

# Caring on Empty

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Senior Fellow, The King's Fund

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Chief Executive, Homecare Association

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General Secretary, UNISON

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## Contact Us

**Advertising:**  
[advertising@caretalk.co.uk](mailto:advertising@caretalk.co.uk)  
**Editor:**  
Lisa Carr – [lisa@caretalk.co.uk](mailto:lisa@caretalk.co.uk)  
**Communication Executive:**  
Chloe Markey – [chloe.markey@care-awards.co.uk](mailto:chloe.markey@care-awards.co.uk)  
**Graphic Designer:**  
Tony Johnson – [tony@tonyjohnsoncreativedesign.co.uk](mailto:tony@tonyjohnsoncreativedesign.co.uk)

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

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

## Follow us!



Care Talk is a trading name of Care Comm LLP Suite 2,  
Slapton Hill Farm, Slapton, Tovey, Northamptonshire NN12 8QD

## Contributors

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

**Annie Alexander** Senior Support Worker, Making Space  
**Mario Ambrosi** Director of Communications and Marketing, Anchor  
**Simon Bottery** Senior Fellow (Social Care), The King's Fund  
**Jane Brightman** Director of Workforce Development, Skills for Care  
**Michelle Corrigan** Chief Executive Officer, Digital Care Hub  
**Ashleigh Dueker** Programme Director – Care Intelligence, Person Centred Software  
**Bethan Evans** Chief Executive, My Choice Healthcare  
**Dr Clenton Farquharson CBE** Associate Director, Think Local Act Personal  
**Karolina Gerlich** Chief Executive, The Care Workers' Charity  
**Professor Martin Green** Chief Executive, Care England  
**Libby Hubbard** Professional Support Lawyer, Anthony Collins  
**John Hughes** Director of Partnerships and Communities, Community Integrated Care  
**Liz Jones** Deputy Chief Executive & Policy Director, National Care Forum  
**Peter Kerly** Managing Director, Everon UK  
**Cyril Lobont** Researcher, Nuffield Trust  
**Christina McAnea** General Secretary, UNISON  
**Rob Martin** Chief Executive, Signature Senior Lifestyle  
**Poojita Patel** Managing Director, Walfinch Eastbourne  
**Oliver Ross** Co-founder, edyn.care  
**Dr Jane Townson OBE** Chief Executive, Homecare Association  
**Kaddy Thomas** Founder, Carers Collective  
**Mark Thomson** Head of Learning and Development, CareTutor.org  
**Julie Wells-Colley** Chief Executive, Moorview Care

# Editor's Note



## Welcome to the February issue of Care Talk

A new year always brings a chance to pause and take stock — to think about what matters, what needs to change, and what we want to carry forward.

That feels especially fitting this month as we introduce a refreshed look for Care Talk. You'll notice a cleaner design and a stronger focus on real people and real experiences — but our purpose remains the same. We're here to champion the heart of social care and the people who make it what it is.

And although *The Traitors* may have wrapped up for another year, its themes of trust, pressure and shifting alliances have clearly struck a chord across the country. Our February theme asks a more urgent, real world question: **Are we Caring on Empty?** It's a way into the wider issue we're exploring this month — the **Economics of Care**, and who really pays the price when the system is stretched beyond its limits.

In social care, the consequences of broken trust, short term thinking and underfunding aren't entertainment. They shape people's lives, day in and day out. Funding decisions, commissioning pressures and workforce shortages don't sit on spreadsheets — they land on families, frontline teams and the people who rely on support.

In this issue, we look honestly at what happens when financial strain collides with human need. We hear from those carrying the hidden costs — emotionally, practically and personally. But as ever, we also celebrate what continues to sustain this sector: creativity, resilience and quiet leadership. From teams who look beyond labels to frontline professionals who protect dignity in the smallest everyday moments, the sector's strength shows itself in every story.

We hope you enjoy this new look edition.

Till next time,  
**Lisa**

[@lisa\\_caretalk](https://twitter.com/lisa_caretalk)

**COMING UP IN THE MARCH 2026 ISSUE:**  
**Beyond Digital: What AI, Data & Design Mean for Human Futures**



# THE SUMMER AWARDS 2026



5TH JUNE 2026 HILTON LONDON BANKSIDE  
[housingwithcareawards.co.uk](https://housingwithcareawards.co.uk)



The National  
Learning Disabilities  
& Autism Awards

19TH JUNE 2026 ICC BIRMINGHAM  
[nationalldawards.co.uk](https://nationalldawards.co.uk)



24TH JUNE 2026 HILTON LONDON BANKSIDE  
[dementiacareawards.co.uk](https://dementiacareawards.co.uk)



2ND JULY 2026 HILTON LONDON BANKSIDE  
[palliativecareawards.co.uk](https://palliativecareawards.co.uk)

# nominate now!



# The Economics of Social Care in England



**Professor Martin Green OBE**

CHIEF EXECUTIVE  
CARE ENGLAND

**Professor Martin Green, Chief Executive of Care England, examines how chronic underfunding, rising demand and structural inequalities are undermining a sector that is, in reality, a major driver of local and national economic growth.**



***Social care is a major economic engine, yet consistently overlooked in policy.***



Social care is a vital part of the health and welfare system, providing support to people who need support and assistance due to age, disability, or mental health issues. The economics of social care is a complex interplay between funding, demand, workforce challenges, and its impact on broader economic health. Over the years, successive governments have failed to address either the economic needs of social care or to acknowledge its important role as an engine of economic growth.

Funding for social care primarily comes from local authorities, which assess needs and provide care services. Over the past decade, funding for social care has been under significant pressure from austerity measures and rising demand. The Care Act 2014 aimed to reform the system by standardising care assessments and emphasising well-being, but financial constraints have hampered its full implementation. What is not recognised is the important role self-funders play in supporting local economies. Many older people remain economically inactive until they require social care, and once admitted to a residential service, they may suddenly inject between £1500 and £3000 per week into their local economy. This is money previously tied up in assets or capital that was not being used. In many local areas, social care is the biggest employer, and social care workers live locally and spend their money in local businesses. In this way, social care becomes a powerhouse of the local economy, and it needs to be acknowledged for its contribution by national and local government.

Local authorities have clearly stated that central government funding is insufficient to cover rising costs. According to the Association of Directors of Adult Social Services (ADASS), the social care sector has been underfunded for years, leading to a shortfall that has resulted in cuts to services and increased reliance on unpaid family caregivers. The economic implications of underfunding are substantial, as inadequate care can lead to poorer health outcomes, increased hospital admissions, and ultimately higher costs for the National Health Service (NHS). However, this narrative that local authorities lack sufficient funds to sustain social care is not necessarily true across the entire system, and there are substantial inequalities in how funds are allocated among children, working-age adults, and older people. The reality of our current system is that funding is not allocated according to need; it has been distributed in various ways, with some groups subject to discrimination. This is particularly true for older people, where ageism riven through society manifests in how people are funded for social care. The older you are, the less you get and the greater the expectation that you will fund your own care. I've seen situations where children are on care packages of £40,000 a week, yet older people with complex needs are told their local authority will not pay more than £600 a week for residential care. This inequality is a stain on the current system, and resources should be allocated based on need, not on prescribed age limits, or in ways that mirror the discrimination that is riven through society.

The demand for social care services is increasing, driven by an ageing population and a growing prevalence of chronic health conditions. The Office for National Statistics (ONS) projects that by 2040, the number of people aged 85 and over will have more than doubled, reaching approximately 3.2 million. This demographic shift places immense pressure on the social care system, requiring a re-evaluation of funding and resource allocation. This new challenge will not be met unless we undertake a radical review of how we allocate resources and downstream as much as possible, so that it is preventive rather than reactive in addressing the crisis.

Another significant challenge we face in social care is the disparity between health and care funding. The NHS has just received an extra £30 billion, which is more than the entire social care budget. Yet, the reality of the 21st century is that we must enable people to live well in communities despite conditions that cannot be cured. The funding allocation between health and social care was established in 1948, but no longer serves its intended purpose in the 21st century.

The COVID-19 pandemic has exacerbated these challenges, highlighting vulnerabilities in the social care sector. During the pandemic, many care homes experienced staffing shortages and had to adapt to new health protocols, further straining resources. The pandemic's economic impact on social care is expected to be long-lasting, as the sector seeks to recover while continuing to meet rising demand. The public enquiry into the pandemic needs to make some clear recommendations about the focus in any future crisis, being on people rather than on institutions and organisations such as the NHS.





***We cannot meet rising demand without radically rethinking how resources are allocated.***



The social care workforce is crucial to delivering quality services, yet it faces significant challenges. The sector employs more than 1.5 million people, yet recruitment and retention remain critical issues. Many social care workers are on low wages, which leads to high turnover rates and difficulties in attracting new talent. According to Skills for Care, the average hourly wage for a care worker is substantially lower than the national average, making it hard to compete with other sectors.

The economic implications of workforce challenges extend beyond social care. High turnover rates can lead to a decline in the quality of care provided, impacting the health and well-being of people who use services. Moreover, training and developing a skilled workforce require investment, which is often lacking in an underfunded system.

A delicate balance of funding, demand, and workforce challenges characterises the economics of social care. As the population ages and demand for services rises, addressing these issues is increasingly urgent. Sustainable investment in social care is essential to ensure that people receive the support they need while also contributing to the broader economy. Policymakers must prioritise reforming the funding structure, improving workforce conditions, and recognising the essential role that social care plays in the health system and the economy. Without such measures, the risks of underfunding and inadequate support systems will continue to grow, ultimately affecting society's well-being.



***Older people are funded last because ageism is built into the system.***





# Who is Bearing the Weight of Social Care?



**Simon Bottery**

SENIOR FELLOW (SOCIAL CARE)  
THE KING'S FUND

Simon Bottery, Senior Fellow (Social Care) at the think tank, The King's Fund, examines who is really absorbing the strain of an under resourced system — and why the pressure can no longer be ignored.



