sponsor the Independent Sector Safeguarding Network which hosts a quarterly forum for provider-level safeguarding leads across the independent health and social care sector, including a Domestic Abuse and Sexual Violence Forum. Membership is free and if you want to explore these challenges further, make contact via <https://issn.org.uk/>

Phil Winterbottom
UK Head of Safeguarding
and Protection
Cygnets Group





ASK THE EXPERTS

How do you collaborate to deliver person-centred care?



As the sector calls for greater collaboration, the challenge is moving from competition to real partnership. With this in mind, we ask a group of Partnership Champion finalists from the Social Care Leadership Awards: **“How do you work with others to deliver joined-up, person-centred care – and what helps you overcome the common barriers to collaboration?”**

“True collaboration means co-designing support with the people we serve and their families.”



Jonathon Beebee
Professional Lead in Learning
Disabilities Nursing,
Royal College of Nursing

Social Care Nursing

“Collaboration is at the heart of everything we do. The Providers Unite movement has shown the power of unity in tackling sector-wide challenges such as rising costs not matched by fee increases. It’s inspiring to see providers join forces and collaborate in ways that are often rare in our sector. Working with commissioners can be complex — balancing the need to challenge funding decisions while maintaining strong partnerships. Yet our shared purpose remains clear: delivering high-quality support that promotes independence and quality of life. True collaboration means co-designing support with the people we serve and their families, listening to their experiences and aspirations. It also means engaging openly with commissioning authorities to align goals and outcomes. By fostering trust, staying outcome-focused, and keeping the person at the centre, we can overcome barriers and deliver truly joined-up, person-centred care that benefits everyone involved.”



John Fitzgerald
Support Worker
M&D Care



“Even when collaboration is tough, listening and flexibility help us stay united and move forward.”

Learning Disabilities Support

“I’ve spent the past 18 months at M&D Care’s Croft House, working with colleagues, families, and partners to build a truly person-centred environment. Collaboration is the foundation of meaningful care — understanding each resident’s passions, challenges, and goals to tailor support that helps them thrive. One resident loved fishing but struggled with social anxiety. Through consistent teamwork between staff, family, and mental health professionals, we gradually built his confidence. He now enjoys fishing trips lasting up to four hours — a huge personal milestone. We’ve seen similar transformations across the home, with residents engaging in community events, concerts, bowling, and snooker, all boosting wellbeing and belonging. Barriers like communication gaps can make collaboration difficult, but listening, flexibility, and celebrating small wins help us overcome them. My goal is to ensure every resident can pursue what matters most, supported by a united team that believes in their potential.”



Demi Winton
Assistant Marketing Manager,
Christies Care



“Whatever the setting, every partnership we build is rooted in shared purpose.”

Home Care

“At Christies Care, we know the best care outcomes result from coming together, sharing ideas and solutions, and working as one to make life better. We provide free respite sessions in partnership with Mid Suffolk Leisure Centre and support the Rural Coffee Caravan visits throughout Suffolk. We work with Nowton Court, providing Care Quality Commission-regulated care to their residents, and host various community advice and information sessions in partnership with local businesses and charities. Whatever the setting, every partnership we build is rooted in shared purpose, our organisational values, and commitment to community. Through this approach, we embrace and respect different perspectives, build trust through reliability and follow-through, and go above and beyond to ensure that the support we offer to both service users and our partners is of high quality and tailored to individual needs. This collaborative mindset equips us to overcome common barriers, such as differing priorities or communication challenges, and enables lasting and impactful partnerships.”

“Person-centred care cannot exist in isolation — it requires genuine partnerships with families, health professionals, local authorities, charities, and community groups.”