*Individuals, families and staff are holding up a system under relentless pressure.*



The publicly funded social care system is one large pressure relief valve. The system can't cope with the demands placed on it by an ageing population, increased working age disability, rising costs and restrictions on spending. So, like a boiler that needs to reduce its pressure, it has found a range of ways to prevent it blowing up. Unfortunately, many of these methods simply displace the pressure — whether in costs or time — onto individuals, families, providers and the workforce.

Individuals face additional costs and reduced services. Many are shut out of the publicly funded system entirely, either because their needs are regarded as too low or because they are judged to have savings that disqualify them from state support. As a result, they have to pay all their costs themselves. The Office for National Statistics estimates that just under a quarter of home care users and over a third of residential care users are self-funders.

Those that can't afford to pay or choose not to have a stark choice: rely on family and friends or go without care entirely. Those who choose to pay will be hit by a further injustice — they will typically pay 40% more for their care to subsidise the low fees paid by local authorities for publicly-funded care. But even those who manage to get into the state-funded system have to pay for the privilege. Most will have to pay towards the costs of their care and in 2023/24, local authorities raised £4.1 billion from individuals in fees and charges.

As well as individuals, families often have to cope with some of the pressure themselves. They are often required to provide significant amounts of unpaid care to supplement anything that a person gets from the state-funded system. There are 4.7 million unpaid carers in England and 1.4 million of them provide more than 50 hours of care a week.

Some families also have to provide not just time but money. One of the hidden surcharges of the state funded system are 'top up' fees paid by families to supplement the fees paid by local authorities for the residential care provided to their relatives. In theory, these are supposed to cover just added extras like a better room but in practice many families have to pay them just to get a decent standard of care for their loved one. There has never been a reliable estimate of the percentage of families who contribute in this way or the amount they pay, though a report in 2013 estimated 56,000 families were paying them.

Care providers also have to relieve some of the pressure on the social care system. They will often have to compromise on the quality of care they would like to provide in order to deliver it within the fee rates paid by local authorities. Even then, as we have seen, they will often need to subsidise care with higher self-funder rates. Some providers will decide to quit the market entirely or be forced out of business, particularly if they are largely reliant on local authority rates.

Finally, of course, the workforce bears some of the pressure of an under-resourced system. Low fees mean low wages, with 23% of care workers paid at around the minimum wage. With persistently high vacancy rates, some staff also experience burnout from working too hard for too long, and 'moral injury' from not being able to care in the way they would like — for example by having to rush homecare visits when someone is in need of company.

There have always been pressures in the social care system but our '360' analysis of the sector shows arguably they have never been higher, while public satisfaction is at its lowest ever. The job of the Casey Commission is not just to relieve the pressure with some minor adjustments but to recommend wholesale change that will bring the whole system back into balance. Then, the government must act.

 [kingsfund.org.uk](https://www.kingsfund.org.uk)



Further reading

[kingsfund.org.uk/insight-and-analysis/long-reads/social-care-360](https://www.kingsfund.org.uk/insight-and-analysis/long-reads/social-care-360)  
[www.kingsfund.org.uk/insight-and-analysis](https://www.kingsfund.org.uk/insight-and-analysis)



“

*The real weight of social care falls  
on those least able to carry it.*

”





# Homecare is an Essential Infrastructure That Requires Investment



**Dr Jane Townson**  
CHIEF EXECUTIVE  
HOMECARE ASSOCIATION

Dr Jane Townson OBE, Chief Executive at the Homecare Association, examines how policy changes meet the hard limits of provider reality — and why homecare workers feel the impact first.



**Essential infrastructure fails when investment lags behind the true cost of care.**



**T**oo many homecare workers in England receive pay only for the minutes they spend in someone's home. Travel between visits, waiting time, training and supervision are often unpaid or only partially recognised. Headline wage rates can appear compliant, but the pay for total hours worked tells a different story.

In much of England, councils and NHS bodies are the dominant buyers, fixing fee rates and forcing providers to compete for limited hours, prioritising price over quality and outcomes. Some providers accept below-cost fees and then “make it work” by squeezing labour: unpaid travel time, long gaps between visits, and minimum wage breaches. Worker exploitation and poor care quality are inevitable consequences.

Commissioning design also shapes job quality. When public buyers spread small volumes across dozens of providers, none have enough work to build compact rotas. This makes it hard to offer shift-based roles with guaranteed hours and predictable income. The Homecare Association's Homecare Deficit 2025 shows 61% of councils and trusts purchase only 500 hours per provider per week - far below what providers need for workforce stability and sustainability.

Homecare is essential infrastructure. It keeps people safe at home, prevents avoidable hospital admissions, supports discharge, and enables unpaid carers to remain in work. The House of Lords Economic Affairs Committee reinforces this: care is foundational to national resilience and economic participation. The Commons Health and Social Care Committee found that every £1 invested in social care generates a £1.75 return to the wider economy. Yet government starves care of investment.

The Employment Rights Act has now gained Royal Assent. Stronger rights, better sick pay and more predictable hours are welcome. But law alone will not improve conditions if public bodies keep buying homecare by the minute at fee rates which cannot cover legal compliance costs. Our *Minimum Price for Homecare* sets out what lawful delivery includes: paid travel time, paid training, holiday pay, mileage, and overheads for a safe, regulated service.

The same applies to the Fair Pay Agreement. The principle is right. But who will pay for fair pay? Government estimates the 10-year cost at £6.4 billion, with a significant share expected to fall on councils, the NHS and self-funders. Without ring-fenced investment, a Fair Pay Agreement risks becoming another promise that looks good on paper but fails in practice.

So, what should change?

First, market shaping and commissioning that make decent jobs possible. We recommend neighbourhood-based contracts large enough to support stable teams - around 1,500-2,000 hours per week per provider - so providers can build compact rotas, reduce travel and waiting time, and offer shift-based pay with secure income.

Second, a national contract that sets a minimum price for homecare, backed by government funding, so public bodies cannot set fees below legal cost.

Third, ring-fenced government funding must cover the extra employment costs that come with guaranteed hours, expanded sick pay, and fair pay requirements.

Finally, fair regulation matters. Authorities do not consistently recognise compliant providers, and poor practice often eludes detection or enforcement.

When homecare struggles under funding pressures, families face crises, unpaid carers cannot work, and the NHS bears the cost through avoidable admissions and delayed discharges. Yet government prioritises NHS investment while treating homecare as discretionary spending. This is a false economy that undermines the very prevention agenda it claims to champion.

“Home first” needs more than legislation. It needs a system built to support it: intelligent market shaping and commissioning, fair price, fair pay, and fair regulation. Only then will employment rights and fair pay agreements translate into better jobs - and, crucially, better outcomes for those needing care and support.





“

*61% of commissioners buy too few  
hours for stable homecare.*

”



# Commissioning For Value, Not Volume



**Liz Jones**

DEPUTY CHIEF EXECUTIVE  
& POLICY DIRECTOR  
NATIONAL CARE FORUM

Liz Jones, Deputy Chief Executive & Policy Director at the National Care Forum, argues that shifting from a volume driven commissioning to outcomes based, collaborative approaches is essential if we are to break the cycle of underfunding, inaction and mounting human cost in social care.



**Evidence shows that inaction on social care reform is having a significant negative effect across our communities.**



In the context of the government's focus on creating growth, the economics of social care merit a closer look. The latest data from Skills for Care shows that the social care sector in England contributes £77.8bn to the economy, yet it is rarely seen as a priority growth sector for investment, reform or transformational impact.

As well as missing the opportunity to support the growth potential of the care and support sector, there is a very real price being paid across communities by the repeated failure of governments of all stripes to grasp the nettle of better funding, reform and a strong vision for social care.

According to The King's Fund, there have been at least 18 different attempts at social care reform since 2000: two independent commissions (now a third with Baroness Louise Casey leading Labour's new attempt), numerous white and green papers, three consultations and many reports. All have aimed to resolve the big challenges of ensuring effective, responsive, accessible and affordable care and support. Yet successive governments have abandoned their plans and commitments, endlessly kicking the proverbial can down the road.

*So, who has been paying the price for this inaction over the best part of 30 years?*

People who need care and support are suffering. Delays in obtaining care adversely affect health and wellbeing. Recent ADASS surveys reveal that of those waiting for an assessment of any kind, 36% have been waiting for six months or more.

Existing pressures on funding and resourcing are also restricting investment in prevention and early intervention, resulting in struggles for the wider voluntary and community sector.

Insights from NCVO's *The True Cost of Delivering Public Services* survey highlight instability: contracts and grants have not kept up with inflation, 73% of respondents are not receiving enough funding to meet demand, only 17% have received increases to most of their grants or contracts since April 2021, and 39% of organisations have reduced the number of referrals they will accept.

NCF members also report that local authority budget pressures are leading to "under commissioning" of care and support, limiting what can be offered. 2023/24 data from The King's Fund shows that under half (42%) of requests for support result in any service provision, while 31% of people receive nothing at all.

There is also strong evidence about the financial and emotional impact on unpaid carers. The Health and Social Care Select Committee's April 2025 report, *Adult Social Care Reform: the cost of inaction*, found that 1.5 million unpaid carers provide over 50 hours of care per week (an increase of 152,000 over the past decade).

Alongside the emotional and physical challenges, the economic impacts are stark:

- Carers providing 50+ hours of care a week lose an average of £162 per month, peaking at £192 after four years.
- Those providing less than five hours per week still face an average monthly penalty of £44.
- 7.2% of unpaid carers report bad or very bad health, compared with 5.4% of non carers.
- Only 71.9% report good or very good health, compared with 82% of non carers.

There is also a worrying longer term economic doom loop specifically affecting women, who make up the majority of unpaid carers. Women are disproportionately expected to juggle work with caring responsibilities or give up work altogether, affecting earnings and the ability to build sufficient pension pots.

The wider economic impact of losing so many people from the labour market shouldn't be overlooked. Carers UK's *State of Caring 2024* report highlights independent analysis suggesting that carers being in employment contributes £5.3bn a year to the economy.