Christian Whiteley-Mason
Registered Manager, Stronglife Care

Residential Care

“At Thornhill House, collaboration is at the heart of everything we do. Person-centred care cannot exist in isolation — it requires genuine partnerships with families, health professionals, local authorities, charities, and community groups. For me, being a Partnership Champion means building trust and breaking down barriers. That starts with communication: being open, listening carefully, and ensuring every voice around the table feels valued. It also means having the courage to challenge when needed, but always with the shared goal of achieving the best outcomes for the individual. We’ve worked closely with local groups and charities to introduce new ideas, services, and experiences into our community, enriching the daily lives of residents and staff alike. The key to overcoming barriers is relationships — when people see your commitment and integrity, they are more willing to collaborate. Together, we can deliver care that truly reflects dignity, respect, and community.”



Jess Wray
Care & Supported Housing
Contract Manager,
Hightown Housing Association



“Prioritising open communication, co-production and setting shared goals ensures everyone involved feels heard and valued.”

Housing with Care

“My approach to delivering person-centred care is rooted in empathy, empowerment, and innovation - ensuring care is not only coordinated but deeply meaningful for everyone involved. To ensure a joined-up approach with partners across health, social care and community sectors, I focus on building strong, collaborative relationships. Prioritising open communication, co-production and setting shared goals ensures everyone involved feels heard and valued. I overcome common barriers to collaboration by being proactive, flexible, and solution focused. Often this involves creating new approaches where gaps exist - such as developing outreach support or facilitating inclusive transition plans. I mentor staff to work collaboratively and confidently and I engage families and communities to foster trust and understanding. Whether it's through joint training, creative projects, or multi-agency planning, I bring people together around the needs and aspirations of those we support.”

HAVE YOUR SAY!

3 Wishes!

Casey Jolly, Lifestyle Programme Facilitator, Jewish Care



1

A gentler journey into care

When someone moves from their home into a care setting, it's such a huge transition. My first wish is for more funding to provide personalised interventions and lifestyle coaching, so every person feels supported and understood as they settle into their new home. If we could build this coaching into each personal care plan, the whole experience would feel less daunting and far more empowering.

2

Time for true connection

My second wish is for more key workers and lifestyle facilitators who can spend that extra, precious one-to-one time with residents. Care should always feel person-centred. With more people on the ground, we could nurture deeper relationships, encourage friendships, and help every resident feel part of a connected social circle where they truly belong.

3

A rainbow of opportunities

My final wish is for more funding to open up access to specialist interests — music, arts, sport, reminiscence, and so much more. Technology will be key to making this possible. I think of it like a rainbow: every colour matters, just as every hobby, passion, and skill matters to the people we support. By reflecting those individual personalities and lifelong interests, we can build confidence, offer joy, and keep care personal and responsive as needs change. Every extra experience we provide makes a difference.



In The Spotlight

105 Years of Doreen: A Celebration at Laureate Court

Laureate Court Care Home was alive with joy and celebration as resident Doreen marked her incredible 105th birthday, surrounded by family, friends, and fellow residents.

The day was filled with music, laughter, and plenty of cake. A very special guest, the Mayoress of Rotherham, joined the festivities to present Doreen with a thoughtful gift, while a heartfelt card from The King and Queen added an extra touch of royal recognition to this remarkable milestone.

Sharon Dean, Lifestyle Co-ordinator at Laureate Court, shared:

"As Doreen was hitting such a milestone, we couldn't let this special day pass without a celebration to mark the occasion, surrounded by her loved ones."

The atmosphere was brimming with love and joy, but for Doreen, the highlight was simple: spending cherished time with her family and meeting the new Mayoress of Rotherham.

At 105, Doreen continues to inspire those around her with her warmth and spirit — a truly special lady who has lived through more than a century of remarkable change and continues to be at the heart of every celebration.



Movers & Shakers

Shaping the Future of Care: Meet Brunelcare's New Head of Care Homes

Brunelcare has appointed Edwin Jose as its first-ever Head of Care Homes. The role is an exciting new addition at the charity, introduced to further strengthen consistency and quality across its services and to support innovation in the years ahead.



Edwin is already a familiar and respected figure at Brunelcare, having served as Registered Manager at Glastonbury Care Home since March 2021. During his time there, he has led with distinction, earning recognition for his compassionate leadership, dedication to residents, and support for his team. He brings to this new position a wealth of experience and a passion for delivering outstanding, person-centred care.

In his new post, Edwin will be working closely with Sandra Payne, Brunelcare's Director of Nursing & Care Services, to oversee all six of the charity's care homes across Bristol, South Gloucestershire and Somerset. He will also take the lead on the Care Home Futures project; a major programme aimed at driving improvement and creativity across Brunelcare's services.

Sandra said: *"Throughout his career, Edwin has consistently demonstrated strong leadership, compassion, and a clear dedication to residents and colleagues alike. His appointment reflects his exceptional contributions and our confidence in his ability to drive forward the highest standards of care."*

Reflecting on his appointment, Edwin added: *"I'm absolutely delighted to step into this new role. I'm looking forward to getting started and making a positive impact in this next chapter."*



Lightbulb Moment

How to Avoid Burnout and Protect Your Wellbeing as a Carer

Michael Berkley-Blezard, General Manager, Old Sarum Manor, Elmfield Care Group

Working in care is deeply rewarding, but I've learned it can also be emotionally and physically demanding. Over time, I've seen how burnout creeps in—not just through exhaustion or anxiety, but in more subtle ways like forgetfulness, frequent illness, or even guilt about taking a break. Recognising these signs early has been key for me.

What helps most is building small but consistent routines. Eating well, exercising, and keeping to a sleep pattern make me feel more balanced. I also carve out time for hobbies — reading, playing football, or anything that reminds me of who I am beyond my role as a carer. Even a couple of hours a week can make all the difference.

I've also learned the importance of speaking up. Talking with friends, family, or reaching out to organisations such as The Care Workers' Charity or Carers UK helps lighten the load. And if something at work is impacting my wellbeing, I make sure to raise it with management rather than carrying it alone.

Most importantly, I remind myself that caring for myself isn't selfish — it's essential. When I look after my own wellbeing, I can give the very best care to others.



Now have **YOUR** say!

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

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27th February 2026 ICC, Birmingham

Housing with Care Awards 2026

June 2026 Hilton Bankside London

Dementia Care Awards 2026

June 2026 Hilton Bankside London

Palliative Care Awards 2026

June 2026 Hilton Bankside London

The National Learning Disability & Autism Awards 2026

June 2026 ICC, Birmingham

The Northern Ireland Learning Disability & Autism Awards 2026

October 2026 Hilton, Belfast

The Children & Young People Awards 2026

June 2026 ICC, Birmingham

Social Care Top 30 Awards 2026

October 2026 Marriott Grosvenor Square, London

The Neurological & Complex Awards 2026

October 2026 Central London

Great British Care Awards Regionals 2026

November 2026 East of England – Milton Keynes Dons F.C.

November 2026 West Midlands – ICC, Birmingham

November 2026 Wales – Marriott Cardiff

November 2026 Yorkshire & Humberside – Royal Amouries, Leeds

November 2026 North West – Kimpton Clocktower Hotel, Manchester

November 2026 Scotland – Kimpton, Glasgow

November 2026 South West – Ashton Gate, Bristol

November 2026 South East – Double Tree Metropole, Brighton

November 2026 London – Hilton Bankside London

November 2026 East Midlands – East Midlands Conference Centre, Nottingham

November 2026 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.



WAGS

**WOMEN ACHIEVING GREATNESS
IN SOCIAL CARE**

2025

★
WITH
CELEBRITY GUEST
KERRY KATONA
★



★ **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

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“I wear my heart on my sleeve, but I strive to be strong and fair”

Claire Fry, Operations Director at provider Ashberry Healthcare and a Social Care Leadership finalist, shares how her people-first approach has transformed operational excellence into a culture of compassion, showing that leading the way in social care starts with valuing those who deliver it.