The report also notes:

- 55% of carers who reduced their hours said they couldn't save as much for retirement.
- 70% of carers who gave up work worry about living costs and their future.
- 43% of carers who gave up work reported bad or very bad mental health (compared with 35% still in employment).

As the evidence stacks up to show that inaction on social care reform is having a significant negative effect across our communities, we must ask why we remain stuck in this cycle and what can the Casey Commission do to fix it? Sir Andrew Dilnot, chair of the Commission on Funding of Care and Support in 2010–11, told the Health & Social Care Select Committee in January 2025 that this “invisibility” problem stems from shared neglect: *“The population as a whole has not complained enough to their MPs. The media have not written about this enough, and politicians have not, in the end, had the courage to go forward and do something.”*

*Will 2026 be the year where we see positive change?*

The Casey Commission is due to report initially this year. We and our not for profit members continue to engage closely with the Commission team, and we believe there is a strong message for government about the power of working in proper partnership to find solutions through collaboration.

The government has also published a DHSC policy paper detailing priority outcomes and expectations for local authorities. These focus on improving quality, enabling people to have more choice and control, and strengthening the join up between health and social care. Whether these developments will be enough to ensure effective, responsive, accessible and affordable care remains to be seen.

One final observation from our international work: other countries are taking bold steps. Australia's Aged Care Bill 2024 dismantled the previous Aged Care Act, moving funding structures away from providers towards individuals, creating a more personalised approach. Canada's *Fixing Long Term Care Act 2021* included up to \$1.25bn for hiring and retaining long term care staff, aiming to increase direct care time for residents.

Much food for thought, as the challenges caused by historic underfunding and ineffective attempts at reform continue to wage on.

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



#### Further reading

Skills for Care – Size and Structure of the Adult Social Care Workforce  
[skillsforcare.org.uk](https://skillsforcare.org.uk)

The King's Fund – Social Care Reform Explained  
[kingsfund.org.uk](https://kingsfund.org.uk)

ADASS – Adult Social Care Waiting for Care and Support Reports  
[adass.org.uk](https://adass.org.uk)

NCVO – The True Cost of Delivering Public Services  
[ncvo.org.uk](https://ncvo.org.uk)

Carers UK – State of Caring 2024  
[carersuk.org](https://carersuk.org)

Health & Social Care Select Committee – Adult Social Care Reform: The Cost of Inaction  
[committees.parliament.uk](https://committees.parliament.uk)

DHSC – Policy Paper: Priority Outcomes for Adult Social Care  
[gov.uk/government/organisations/departement-of-health-and-social-care](https://gov.uk/government/organisations/departement-of-health-and-social-care)

Australia – Aged Care Bill 2024 Overview  
[health.gov.au](https://health.gov.au)

Canada – Fixing Long Term Care Act 2021  
[ontario.ca](https://ontario.ca)



**Budget pressures  
push councils to  
undercommission  
essential care.**



# The People Who Care Most Are Paid Least



**Christina McAnea**  
GENERAL SECRETARY  
UNISON

Christina McAnea, General Secretary of the trade union UNISON, sets out how a workforce delivering vital social value is still rewarded with low pay — and why this imbalance can no longer be ignored.



*Loving your job doesn't pay the bills or feed your dependants.*



Looking after the most vulnerable in society requires expertise, compassion, and commitment. The job demands long and often unsocial hours, plus the ability to cope with physical and mental challenges. Adult social care is both a vital public service and essential to the nation's infrastructure.

Yet care work continues to be undervalued, despite its crucial role. Care staff are predominantly female, and society has historically failed to appreciate work undertaken by women. Failure by employers to reward women's labour properly leads to financial hardship for families.

Some employers will say "it's not all about pay". But care workers tell us low wages are a key concern. Loving your job doesn't pay the bills or feed your dependants. Inadequate rates combined with a lack of benefits, especially sick pay, have driven the recruitment and retention crisis, with vacancy levels around three times higher than the wider economy.

Privatised and fragmented over decades, the care sector is a victim of acute underfunding and 'market forces.' Competition is fuelled by a large number of providers and that's created a race to the bottom, driving down pay for what is a difficult and challenging job.

Other public services are part of visible institutions for which politicians can be held accountable. But in social care there's no equivalent of the NHS 'brand' or a central mechanism to address workforce issues. For many, the sector is a hidden public service, and most people don't realise it exists until they're in crisis.

The economic consequences of disregarding care work are profound. Hundreds of thousands of extra posts will be required in the next decade to support an ageing population, including people with complex, lifelong disabilities.

Any responsible government should be planning for this and delivering investment and reform. But the sector hasn't been given the resources to keep up with demand. High turnover rates and understaffing have created a lottery for those who need care in a nursing home and those living independently with the support of domiciliary staff. That has a knock-on effect on the NHS because patients who end up in hospital often struggle to get the care in place to allow them to be discharged back into the community.

What's needed is for central government to set minimum pay standards. Leaving it to local commissioning isn't the solution. With local authority budgets under unprecedented strain, funding for care contracts has been squeezed almost dry and that's passed onto the workforce.

Bodies that commission care are perpetuating low pay, even inadvertently, by prioritising the cost of contracts over quality. But care firms paying unlawfully low rates shoulder the most blame, especially when they're taking significant profits, including some owned by private equity or based in tax havens.

Fair pay and proper recognition in social care wouldn't be possible without unions. In championing the workforce, UNISON has pushed the government to make a fair pay agreement (FPA) a reality. Bargaining nationally for the sector will be a game-changer and unions must represent the workforce in those negotiations.

Progress on the FPA is a major step recognising the value of care work. So too is the prospect of a national care service. UNISON has set out a vision for the future of social care, to put it on a par with the NHS. A service that's fully funded, has national standards, agreed pay rates (like the NHS's *Agenda for Change*) and integrated with healthcare.

Bold steps are still needed to rebalance the relationship between social value and financial reward. It's time to be ambitious, not just tinker around the edges. Only then will those most in need get the support they deserve from a workforce that's truly valued.

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



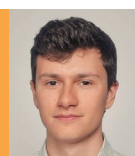
“

*A system built on women's labour cannot function while that labour is undervalued.*

”



# Closing The Door, Opening The Crisis



nuffieldtrust

**Cyril Lobont**

RESEARCHER  
NUFFIELD TRUST

As migration rules tighten and Fair Pay Agreements remain years away, Cyril Lobont examines the widening gap between political decisions and the workforce crisis unfolding on the ground in adult social care.



*A government pulling in different directions risks causing serious damage.*



The pressure the government feels to bring down net migration has led to some major policy changes. Social care – despite being vital in the lives of many people – is at the sharp end of some of these.

Strict measures, including ones targeting visa routes into social care, have been put in place to stem the flow of people coming to work in the UK, abruptly reversing policies which aimed to actively draw in the foreign nationals that social care desperately needed after the pandemic. From around the start of 2024, changes to visa rules led to dwindling numbers of people joining the sector from abroad. More recent restrictions, implemented by the current government, have seen numbers drop even further, and have essentially removed any direct routes from abroad into care roles.

The debate on migration is very divisive, but it's undeniable that adult social care is going to need many more staff in the coming years. It's also clear that many vacancies, or the prospect of a career in the sector, aren't attractive enough to British nationals in the current climate. Pay, progression, and working conditions are key reasons for this. The number of British nationals working in adult social care is 85,000 lower than it was in 2021, with most new joiners having come from non-EU countries.

In recognition of recruitment and retention challenges, the government has plans in motion to make social care work more desirable to domestic workers through a process of Fair Pay Agreements. In theory, this should be an opportunity for employers and workers in adult social care to agree, at a national level, on pay and other important employment matters that could make social care a better place to work.

While a positive step forward, big challenges remain. Firstly, the first Fair Pay Agreement is planned to go live in April 2028. This leaves well over two years in which, with the international recruitment tap turned off, providers could end up with growing numbers of vital roles sitting unfilled. Employers could decide to boost their pay offer before a national agreement comes into force, but the steep increase in the cost of providing care in recent years will make this feel unaffordable for many.

Making the Fair Pay Agreement a success will rely on lots of moving parts. The employers and unions who negotiate the agreements will need to work well together, as well as with the government. A big challenge will be designing an agreement that works for everyone that makes up this very diverse sector. Moreover, the right funding from central government is vital. The £500 million committed for the first agreement only equates to around 20p per worker if shared equally. This just is not going to sustainably and radically improve pay and terms in social care in a way that massively boosts the inflow of British nationals. Bigger sums of money might be made available for later agreements, but there is no guarantee of this.

Changes to immigration rules seem to have assumed that the Fair Pay Agreement, which is still a long way off becoming a reality, will solve the recruitment and retention dilemma. Another possibility is that social care was, at best, an afterthought when new immigration policies were being designed. Either way, the government continuing to pull in different directions at the same time is going to do huge damage. With little prospect of meaningful reform before 2028, policymakers across different departments must try to ensure policies align and support the continued survival of adult social care, not push it into deeper crisis.

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





*British nationals in adult  
social care have fallen  
by 85,000 since 2021.*





# Who Really Pays the Price for Care?



**Karolina Gerlich**

CHIEF EXECUTIVE  
THE CARE WORKERS' CHARITY

Behind the UK's £77.8bn care economy lies a hidden cost borne by care workers themselves. Here, Karolina Gerlich exposes who really pays the price for an undervalued, underfunded system.



**Care workers pay the price through low wages, exhaustion and constant financial strain.**



The UK's adult social care sector is often discussed through the lens of budgets and efficiency. Yet behind these figures sits a hidden economy, sustained by undervalued labour and personal sacrifice. The real economics of care are not defined by what Government allocates on paper, but by who absorbs the true financial and emotional cost every day.