When I first joined social care, it wasn't through a long-held ambition, it was an opportunity to use my operational experience in a local care home. At the time, I thought my role would be about bringing structure, efficiency, and leadership to a new environment. But within weeks, that changed completely.

It was the people, the residents, families, and staff, who showed me what this work truly means. I realised very quickly that the things I did each day could make a real difference to someone's life. That realisation has stayed with me ever since, and it continues to guide everything I do.

As Operations Director, I carry a deep sense of responsibility. Residents, their families, and our teams naturally look to me when challenges arise. Over time, I've learned that leadership in this context isn't just about listening, it's about acknowledging, acting, and following through. Recognition matters. For me, it's about giving others the same care and attention I'd want for myself or someone I love.

I've always believed that the strength of any organisation lies in its people. A team thrives when every individual is seen, valued, and encouraged to grow. Supporting staff in their personal and professional goals doesn't just empower them, it raises the quality of care across the home. Each colleague brings something unique, and it's that mix of perspectives, skills, and life experience that creates positivity and progress.

Nothing makes me prouder than reading feedback from residents and families, especially when they talk about the warmth and compassion of our team. One message I'll never forget came from a family thanking the night staff for sitting with their father in his final hours. They said they hadn't just cared for him, they'd cared about him. That, to me, is the essence of what we do.

Of course, leadership isn't without its challenges. Balancing responsibility with personal wellbeing isn't always easy. There are days when the role feels relentless, but the motivation to keep striving comes from seeing the impact of our work across Ashberry. I'm also lucky to have a family who remind me to stay grounded, they keep me balanced and make sure I never lose sight of what matters most.

My vision for Ashberry is clear: to be recognised as a care provider of choice, delivering excellence at every level. Achieving that requires meaningful collaboration and open dialogue, and I always welcome both. Choosing the right people to join us is central to that mission. Qualifications and experience are vital, but I've learned that instinct often plays an equally important role. Trusting that instinct, especially when it comes to people, has served me well time and again.

Openness and honesty underpin my leadership style. Delivering difficult messages is never easy, but I've found that how you communicate matters just as much as what you say. I do wear my heart on my sleeve, but I strive to be consistent, dependable, and fair. People know where they stand with me, and I hope they know they can always come to me.

It's important to recognise that privately run care homes are also businesses, yet I've never seen care and commercial success as opposites. The two are inseparable. Sustainable operations allow us to invest in residents' wellbeing, and residents' wellbeing defines our success. Every role, from housekeeping to nursing to management, contributes to that shared purpose. Looking ahead, I see real opportunity to strengthen the sector through leadership development. Today's Care Home Managers are expected to navigate so much more, HR, finance, safeguarding, compliance, all while leading compassionate care. Providing them with the right systems and infrastructure is essential, but so is investing in their personal growth. Strong Managers shape culture, stability, and quality. Their leadership determines whether a home simply functions, or truly flourishes.

For me, leadership in social care is about more than results or ratings; it's about people. It's about creating an environment where staff feel proud, residents feel valued, and families feel confident their loved ones are in good hands. That's what keeps me motivated, and that's what makes this work so rewarding.

“Looking ahead, I see real opportunity to strengthen the sector through leadership development.”



Claire Fry
Operations Director
Ashberry Healthcare



A workforce model built on trust



Joanna Barton
National Workforce Delivery Lead
Skills for Care

Joanna Barton, National Workforce Delivery Lead, Skills for Care, explores how safe and effective delegation of healthcare tasks is strengthening collaboration between health and social care, empowering care workers, and improving outcomes for the people they support.

“Feedback from care workers shows that delegation can be empowering.”

In adult social care, collaborative care is more than a concept—it's a practical approach to delivering high-quality support. As the sector faces increasing demand and workforce pressures, working together across roles and organisations has never been more important. One way this is being achieved is through the safe and structured delegation of healthcare activities from registered professionals to care workers.

Delegated healthcare activities involve a registered professional—such as a nurse, physiotherapist, or occupational therapist—transferring specific activities to a care worker. These might include supporting with medication, assisting with mobility, monitoring health indicators, or helping with nutrition and hydration.

When done well, delegation strengthens the care team, improves continuity, and ensures that people receive timely, person-centred support. That's why continued funding for delegated healthcare is a recommendation of the Workforce Strategy for Adult Social Care.

Delegation is a relationship-based approach built on trust, communication, and shared responsibility. It enables professionals and care workers to work together in new ways, recognising each other's strengths and placing the person receiving care at the centre of every decision.

What makes delegation work?

Delegated healthcare activities are most effective when they are grounded in the guiding principles that support safe, person-led care. The Skills for Care framework outlines four key principles that underpin successful delegation:

1. Person-centred care

Delegation must always begin with the individual receiving support. The activity should be tailored to their needs, preferences, and goals. Care workers, often the most consistent presence in someone's life, can deliver delegated activities in a way that strengthens trust and continuity—provided the delegation is responsive to what matters most to the person.

Delegation should never be a one-size-fits-all approach. It must be flexible, inclusive, and rooted in a deep understanding of the person's lived experience.

2. Learning and development, skills and competency

Care workers must be supported to develop the skills and confidence needed to carry out delegated activities safely and effectively. This includes structured training, practical supervision, and opportunities for ongoing learning.

Registered professionals play a key role in assessing competence and providing feedback. Learning should be continuous—not just at the point of delegation, but throughout the working relationship. When care workers are well-trained and supported, delegation becomes a tool for empowerment and professional growth.

3. Monitoring and review

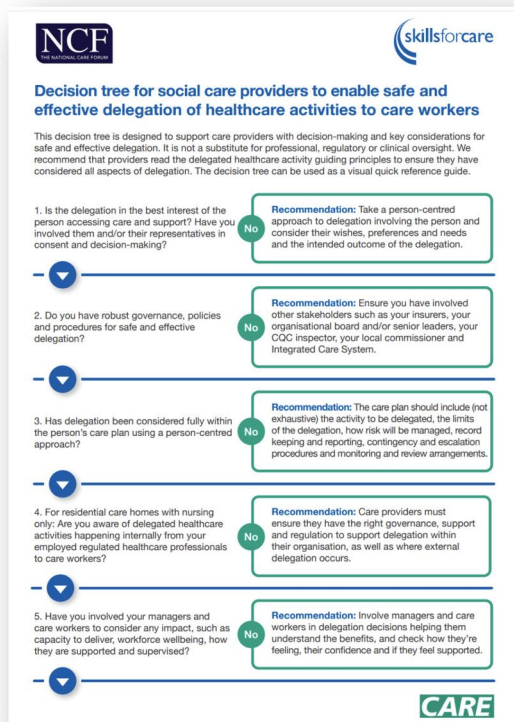
Delegation is not a one-off event—it requires regular oversight. Registered professionals must monitor how delegated activities are being carried out and review them in partnership with care workers and the person receiving care.

This includes checking for changes in the person's condition, ensuring the activity remains appropriate, and making adjustments where needed. Monitoring and review help maintain safety, build confidence, and ensure that delegation continues to meet the person's needs over time.

4. Governance, regulation and accountability

Delegation must be underpinned by clear governance. This includes written protocols, defined responsibilities, escalation routes, and documentation. Everyone involved should understand who is accountable, what is expected, and how decisions are made.

Strong governance ensures consistency, transparency, and safety. It also supports collaboration between organisations—particularly between health and social care—by creating shared standards and expectations around delegated activities.



Collaboration in action

Across the UK, examples of successful delegation are emerging. In some areas, care workers are supporting with wound care, rehabilitation exercises, or health monitoring—activities that would previously have required a registered professional to be present. These models are improving access to care, reducing delays, and enhancing the experience of people who draw on support.