Adult social care contributes £77.8 billion to the UK economy, yet the two million people delivering this value, most of them women, remain among the lowest-paid workers in the country. The Care Workers' Charity's 2025 Care Worker Wellbeing Survey of over 2,000 care workers exposes the human toll of this chronic undervaluation:

- 72.06% do not feel financially secure; over half say their pay is too low.
- 34.33% say their job harms their mental health; only 52.63% believed mental health support in their workplace was available.
- 28.53% indicated they are likely to look for a new job within a year; key reasons for leaving include pay (65.29%), wellbeing (60.95%) and lack of progression (56.52%).
- 81.12% said they had been directly impacted by the cost-of-living crisis.

These are not abstract statistics. They represent people holding up the lives of others while struggling to hold up their own.

Since 2020, The Care Workers' Charity has awarded £6.3 million in crisis grants to 12,605 care workers, underlining how fragile the system has become. Of those supported, 83% are women and 53% work full time. Nearly three-quarters of grants (74%) cover urgent daily living costs, with further support needed for household essentials (6%), car repairs (4%) and preventing eviction (4%).

Crisis grants provide vital short-term relief, but the scale and nature of applications reveal a system that relies on care workers absorbing financial shocks and emotional strain so the state does not have to.

This burden is deeply gendered. According to Skills for Care's *State of the Adult Social Care Sector and Workforce in England 2025*, women make up 78% of the workforce. Analysis from Carers UK and the Women's Budget Group shows that inadequate social care provision pushes women into low-paid or insecure work and out of the labour market altogether. Around 600 people leave the workforce every day to care for a loved one, most of them women, representing a substantial and avoidable loss to productivity and income.

The sector is also grappling with 111,000 vacancies, with capacity shrinking as demand rises. Local authority budgets have failed to keep pace, leaving providers unable to recruit or retain care workers. The consequences are predictable and costly: unmet need grows, families step in, and hospitals struggle to discharge patients safely. The King's Fund found delayed discharge remained acute in March 2025, with an average of 9,309 people delayed each day.

Despite delivering increasingly complex care, pay remains unacceptably low. In London, the average hourly rate is £12.20, £1.65 below the London Living Wage. In the East of England, it stands at £11.90, and in the West Midlands £11.77, with several regions paying even less. Large parts of the workforce continue to earn below the National Living Wage of £12.21 per hour, while NHS healthcare assistants start on higher rates with pensions, enhancements and clear progression pathways. This lack of parity drives people out of social care and destabilises both systems.

International recruitment has become a lifeline. Around 385,000 care roles are filled by migrant care workers, and over 80% of workforce growth since 2021 has come from overseas recruitment. Yet policies such as the proposed 15-year settlement route and the dependants ban are creating fear and insecurity, undermining retention when the system depends on these workers most.



The cost of an undervalued care system is being paid by care workers through low pay and burnout; by women through lost income and unpaid care; by families forced out of employment; by providers facing instability; by NHS services struggling with delayed discharges; and by people drawing on care whose needs go unmet. Underfunding does not save money; it shifts costs onto those least able to carry them.

If the Government is serious about growth, it must recognise the care workforce as essential economic infrastructure. Investing in care would increase labour market participation, improve NHS efficiency, reduce gender inequality, strengthen local economies and ensure dignity for people drawing on care. The economics are clear: the cost of care is not the burden; the absence of care is. Until care workers are fairly paid, protected and recognised as skilled professionals, the UK will continue to pay far more than it would ever cost to fix the system.

 [thecareworkerscharity.org.uk](http://thecareworkerscharity.org.uk)



*The real cost of care is carried daily by undervalued frontline workers.*





# We Can't Prevent What we Can't See



**Ashleigh Dueker**

PROGRAMME DIRECTOR - CARE INTELLIGENCE  
PERSON CENTRED SOFTWARE

**Ashleigh Dueker, Programme Director for Care Intelligence at digital care technology company Person Centred Software, (PCS), explores how predictive insight is helping care teams identify rising risk earlier and act with greater confidence.**

Falls remain one of the leading reasons older people attend A&E, and in the hard winter months this reality becomes even more stark. They cost the NHS an estimated £2.3 billion every year, with fractures and fragility injuries adding a further £1.1–£4.4 billion annually. Beyond the financial strain, these incidents bring pain, distress and loss of independence for residents and their families, while adding pressure to an already overstretched system. But what if we could predict falls — and radically reduce both their severity and frequency — through predictive insight?

As Programme Director of Care Intelligence at PCS, I've seen first-hand how digital care is evolving. We're exploring how to turn the wealth of data we hold into genuine foresight, starting with falls risk as a major area of focus. Supporting over 8,400 care providers, we hold the largest structured social care dataset in the sector. With more than 18.5 billion care observations, we are now able to turn this data into foresight in a way that wasn't possible before.

Every PCS app — from care planning to medication management to rostering — feeds into a unified data layer that increasingly powers something far more valuable: intelligence. Our IQ platform already transforms this data into actionable insight. Providers can benchmark their performance against similar homes nationwide, evidence quality improvements to families and regulators, and identify where interventions are making a measurable difference.

The logical next step is moving from understanding what happened to anticipating what might. Predictive insight represents a fundamental shift in how care can be delivered, flagging when risk is rising and suggesting that something needs attention now, rather than after an incident has occurred. As care operators know well, most falls don't come out of nowhere. There are usually warning signs — subtle, cumulative changes that only become obvious in hindsight. A resident may be more tired than usual due to increased nighttime movement. Fluid intake may have dipped.



***Most falls have warning signs we only recognise when it's too late.***





A new medication may be unsettling them. A urinary infection may have been treated only days earlier. Each factor alone may not feel alarming, but together they can significantly increase the risk of a fall. So the question I increasingly find myself asking isn't simply how we reduce falls with injury, but what is the cost of not knowing sooner?

When we talk about the economics of intelligence led care at PCS, we believe the benefits are far reaching. The NHS benefits when avoidable acute admissions are prevented. Local authorities benefit when escalation to higher cost care can be delayed or avoided. Providers benefit because care becomes less reactive and outcomes improve. Most importantly, preventing an acute fall or minimising a sudden decline means less distress and more time living well for residents — giving families greater confidence that changes are being noticed and acted on earlier.

Of course, scepticism around predictive care is understandable. Too often, technology has been presented as a cure all that will fix the unfixable or replace the human touch. We know that data intelligence does not replace leadership, training or compassionate care, nor does it solve structural funding challenges. What it can do — and is already doing — is helping care teams spot risk earlier. It flags when risk is rising and suggests that something warrants attention now. In that sense, predictive insight isn't a replacement for care; it's an additional tool and an early warning system.

Predictive tools are not prescriptive. They do not make decisions. Accountability for care will always sit with the brilliant and dedicated professionals delivering it. What predictive insight does is augment expertise, not replace it. It brings patterns to the surface sooner, allowing experienced staff to apply their judgement earlier and with greater confidence. Crucially, predictive insight also creates faster feedback loops. Teams can see whether changes to care plans, hydration assessments or monitoring reduce risk — and adjust if they don't. It becomes another tool in the toolkit, helping staff act with more clarity rather than more pressure.

In the care sector, challenges are unique and complex. That's why we are approaching this cautiously, with testing, validation and close collaboration with care teams, because predictive care only works if it genuinely supports the people using it. Not seeing risk doesn't make it disappear; it simply means the cost shows up later — in A&E departments, hospital beds and human suffering.

This is about giving care teams a better chance to intervene earlier, reduce harm and ease pressure where they can. In a system as stretched as ours, that feels like an opportunity we should not miss — and a responsibility we take seriously.

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

*Predictive insight helps care teams act earlier and reduce avoidable harm.*



# After Removal, After Trauma – There is GROWTH



How one pioneering project is helping women rebuild their lives after child removal — breaking cycles of trauma through housing, therapeutic care and peer-led support when it is needed most.



“

**55% of women  
in prison are  
mothers.**

”

For many women, the moment a child is removed from their care is the moment everything falls silent. Time stretches. Grief settles in. A part of them is now gone. Yet unlike other forms of loss, this one is rarely acknowledged, rarely mourned, and rarely supported.

In the UK, 55% of women in prison are mothers. For many of these women, the removal of a child is experienced as a bereavement level loss. This loss frequently compounds existing trauma rooted in childhood adversity, abusive relationships, poverty, or involvement with the criminal justice system. Yet despite the severity of this experience, mainstream services are not designed to respond to its emotional, psychological, and practical aftermath.

The women affected are expected to move on, often without being provided a safe space to address their feelings — and so the cycle of trauma perpetuates. The absence of post removal care creates a damaging cliff edge, leaving women at heightened risk of homelessness, substance misuse, deteriorating mental health, exploitation, and further crisis.

Without specialist intervention, many go on to experience repeat child removals, reinforcing trauma and increasing long term costs to public services.

However, even in darkness, there is always an opportunity for GROWTH.

The GROWTH project was developed in direct response to this unmet need. An innovative, trauma informed project designed to support women who have experienced child removal and the complex challenges that often accompany it, the project provides support at a time when it is most urgently needed and often least available.

Since launching in May 2024, the GROWTH project has demonstrated clear demand, receiving 64 referrals within its first months — the majority coming from voluntary and community organisations. This strong engagement reflects both the need for specialist provision and the trust placed in the model by local partners.





Building on this early success, the project plans to expand its accommodation capacity from twelve to eighteen places, widening access to life changing support.

This project provides a second chance. Women describe the group as a “lifeline” and a place where they “stand tall again.” Early impact results show that 78% of women report improved physical and psychological wellbeing, while 89% have achieved enhanced housing security — outcomes which help reduce reliance on emergency services and support stabilisation.

Supporting women after removal is not only compassionate but preventative, reducing future child protection involvement and long term public cost. Providing stability, therapeutic intervention, and trusted relationships at this critical moment can interrupt cycles of harm, reduce future child protection involvement, and lessen reliance on emergency health, housing, and justice systems.

Target, the organisation delivering GROWTH, is uniquely positioned for this work. It is one of the few UK organisations specialising in this cohort and the only charity delivering this particular model. The organisation brings more than 30 years of experience supporting people facing severe and multiple disadvantage. Its gender informed and trauma informed approach has been refined through

extensive insight, coproduction with women affected by child removal, and rigorous service development. The GROWTH pilot has been recognised nationally, earning commendation at the 2025 Housing and Care Awards and receiving support from MPs and sector leaders.