Feedback from care workers shows that delegation can be empowering. It gives them a greater sense of purpose and recognition, and it opens up career development opportunities. For registered professionals, delegation allows them to focus on complex decision-making while knowing that trusted colleagues are delivering day-to-day support.

For people receiving care, the impact can be life-changing. As Rob Moriarty, who receives support from personal assistants, shared:

“This has completely transformed not only the way my care is delivered, but my whole life.”

— Rob Moriarty, via Skills for Care

This quote captures the essence of person-centred delegation—where trust, training, and collaboration come together to improve not just services, but lives.

@skillsforcare
 skillsforcare.org.uk



“Delegated healthcare activities are specific tasks transferred from a registered professional to a care worker.”

The UK healthcare sector is at a crucial turning point



 shawbrook

Dasos Kirtsides

Head of Healthcare
Shawbrook

Dasos Kirtsides, Head of Healthcare at Shawbrook, shares insights into the shifting challenges and opportunities regularly discussed with medical professionals and care providers, both at industry gatherings and in day-to-day meetings.

Reflecting on recent conversations with medical professionals and care specialists, I firmly believe the UK healthcare sector stands at a crucial juncture. With mounting pressures from all directions, those within the industry are facing a landscape filled with challenges but also opportunities for transformation. Since joining Shawbrook as Head of Healthcare in 2018, I've seen first-hand how these complexities have deepened, demanding fresh approaches and robust collaboration throughout the sector. At the same time, I have observed medical organisations adapt rapidly and effectively to support both patients and residents — and nowhere is this turning point more critical than within the care industry. This raises crucial questions: Where are the key challenges, and what practical steps can we take to alleviate them?

Staffing remains the cornerstone of quality care, but it is now under unprecedented strain. Attracting and keeping talented people has become increasingly difficult, pushing providers to increase pay and boost benefits to stay competitive. For an industry already feeling the squeeze, this quickly becomes unsustainable — especially given additional burdens such as rising National Insurance costs, changing immigration rules, ongoing inflation, and the impact of rising interest rates on borrowing costs. All these factors combine to make effective care delivery more challenging than ever, particularly within a regulatory environment that is constantly evolving.

“Care merits intelligent funding, effective tools, and robust partnerships.”

One of the most interesting subjects raised with my team frequently is digital transformation and the value AI can bring to this hard-working industry. Think smarter rotas generated by AI that match staffing levels with resident needs, without relying on costly agency staff. Think virtual assistants handling basic patient queries so care teams can focus on care. Or predictive analytics flagging early warning signs of deteriorating health conditions, reducing emergency admissions and unplanned costs. Investing in technology isn't about replacing people, but empowering them to deliver better outcomes. For lenders like ourselves, supporting digital transformation is crucial; funding tools like Electronic Health Records and automated billing can deliver tangible benefits, improving both service delivery and staff morale.

Whether discussing staffing or technology, certain themes consistently emerge — building resilience, finding creative and flexible solutions, and forming partnerships based on in-depth sector knowledge. At Shawbrook, we recognise that effective healthcare solutions aren't about ticking boxes or offering off-the-shelf packages. True partnership means understanding the realities operators face and offering finance that actively meets their long-term ambitions. This might involve helping providers manage cash flow disruptions due to delayed local authority payments, funding modernisation projects, or supporting strategic growth through mergers and acquisitions. The key is flexibility and a deep understanding of sector nuances. Care providers are not standing still; they're seeking to improve efficiency, sustainability, and quality, and they require funding partners who can keep pace and adapt as situations change.

What resonates most when talking with medical experts and care home owners is the need for confidence in the sector — not blind optimism, but the ability to plan and adapt with purpose. Operators need assurance that they can endure short-term challenges while still investing in their future. They need to work with lenders who are looking at the long-term picture and can offer tailored and flexible support for everything from new builds and acquisitions to facility and regulatory-based upgrades. They need funders who truly care about the sector's longevity and can be innovative in their approach, recognising the potential in sometimes more unique opportunities, such as employee ownerships, mergers and buy-outs.

Despite ongoing challenges, the collective determination among providers and partners is unmistakable. Care is not just another industry — it's a societal essential that merits intelligent funding, effective tools, and robust partnerships. By backing our providers with meaningful support, we can help foster a brighter, more innovative, and compassionate future for UK healthcare. In this journey, lenders have a vital role: not only funding the future, but helping shape it for the better.

*“Funding partners must keep pace
and adapt as situations change.”*



Why location matters in social care investment



octopus capital

Mike Toft
Head of Care Homes
Octopus Capital

Mike Toft, Head of Care Homes at Octopus Capital, explores how placemaking can bridge the gap between ESG investment and real social impact — and why location must become a defining measure of quality and value in the UK care sector.

The UK care sector faces a significant challenge. Despite a rapidly ageing population, there are fewer registered care beds today than at the start of the century. Much of the stock is outdated and ill-suited to modern needs, while demand for high-quality, fit-for-purpose facilities continues to rise. Investors increasingly recognise social infrastructure as an asset class that can both meet societal needs and deliver stable returns. ESG has become the default framework for assessing these assets, but the emphasis often falls on the “E”. Green buildings, efficiency targets and reporting standards are visible, measurable and relatively easy to communicate. What is harder to quantify is social value — and yet in care home investment, it is just as decisive. This is where placemaking comes in.

Care homes are not standalone assets. Where they are located, how they connect with their communities and how they integrate with the local economy all have a direct impact on resident wellbeing, staffing, and financial performance. In practice, placemaking is the missing bridge between ESG theory and social outcomes.

“Care homes aren’t standalone assets – location directly impacts wellbeing and performance.”

Across the UK, the number of registered care beds is not keeping pace with demographic demand. Much of the current stock is obsolescent, often poorly located, and no longer fit for purpose. This creates challenges for residents and operators alike. A well-placed home doesn’t just provide beds — it creates skilled jobs, supports local supply chains, and relieves pressure on healthcare systems. It reduces staff turnover and sustains the independence and wellbeing of residents.

These outcomes show that a home in the right location, run by the right operator, delivers higher occupancy and better care outcomes.

Our investment approach is shaped by ESG, and we see environmental and social priorities as inseparable. Embedding homes within communities ensures that social value is genuinely delivered. By being part of the community, care home operators can collaborate with local groups, schools, and services, building relationships that keep residents connected and staff engaged.

Net zero also plays a role. Every new home we fund is designed to lower carbon footprints and help operators manage energy use more efficiently. These investments may cost more up front, but they protect value and strengthen long-term performance — environmentally, and, importantly for investors, financially.

For many years, care homes were seen as risky assets. Negative headlines about failing operators or poor standards of care dominated, but that perception is changing. Modern care homes typically have around 60–80 beds, with an investment value of around £15 million. On the surface, they may not look like the cornerstone of wider placemaking, but their impact is significant. Homes in the right place deliver both financial and social value.

The reality is that care homes are among the most essential and tightly regulated sectors in real estate. While there have been challenges in the past, the market has matured significantly. Institutional investors now recognise that success depends on partnering with specialist managers who understand the sector, can mitigate risks effectively, and can carefully select operators committed to upholding high standards of care. As the lines between traditional infrastructure and real estate continue to blur, social infrastructure is emerging as a compelling theme for investors. At the same time, recognition is growing that ESG frameworks cannot rely on environmental measures alone — there must be a focus on social impact, and placemaking is central to that shift.

Looking ahead, we expect to see more opportunities emerging in both urban and rural areas. International models show how integrating care homes into city centres creates connection and vibrancy, while homes rooted in rural communities can deliver stability and social cohesion. Delivering homes where operators can provide the highest standards of care — where residents feel part of a community and investors benefit from resilient, long-term returns — will remain key.

The UK needs thousands of new, fit-for-purpose beds. Where those beds are delivered will matter just as much as how they are built.