Despite its impact, the future of the project remains uncertain while funding bids are still pending. Nevertheless, the project aims to provide intensive support to a further 15 women and to engage an additional 50 individuals through its drop in sessions.

GROWTH provides a rare and vital service for women facing some of the most entrenched forms of disadvantage. Its combination of specialist accommodation, therapeutic support, peer connection, and partnership working creates meaningful pathways toward stability, empowerment, and improved wellbeing. After child removal, many women feel that their journey is over. GROWTH powerfully proves otherwise.

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

“  
**GROWTH  
provides trauma  
informed support  
for women  
facing child  
removal and  
complex life  
challenges.**  
”



# Kindness in her DNA



PA Services For You  
Supporting Independent Living

**Mary Walker**

TRAINEE MANAGER  
PA SERVICES FOR YOU

How Mary's childhood lessons in kindness became the foundation of her leadership today at PA Services For You — shaping a care career rooted in dignity, empathy and everyday excellence.



Mary Walker didn't stumble into care — she grew up in it. While most kids were playing in the garden or glued to cartoons, Mary was happily tagging along with her mum, Lucy Walker Hall, as she supported people in their own homes. Mary remembers the little things: helping tidy a room, sharing a smile, chatting about someone's day. Nothing dramatic, nothing flashy — just genuine human connection. And that's exactly where her understanding of dignity in care began.

Fast forward a few years and Mary is now a rising star at PA Services For You, supporting young adults with complex needs to live full, ordinary, joyful lives at home and in their communities. But what makes her stand out isn't her age, her qualifications or even her impressive progression. It's the way she shows up — calm, thoughtful, and completely tuned in to the person in front of her.

Mary's journey into care feels almost inevitable. After finishing her GCSEs, she headed straight into Health and Social Care at college, graduating with distinctions. She wanted to build her confidence before joining the family business, so she spent time with another provider, learning the ropes and discovering what kind of practitioner she wanted to be. By the time she joined PA Services For You in December 2021, she already had a reputation for being steady, kind and quietly brilliant.

And she hasn't stopped growing since. NVQ Level 3? Completed. Manual Handling Train the Trainer? Done. Payroll responsibilities? Taken on. NVQ Level 5 at just 22? Already underway. Mary is the definition of "learning from the ground up" — and loving every minute of it.

What's lovely about Mary is that her approach to dignity isn't about grand gestures or big statements. It's about the tiny, thoughtful moments that make someone feel seen. A morning routine that isn't rushed. Warm water introduced gently. Offering choices around clothing instead of assuming. Noticing the small preferences that make someone feel like themselves. She treats every person as a whole human being, not a list of tasks — and it shows.

Family is a big part of her practice too. When relatives are involved, Mary welcomes them in, building trust and shared understanding. Out in the community, she supports people to do the things that matter to them — whether that's using adapted gym equipment, visiting favourite places, or expressing themselves through music and movement. Back at home, she focuses on the everyday moments that make life feel normal and meaningful.

And here's the thing: Mary doesn't just do dignity — she spreads it. Colleagues learn from her without her even trying. She leads by example, by reflection, by the way she carries herself. She's becoming one of those people who quietly shapes a whole culture simply by being consistent, kind and deeply respectful.

At PA Services For You, dignity isn't a buzzword. It's the foundation. And Mary embodies it so naturally that it's no surprise she was shortlisted for a Great British Care Awards' Dignity in Care award. She's one of those rare practitioners who reminds everyone what care is really about: people, relationships, and the small moments that matter.

Mary is absolutely one to watch — not because she's chasing titles, but because she's building something far more powerful: a career rooted in purpose, humanity and everyday leadership. For her, the people she supports aren't defined by their needs. They're defined by who they are. And she makes sure they feel respected, valued and genuinely cared for — every single day.

“

*Kindness has always been part of my life — it's just how I was raised.*

”



# Venturing Beyond Labels



**Venture People**  
Innovation - Impact - Outcomes

**Micheal Lundy and Team**

VENTURE PEOPLE

How Greenhill, Venture People's supported living service for men with complex needs, helps people move beyond labels and reclaim their own story — through trust, choice and the power of Positive Behaviour Support.

Venture People do things differently. Their Greenhill service, opened in March 2020, supports adult men with complex mental health needs and forensic histories — but not in the way people might expect. With a tight knit, skilled team and a genuinely person centred ethos, Greenhill offers recovery focused, reablement based support that's compassionate, consistent and rooted in Positive Behaviour Support. In short: they meet people where they are, and walk with them from there.

Many of the men arriving at Greenhill have been through the system more times than they can count. They've experienced placement breakdowns, homelessness risks, and services that made decisions about them rather than with them. Too often, those experiences come with labels that stick — labels that overshadow strengths, silence potential and shape how people are seen before they've even walked through the doors. When that happens, the outcome is almost always the same — disengagement, mistrust, and a revolving door of support that never quite sticks. Greenhill flips that script. The team start from a simple but powerful belief: behaviour is communication. When you listen properly, everything changes.

Their work takes place in supported living settings with people who've known instability for far too long. The aim is to create a space where each person can define who they are, how they want to be supported, and what a good life looks like for them. And it all begins with relationships — real ones. Time spent getting to know someone, understanding their history, building trust. It's not an optional extra; it's the foundation. And the evidence backs it up: strong therapeutic relationships lead to better engagement and better outcomes.



You see this most clearly in stories like Lennon's. At just 20, he arrived after several service breakdowns, carrying a dream he'd never really shared: he wanted to DJ in front of a crowd. In many settings, that might have been dismissed as unrealistic. At Greenhill, it became a plan. The team didn't just say yes — they helped him make it happen. Lennon chose the music, the setup, the vibe. Service users and staff from across Venture People came along, turning it into a shared celebration of music, confidence and connection.

The feedback said it all: *"Dancing, laughing and joking — a good day out. I'd like my own birthday party with him DJing."* The event wasn't perfect, and that's exactly why it worked. It was his. He owned it. And in doing so, he grew — in confidence, in trust, in his sense of who he could be. Suddenly, Lennon wasn't defined by past behaviours or placement breakdowns. He was defined by creativity, ambition and choice.

That one moment of being believed in opened the door to a future he can actually imagine. Now he's exploring music college in Brighton and even looking at work opportunities in the

security industry. It's a reminder that empowerment doesn't always start with a grand plan — sometimes it starts with a beat, a crowd, and someone saying "yes, let's try."

Greenhill House is a service with heart and purpose. It helps people build independent life skills, reconnect with their communities and rediscover their strengths. Positive Behaviour Support isn't just a model here — it's the lens through which every person is seen, heard and understood. As one professional put it: *"The way you and the staff team are working with Lennon, alongside him, is brilliant... your hard work and interventions are clearly helping him enormously."*

Greenhill shows what's possible when you stop managing people's pasts and start supporting their futures.

[venture-people.com](https://venture-people.com)

“

**Suddenly, Lennon wasn't defined by past behaviours but by his creativity, ambition and choice.**

”

# From War to Welcome



brunelcare 

How 80 year old Nadiia travelled from a city in ruins to a new life in Bristol — finding her home through courage, compassion and the support of people determined to help her rebuild.

“

Carrying only documents and clothes, Nadiia fled in a huge convoy.

”

When 80 year old Nadiia left her home in Ukraine, she carried almost nothing with her — no possessions, no certainty, and no idea where she would end up. What she did carry was determination. Today, thanks to the swift support of Bristol charity Brunelcare, she has a safe home, a community around her, and the beginnings of a new life.

Before the war, Nadiia lived in a busy Ukrainian city in a block of flats surrounded by neighbours she knew well, local shops, schools and parks. Life was familiar and steady. But when conflict escalated, that world disappeared almost overnight. Her building was destroyed, her community scattered, and the essentials of daily life vanished. For five weeks, she survived without food or water. Temperatures dropped to -11°C, and she used a carpet as her only source of warmth. “*I realised I couldn’t stay,*” she said. “*There was nothing left.*”

With only her documents and the clothes she was wearing, Nadiia fled with a young couple and their child, joining a convoy of more than 100 cars. A journey that should have taken an hour stretched into 16 tense hours. She had no idea where she was going — only that she had to keep moving. Along the way, strangers stepped in to help. She slept in a shelter, received hot meals, and eventually travelled through Poland before arriving in the UK. For weeks, she wore the same coat and clothes, carrying the trauma of everything she had witnessed. Night terrors and moments of distress followed her long after she reached safety.

When Nadiia arrived in Bristol, she approached the City Council for help. Despite her age and circumstances, she was placed on a waiting list with no clear timeline and no guarantee of a home. After everything she had endured, she now faced homelessness in a country she barely knew.

That’s when Tracy, one of Brunelcare’s Allocations and Lettings Officers, stepped in. Working closely with Bristol City Council, Tracy moved quickly. Within weeks, she secured Nadiia a safe, warm flat in one of Brunelcare’s housing schemes. The team prepared the property with care — repainting, decorating and laying new carpets so that her new home felt welcoming from the moment she walked in.

“*I couldn’t feel safer living where I do at Brunelcare,*” Nadiia said. “*It’s fantastic, and my home is lovely. I only have Tracy and the teams at Brunelcare to thank for getting me here so quickly.*” But the support didn’t stop at housing. Tracy helped her complete the documentation she needed to remain in the UK and assisted with her pension arrangements — practical steps that made a huge difference to her sense of security.

Since moving into her flat in April 2025, Nadiia has slowly begun to rebuild her life. She attends English classes two to three times a week, both at college and through her church. Her daughter, Lana, visits regularly with her family, bringing comfort and connection. Her bright, end of block apartment has become a place of calm after months of fear and uncertainty. For the first time since the war began, she feels settled.

Tracy reflects on the journey with pride. “*Nadiia’s story reflects resilience and determination. We are proud to have been able to provide her with a safe home and the support she needs.*” For Nadiia, the journey from devastation to stability has been long and painful. But with the right support — and a community ready to welcome her — she has found safety, dignity and a new beginning at 80 years old.

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







# NCF

THE NATIONAL CARE FORUM

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

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

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# What Keeps me Awake at Night



## Rob Martin

CHIEF EXECUTIVE OFFICER  
SIGNATURE SENIOR LIFESTYLE

**Rob Martin, Chief Executive of Signature Senior Lifestyle, draws on over 25 years' experience in social care to reflect on his move from the not for profit sector to an independent luxury care provider, the challenges of his first 30 days, and what lies ahead in the coming year.**



***One of my first questions on joining was, “How do I add value?”***



**I**t's only been a short time since arriving at Signature, and while there are differences between not for profit and independent providers, the core concerns remain the same: how we continue to exceed customer expectations, and how we do so safely.

The single greatest thing that has kept me awake at night since joining Signature is the three care homes currently under construction, due for completion in 2026 at Hornchurch, Surbiton and Enfield. I have experience opening new homes, and I'm confident in the expertise within Signature's commissioning teams, but it's natural to feel anxious. There is always uncertainty about how a new home will be received and how it will evolve from a building into a thriving community.

With three additional homes opening in 2026, it's no surprise that growth will be a major theme for Signature over the next few years. Growth has always been something I've enjoyed about social care. It can mean many things: opening new purpose built communities, developing people, and continually raising standards. It is both exciting and challenging. But growth isn't our only focus. One of my first thoughts on joining was, “How do I add value?” I was welcomed by an experienced leadership group with a strong culture of excellence, but I saw an opportunity to strengthen communication. I quickly introduced a blog to share our vision, our future direction and our identity. I've also made a point of being highly visible — visiting all homes routinely and hosting live virtual meetings with the leadership team for colleagues across the organisation.

In a sector that never stands still, peers often ask me what helps me make good decisions under pressure. My answer is simple: experience. And my experience has been shaped by a not so ordinary career pathway. Starting in the Armed Forces taught me the power of the collective, the importance of owning decisions, and the value of doing the process well. A brief period contracting in the NHS and nuclear industry taught me about resilience, trust and shared responsibility. Becoming a Registered Manager of a failing service taught me that determination, leading by example and putting residents first doesn't just create a safe service — it creates a thriving one. Along the way I've worked for great leaders, and a few who taught me what not to do. All of them shaped me. My time at Anchor reinforced that progress comes from doing the small things well and innovating, not blaming what we can't control. Despite limited government funding and negative media narratives, the sector continues to innovate and deliver extraordinary work every day.

I bring all of that experience into my role at Signature. Those who know me understand my loyalty, reflected in the length of time I've stayed with previous employers. Signature can expect that same commitment and stability.

Looking ahead, new challenges are emerging — particularly the role of AI across society and within social care. As people increasingly turn from traditional search engines to AI tools, we must ask: what impact will this have on our sector? What role should AI play? As we adopt technology to reduce workforce burden and mitigate risk, I'm curious about how AI can support us further.

Returning to my opening point: exceeding customer expectations safely remains our central focus. Technology will help, but it will never replace the human elements of care — companionship, warmth and responsiveness. These qualities make our workforce exceptional.

Our challenge for the future is clear: to keep raising the bar. Choice, wellness and hospitality must move to the next level. As people become more aware of how to live well for longer, we want to offer a service that truly enables that — through personalised choice, tailored wellness programmes and first class hospitality!

 [signature-care-homes.co.uk](https://signature-care-homes.co.uk)





“

*While there are differences –  
the core concerns remain the same.*

”

# The TOUGH Question...

## If Digital Care is so Transformative, Why Isn't Everyone Using it?



**Michelle Corrigan**  
 CHIEF EXECUTIVE OFFICER  
 DIGITAL CARE HUB

If digital tools are proven to save time and improve care, why does progress still vary so widely? Michelle Corrigan at Chief Executive at Digital Care Hub, argues that confidence, culture and practical support matter just as much as the technology itself.



*Many providers tell us it is not a lack of interest, but a lack of confidence.*



It is worth challenging one assumption behind this question. Every care provider already uses digital technology. Even where systems are not designed specifically for social care, providers rely on spreadsheets, emails, text messages and online systems to run services day to day. Digital care does not start from zero. The real question is how far providers can go, and at what pace.

The sector has made genuine progress. Around 80% of providers now use a Digital Social Care Record, and uptake of the Data Security and Protection Toolkit has increased from around 15% in 2021 to over 75% today. That shift reflects growing confidence, clearer expectations and better support. It shows that when digital change is clearly linked to everyday practice, adoption can be rapid.

So, what slows adoption elsewhere, even when the benefits seem obvious on paper? Change is always challenging. Many providers tell us it is not a lack of interest, but a lack of confidence. There can be a feeling that you need to be a digital or data expert to make the right decisions. Alongside this sit long-term investment considerations and competing priorities. In a pressured system, introducing something new has to justify the time as well as the cost.

Expecting digital transformation to succeed in services that are overstretched, under resourced or short staffed is undeniably difficult. This is why the business case matters. Digital tools need to demonstrate that they reduce administrative burden, free up staff time and support better care. Digital care records, in particular, are becoming a basic cost of doing business, with strong evidence that they save time and improve oversight. Increasingly, we also need to recognise the cost of not adopting digital approaches.

Fit for practice is another crucial factor. Digital tools often fall short because they do not reflect the pace, pressure or workflow of frontline care. Even when systems do not fail outright, they can struggle to deliver their full value. This is why co-design and co-introduction between care providers and suppliers are so important. Failure is also part of learning, particularly with emerging technologies such as AI. What matters is learning safely and adapting quickly.

Trust among care workers is central. Experiences are mixed, especially at the early stages of introduction. Poorly implemented technology can feel like extra admin or surveillance. But when data is used alongside professional judgement, the benefits become clearer. For example, sensor technology has helped providers identify patterns contributing to falls and intervene earlier, with some reporting a 50% reduction in falls and faster response times. In these cases, technology supports judgement rather than replacing it.

What also makes a real difference is the right kind of support. Programmes such as Digitising Social Care combined upfront investment with practical guidance, helping providers take first steps with confidence. Digital Care Hub's Better Security, Better Care programme has shown the value of tailored support delivered through trusted trade associations that understand providers' concerns and realities. This kind of peer-informed, practical support builds confidence far more effectively than generic guidance alone.

Looking ahead, suppliers need to design not just for today's sector, but for the one that is emerging. Systems must be adaptable, interoperable and secure, able to work with NHS infrastructure and evolving expectations. As digital natives age and AI becomes more embedded, issues of access, bias and transparency will only become more important.

Digital care is already making a positive difference. The challenge now is to build on that progress with honesty, collaboration and the right support, recognising that innovation takes time as well as money.

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



“

*When data is used alongside professional judgement, the benefits become clearer.*

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## Ask The Experts

# In 2026, How Do We Make the Economics of Care Fair for Everyone?

As 2026 begins, the care sector faces both hopes and fears: opportunities in technology, workforce reform, and new commissioning models, but also threats from underfunding, rising vacancies, and political uncertainty.

We asked a group of sector stakeholders, *“What are the biggest opportunities and risks for social care this year – and how can we ensure that the economics of care work fairly for providers, staff, families, and those receiving support?”*



**Bethan Evans**  
CHIEF EXECUTIVE  
MY CHOICE HEALTHCARE

**“Workforce shortages remain one of the most pressing issues.”**

### The Care Home Provider

The social care sector has faced unprecedented challenges in recent years, yet it remains resilient, driven by a determination to make a difference and a belief that change is possible. Workforce shortages remain one of the most pressing issues and will not ease unless funding increases, working conditions improve and career progression is prioritised. Funding must also be consistent across geographies and aligned with future demand.

Technology is beginning to make a positive difference. AI is already reducing time-consuming administrative tasks and providing tools that better support care delivery. With continued investment, staff training and an open approach, further advances are expected in 2026 that could free up more time for direct care.

In Wales, the sector may see significant change this year, with Senedd elections taking place. Regardless of who is in power, government must respond seriously to calls for appropriate support. The most vulnerable deserve care delivered fairly.



**Dr Clenton Farquharson CBD**  
ASSOCIATE DIRECTOR  
THINK LOCAL ACT PERSONAL

**“Underfunded, short-term care does not save money.”**

### The Lived Experience Expert

Social care faces a defining moment. The biggest opportunity is to move from crisis management to stability by recognising care and support as essential social infrastructure — the foundation that enables people, families and public services to function.

Technology, workforce reform and new commissioning models can strengthen care, but only when they improve continuity, clarity and trust. Designed well, they reduce pressure across the system. Designed poorly, they simply shift cost and risk elsewhere.

The greatest danger is a false economy. Underfunded, short-term care does not save money — it pushes costs into hospitals, unpaid caring, workforce churn and people left without dependable support. A fair economy of care invests where value is created: sustainable funding, fair pay and progression, support for families and commissioning that rewards outcomes people experience, including independence, connection and safety. This is how care works for everyone.





**Oliver Ross**  
CO-FOUNDER  
EDYN.CARE

*“Move social care from crisis response to prevention and continuity.”*

### The Home Care Provider

2026's biggest opportunity is to move social care from crisis response to prevention and continuity. Many conditions develop for years before a major event, yet systems still intervene too late. Earlier screening, better use of data and joined-up records supported by AI could allow services to step in sooner.

The prize is significant: fewer avoidable hospital stays, steadier and more predictable support at home, and families who feel better supported. Prevention and continuity reduce pressure across health and care systems while improving outcomes for people drawing on care.

The risks remain familiar. Underfunding, vacancies, burnout and fragmented digital systems keep innovation stuck in small pilots and widen inequality. Poor data governance could also undermine trust. Fair economics means transparent fee rates reflecting the real cost of safe care, better pay and progression for carers, and commissioning that rewards outcomes and continuity — not just hours delivered.