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The background of the page features a close-up of a hand with the index finger pointing upwards. Overlaid on the hand is a stylized map with blue lines representing roads or rivers. A prominent red location pin with a white circular center is positioned directly above the tip of the finger. The overall color palette is dominated by dark blues and teals, with the red of the pin providing a strong contrast.

*“A well-placed home
creates jobs, supports
communities, and eases
healthcare pressure.”*

Further Reading

LaingBuisson. (2025, February 27). Care Homes for Older People UK Market Report, 35th Edition (William Laing, Author). LaingBuisson. <https://go.laingbuisson.com/care-home-report-35>

This month, we meet...

Each month we meet key stakeholders and business leaders in the social care sector. This month we meet **Sophie Forsyth, Director of Marketing & PR at Social Care TV**, who shares how the organisation is redefining accessible, high-quality training and celebrating the care workforce that brings it to life.

What inspired the founding of Social Care TV, and what gap does it aim to fill?

"Founded in 2009, Social Care TV (SCTV) was created to meet the growing demand for digital, accessible, high-quality training in the care sector. At the time, training was often paper-based, inconsistent, or hard to access quickly. SCTV produces accredited, engaging online courses, backed by a dedicated team of experts, equipping care staff with the knowledge and skills to deliver excellent, person-centred care.

The inspiration came from seeing the need for instant, accessible training that could be integrated into daily work life. Our mission is to equip individuals with the knowledge and skills to thrive in their roles, deliver service excellence, and make a meaningful, lasting impact on the wellbeing of those they care for."

How do your core values influence your content and sector support?

"SCTV's values shape everything it does:

- **Quality** – Courses are filmed and produced in-house by a highly skilled team, ensuring training is relevant, engaging, and relatable to care settings.
- **Responsibility** – With over a million courses completed annually, SCTV works closely with regulatory bodies to ensure training remains current, relevant, and delivered in context.
- **Care & Respect** – SCTV supports staff, customers, and the wider sector. It sponsors the Care Workers' Charity and runs its Care Worker of the Month award to recognise exceptional care professionals."

What does winning 'CPD Provider of the Year' mean for your team?

"Continuing professional development is central to SCTV. Winning this award externally validates the quality of courses and customer service, rewarding the team's dedication and reinforcing SCTV's mission to drive person-centred care across the sector. It also motivates the team to continue producing innovative, impactful learning that supports both new and experienced care workers."

SOCIAL CARE TV
ONLINE TRAINING



Sophie Forsyth
Director of Marketing & PR
Social Care TV

Can you tell us about the 'Care Worker of the Month' award?

"Launched in 2022, the award recognises the incredible work of care staff, often undervalued despite being the sector's backbone. To date, 44 individuals have been celebrated. Reading nominations is a joyful reminder of the compassion, kindness, and dedication within the sector. The award helps boost morale, inspires others, and publicly acknowledges the vital contributions of care workers."

How do you ensure training is accessible for all learners?

"Accessibility is at the heart of everything we do. Our video-based courses are delivered in bite-sized modules so learners can take in essential information at their own pace. Videos can be rewatched as many times as needed, supporting those with language barriers or learning difficulties. Subtitles feature on all new releases and our most popular courses, while downloadable workbooks provide handy study aids. A review facility allows learners to revisit key points even after completing a course, helping ensure knowledge is fully understood and applied. Realistic, relatable scenarios help learners transfer knowledge into everyday practice."

"Social Care TV was created to make quality training instantly accessible to everyone in care."

What plans do you have to expand your training offerings?

"We're always looking for ways to innovate and grow. Our new Sepsis Training course has just launched, and two more courses are in production for later this year. Beyond content, we're developing management software to help care managers with compliance and streamline trainee oversight. Interactive questions and other creative enhancements will make learning even more engaging. With these developments, a continually expanding portfolio, and a commitment to staying at the forefront of sector innovation, SCTV is heading into its busiest and most exciting year yet, continuing to support care workers across the UK."

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