**Kaddy Thomas**  
FOUNDER  
CARERS COLLECTIVE

*“Unpaid carers are exhausted and burning out.”*

### The Unpaid Carer

Social care requires fundamental reform. The current system is failing those in greatest need: unpaid carers are exhausted and burning out, while vulnerable people go without essential support. The emotional and financial toll on families is growing, yet remains largely invisible.

The biggest opportunity lies in genuine co-design. Reform must involve experts by experience — unpaid carers, whom I describe as “professionals who don't get paid”. Their knowledge is invaluable, but too often ignored when decisions are made.

The risks are clear. Continuing with inadequate funding and overlooking carer burnout will deepen the crisis. Fair economics means recognising care as skilled work worthy of proper investment — including fair wages for paid staff, meaningful financial support and respite for unpaid carers, and sustainable funding models that do not force impossible choices between quality care and provider survival. Without this change, we risk losing an entire generation of care capacity.



**Julie Wells-Colley**  
CHIEF EXECUTIVE  
MOORVIEW CARE

*“Technology offers enormous potential, but off-the-shelf solutions frequently fall short.”*

### The Learning Disabilities & Autism Provider

We are at a pivotal point for social care reform. Commissioners and providers must be held to account for delivering the new fair pay agreement, with transparency on funding and measurable outcomes. The Employment Rights Bill will bring further challenges this year, and these changes must be fully funded to avoid provider failure and declining care quality.

Too often, the sector is required to respond to statutory and legislative changes without meaningful consultation. When broad reforms are introduced — such as increases to Employers' National Insurance — providers need a clear voice to explain the realities and risks created by chronic underfunding.

Technology offers enormous potential, but off-the-shelf solutions frequently fall short. By developing our own in-house digital platform at Moorview Care, we are building the agility to adapt to changing needs, new commissioning models and improved outcomes for the people we support, while also creating a better experience for our workforce.

# Have *Your* Say!



**Annie Alexander**  
SENIOR SUPPORT WORKER  
MAKING SPACE

## 3 Wishes

Annie Alexander is a Senior Support Worker for national social care charity, Making Space, working at Rivacre Residential Home in Ellesmere Port, Cheshire, which provides support for adults living with mental health conditions or learning disabilities.

*Here she tells us her 3 wishes for the adult social care sector:*

1. *My first wish would be for greater recognition of what care workers really do. There is still a perception that our roles are unskilled, when in reality they require knowledge, compassion, and a great deal of responsibility. Care work is so much more than making meals or providing personal care. It's about the everyday moments we share with residents – celebrating achievements, supporting them through loss, and being a consistent presence in their lives. The day-to-day tasks matter, but they are not the whole picture.*
2. *My second wish would be for better communication between care workers and other professionals. Too often, we must repeatedly chase for information that residents need or that we need to properly support them. When communication works well, the difference is clear. Better collaboration leads to more holistic care and better outcomes for the people we support.*
3. *And for my final wish, am I allowed to say better funding? Care workers administer medication, provide complex emotional support and complete continual training to meet high standards, yet this isn't always reflected in pay. Fairer pay would better recognise the skill and responsibility involved and help secure a stronger future for the care sector. While some care providers do their best to pay at least the national living wage, it can still feel frustrating when care roles are compared with other jobs that offer higher pay but carry far less responsibility or emotional demand. Recognising care work through fairer funding and pay would be a meaningful step towards truly valuing the role and the impact it has every day.*

*With greater recognition, better communication, and fairer funding, we can create a care sector that supports its workforce and delivers the best possible outcomes for those we care for.*

## In The Spotlight

**Alex Warents, a supported individual, Salutem Care and Education's Harmony House.**

An individual supported at Salutem Care and Education's Harmony House in Hebburn has achieved a major milestone by passing his Functional Skills Maths Level 2 qualification.

Alex Warents chose to use time spent in hospital positively, focusing on improving his maths skills. With weekly lessons and support from his tutor, Alex built confidence and successfully passed the exam through hard work and determination.

*"I'm really proud of myself," said Alex. "I wanted to do something positive with my time, and the lessons helped me a lot. My professor was very helpful, and it feels great to have achieved the highest level I can in maths. In the future, I'd like to work towards a degree."*

Harmony House provides 24-hour residential care and support for up to 23 adults with learning disabilities, mental health conditions, and other complex needs. The staff team are extremely proud of Alex's achievement and commitment.

John Godden MBE, Chief Executive of Salutem Care and Education, said: *"Alex's success shows that learning and personal growth can happen at any stage of life. His determination to use his time constructively is inspiring, and everyone at Salutem is immensely proud of him."*



**Alex Warents**



# Movers & Shakers

Black Swan Care Group has strengthened its senior management team with the appointment of Zoe Cattermole as Operations Manager. Based in Norwich, Zoe will take on the newly created role overseeing operations across all 24 of the group's care homes throughout East Anglia.

Zoe joined Black Swan in April 2021 as part of the Regional Management team, supporting residential services in Suffolk, Cambridgeshire and Essex. In her new position, she will have responsibility for key operational areas including regulation, medication management, recruitment and quality assurance.

Prior to joining Black Swan, Zoe spent five years working as an inspector for the Care Quality Commission (CQC), bringing extensive regulatory knowledge and sector experience to the role.

Managing Director Tom Lyons welcomed the appointment, saying: *"We're very pleased to appoint Zoe to this new role. She brings strong leadership and experience, and we're extremely fortunate to have her on our team. With the introduction of the CQC's new assessment framework, it is essential to have leaders with a deep understanding of regulation who can support our homes to deliver the highest quality of care."*

Black Swan Care Group supports nearly 750 people across East Anglia, providing care for older people, including those living with dementia, as well as younger adults with physical or learning disabilities. The organisation employs almost 1,000 staff across a range of roles.



**Zoe Cattermole**  
OPERATIONS MANAGER  
BLACK SWAN CARE GROUP

# Lightbulb Moment

Engagement is designed, not hoped for.

*My lightbulb moment with eLearning was realising that engagement is designed, not hoped for. When staff are busy, tired and juggling shifts, learning has to earn attention and make it easy to do the right thing.*

*After years as an L&D manager for national care providers, moving to CareTutor (a learning management system company) was an eye opener. The dedication to excellence behind the scenes is relentless. It has also given me the chance to bring my frontline experience into course design, so learning feels relevant to real services, not generic theory.*

*At CareTutor we build eLearning for the care sector that is educational and highly visual. Images and animations are carefully chosen to match the text and reduce confusion. We use character-led scenarios to bring topics to life with a mix of animation and real life actors, but we never rely on video alone. Each module includes frequent interaction, so learners make choices, practise recall, and apply what they have just learned. Learners must complete tasks to progress, which reduces rushing and supports understanding.*

*We finish every module with key learning points and a knowledge check based only on the content covered. Every course is reviewed by a subject matter expert, which keeps standards high and outcomes meaningful.*



**Mark Thomson**  
HEAD OF LEARNING DEVELOPMENT  
CARETUTOR



## Now Have Your Say!

Do you have any thoughts you'd care to share? CareTalk want to hear from you!  
Email [chloe.markey@care-awards.co.uk](mailto:chloe.markey@care-awards.co.uk) for the opportunity to appear in upcoming editions.

# Receiving Care After my Brain Tumour Transformed my Care Leadership



**Poojita Patel**

MANAGING DIRECTOR  
WALFINCH EASTBOURNE

After launching Walfinch Eastbourne in March 2024, Poojita Patel was suddenly forced into months of recovery following brain tumour surgery. Now back at the helm, her experience of receiving care has profoundly reshaped the way she leads.



*I didn't expect that I would become a care recipient myself.*



When I launched Walfinch Eastbourne in early 2024, I expected the usual challenges of building a new home care service — recruiting a team, establishing trust in the community, and shaping a culture rooted in dignity and compassion. What I didn't expect was that, within months, I would become a care recipient myself. A sudden diagnosis of a brain tumour and the surgery that followed changed everything: my health, my family life, and ultimately, my entire understanding of what care truly means.

Recovery was long and disorienting. My speech slowed, my movements were unsteady, and I had to relearn how to walk and talk. I experienced memory loss, depression and a deep sense of disconnection. It was the most vulnerable period of my life — and it reshaped me as a leader in ways no training course ever could. At first, my daughter cared for me. Her love was unwavering, but the emotional weight on her was immense.

I could see the sadness in her eyes, and I realised that being cared for by someone you love can be far harder than being cared for by a professional. You carry their worry as well as your own. Bringing in professional carers — people I had previously worked alongside — was a turning point. They were gentle, skilled, compassionate, and crucially, emotionally neutral. With them, I could simply be a patient. Not a mother trying to be brave. Not a wife trying to hide her pain. Just a person who needed help.

That experience transformed my understanding of care. It isn't only about physical support. It's about restoring confidence, dignity, and humanity at a time when life makes you feel small and uncertain. Professional carers don't just help people function — they lift spirits. They give people back a sense of self.

Returning to work months later, I came back changed. I now recruit differently. I ask candidates why they feel called to care, and I look for signs of empathy, emotional intelligence, and an understanding of the spiritual dimension of caring — the part that goes beyond tasks and touches the heart. I train differently too. Our sessions still cover professional skills, but they now go deeper. We talk openly about the emotional realities of care — the fragility, the fear, the courage, the connection. I want every member of my team, from carers to supervisors to office staff, to understand that their role is not only to support bodies, but to lift spirits.

My own experience also changed how I talk to families. Many assume that family care is always best. I used to think that too. But being cared for by my daughter meant absorbing her emotional trauma as well as my own. It wasn't good for either of us. Now, when I meet new clients, I gently explain the value of bringing in professional carers early — not to replace family love, but to protect it.

Throughout my illness, Walfinch's leadership stood beside me. From the moment I shared my surgery date, the Chief Executive and franchise support team offered practical help, emotional support, and genuine care. They checked in regularly, sent flowers, and made sure I never felt alone. Their support showed me the strength of being part of a well-led franchise network — a community that holds you up when life knocks you down. It reinforced my belief that leadership is not just about strategy; it's about humanity.

If I could say one thing to policymakers, it would be this: care is not just a job. It is emotional labour, spiritual labour, and human labour. It restores dignity and identity. It holds people together at their most fragile moments. Any policy that overlooks this truth misses the heart of what care really is.

Today, I lead with more gratitude, more empathy, and more determination than ever. My goal is simple: that every person who turns to Walfinch Eastbourne feels truly seen, heard and cared for — not just physically, but emotionally and spiritually. And that applies to my team too. Leadership, to me, now means creating a culture where everyone feels valued, supported, and uplifted. Because when carers feel cared for, they pass that care on.

I've returned stronger, more grounded, and more committed to ensuring that the spirit of care — the part that restores people, not just supports them — is recognised across the sector. Social care is at its best when it honours the whole person. I've lived that truth. And I'm determined to lead in a way that keeps that truth at the centre of everything we do.







“

*Today, I lead with more gratitude,  
more empathy, and more determination  
than ever.*

”



# Coming Up...

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

## **Great British Care Awards National Final 2026**

27th February 2026 ICC, Birmingham

## **Housing with Care Awards 2026**

5th June 2026 Hilton Bankside London

## **The National Learning Disability & Autism Awards 2026**

19th June 2026 ICC, Birmingham

## **Dementia Care Awards 2026**

24th June 2026 Hilton Bankside London

## **Palliative Care Awards 2026**

2nd July 2026 Hilton Bankside London

## **The Children & Young People Awards 2026**

June 2026 ICC, Birmingham

## **The Northern Ireland**

## **Learning Disability & Autism Awards 2026**

October 2026 Hilton, Belfast

## **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**

30th October 2026 East of England – Milton Keynes Dons F.C.

6th November 2026 Yorkshire & Humberside – Royal Amouries, Leeds

7th November 2026 West Midlands – ICC, Birmingham

11th November 2026 Wales – Holland House Hotel, Cardiff

14th November 2026 North West – Kimpton, Manchester

16th November 2026 Scotland – Kimpton, Glasgow

19th November 2026 South West – Ashton Gate, Bristol

20th November 2026 South East – Double Tree, Brighton

21st November 2026 London – Hilton, Bankside

26th November 2026 North East – Grand Hotel, Gosforth Park, Newcastle

November 2026 East Midlands – EMCC, Nottingham

## **Women Achieving Greatness in Social Care (WAGS) Awards 2026**

December 2026 Hilton Bankside London

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



# Social Care Needs Stories



**Mario Ambrosi**  
DIRECTOR OF COMMUNICATIONS  
AND MARKETING, ANCHOR

Marking National Storytelling Week on 2nd February, Mario Ambrosi, Director of Communications and Marketing at Anchor, sets out why he hopes his children's novel will help tackle the recruitment crisis.



*If fiction can spark career choices elsewhere, there's no reason why stories can't do the same for care.*



Care homes and retirement villages aren't the most obvious setting for a big budget TV show. But Netflix hits like *The Thursday Murder Club* and *A Man on the Inside* demonstrate there's an appetite for stories that touch on themes around dementia and ageing.

What doesn't get enough attention though, are the people working in those environments. Having spent more than 20 years in communications and marketing roles at Anchor, England's largest not-for-profit provider of older people's care and housing, I've never ceased to be amazed by social care professionals – and how key facts about someone's life can be clues that help provide the best care possible.

That was the inspiration for my children's novel. Published by Tiny Tree, *Scarlett Buckling and the Case of the Missing Pictures* is the story of 12-year-old Scarlett turning detective to learn about her gran's life history and solve a mystery.

It's an exciting adventure with some cheesy jokes. Underlying it is a serious message though, that truly understanding a person's life history is at the heart of great dementia care. While that's not news to anyone working in the sector, it's a lesson that too many people only learn when dementia is already affecting a loved one.

With nearly a million people in the UK living with dementia, few children will not know of someone affected by it. And while organisations like Dementia UK have some fantastic materials to help, it's not a subject that gets enough attention in the wider world.

There are 131,000 vacancies in social care on any given day – and more than half a million extra posts are likely to be needed by 2040 to keep up with our ageing society. If we're really to address the recruitment crisis in our sector, we need to think differently.

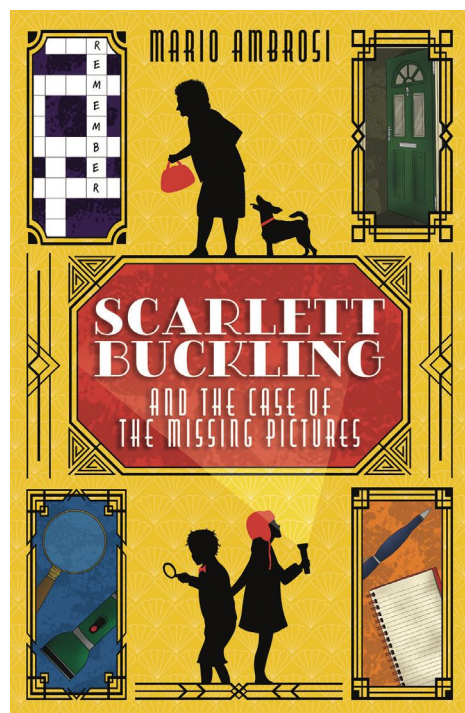
Stories have power. They can shape aspirations. Change how we see the world, and how young people imagine their place in it.

TV crime shows have reportedly helped fuel a rise in applications for forensic science and related courses. And Scotland Yard's fast-track detective scheme reported a surge in women applying, which was linked to the popularity of police dramas with strong female leads.

If fiction can spark career choices elsewhere, there's no reason why stories can't do the same for care. Of course, we still need structural change: proper funding, improved recognition, and all the issues that I hope the Casey Commission will address. But alongside those essentials, we also need a cultural change in wider society – and more recognition for the important role played by people working in social care.

I hope my little book plays a small part too, helping show how being curious, compassionate, and determined to make a difference can have such an impact in social care. If a single child reads *Scarlett Buckling and the Case of the Missing Pictures* and thinks, "Maybe I could work in care one day," then it's a start.

Stories won't fix everything. But they can inspire the people who might.



# Taking Charge!



**John Hughes**

DIRECTOR OF PARTNERSHIPS  
AND COMMUNITIES  
COMMUNITY INTEGRATED CARE

John Hughes, Director of Partnerships and Communities at Community Integrated Care examines how soaring energy costs are impacting people in social care — and how Taking Charge helps cut costs without compromising care.



**Taking Charge is shaped by real cases of people hit hardest by rising energy costs.**



Energy costs are continuing to skyrocket, and for people who work in or draw on social care, the impact can be devastating. Many people who draw on support rely on assistive technologies, need warmer environments for health, or live in homes that run around the clock. These essentials mean bills are far higher than average, placing them and their loved ones under immense pressure. Social care workers are feeling the squeeze too, working hard to provide for themselves and their families. Without practical help, the choice between comfort and affordability becomes painfully real. That's why it's crucial people have accessible resources that make easy changes possible — saving money without sacrificing wellbeing. This is exactly what Community Integrated Care's free **TakingChargeEnergy.co.uk** platform delivers.

## What Taking Charge Offers

Taking Charge is a one stop hub offering free toolkits, easy read guides and a unique 15 minute training experience that blends expert energy saving advice with social care insight. This guidance enables people to cut their energy consumption by up to one third — saving, in some cases, more than £800. The training focuses on empowering people to make simple, practical changes that reduce energy wastage without reducing quality of life. Every insight has been coproduced, exploring the realities of busy social care roles and the barriers faced by disabled people, ensuring the guidance is both practical and impactful.

## Making an impact

More than 1,500 social care colleagues across the nation have already accessed this free support, with an incredible 100% of participants reporting new energy saving skills. The programme has been recognised as a leading innovation at the Great British Care Awards. Participants consistently praise the training: one social care leader said, *"the people we support loved getting involved. Our team left with practical skills to save energy at home and work every day."* Another colleague shared, *"This is amazing, it's empowering me to save money at home and to help the people I support."* Community Integrated Care is committed to reaching many more people, and with support from organisations including the National Care Forum, Learning Disability England, The Care Workers' Charity and ARC, the programme is expanding its reach this winter.

## Responding to real-life challenges

Taking Charge is driven by real cases of people who have faced unfair challenges due to rising energy costs. We've seen first hand the harsh reality for people who rely on essential assistive devices — electric wheelchairs, hoists and other equipment that make dignity, freedom and independence possible. These aren't luxuries; they're lifelines. Yet the soaring cost of powering them is forcing individuals into impossible choices. People who have built happy, fulfilling lives in their own homes now face the devastating prospect of losing that independence simply because they can't afford the energy required to sustain it. It's an unjust and deeply troubling scenario. These stories underpin the urgency of our campaign: rising energy costs are disproportionately affecting people in social care, many of whom lack the resources to navigate complex energy systems or switch providers.



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



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

## Take charge today

Whether you're a care worker, a family carer, or someone receiving support, **TakingChargeEnergy.co.uk** is here to give you power over your energy use - without sacrificing comfort or independence.

## Our Top Tips

- Did you know that leaving devices plugged in on standby can suck up energy, even when they aren't in use? Identifying and unplugging these 'vampire devices' can reduce household energy wastage by up to 25%.
- Charging your mobile phone for approximately 90 minutes in the daytime, instead of leaving it on charge overnight, could save you up to £124 a year.
- Switching to LED light bulbs can save up to £61 per year, per lightbulb. That means, swapping out 10 lightbulbs could equate to up £611 savings per year!



“  
*So far, more than  
1,500 social care  
colleagues across the  
nation have accessed  
our free support.*  
”



#### Further reading

National Energy Action – Fuel Poverty Resources  
[nea.org.uk](https://nea.org.uk)

The Care Workers' Charity – Cost of Living Support  
[thecareworkerscharity.org.uk](https://thecareworkerscharity.org.uk)

Learning Disability England – Energy and Cost of Living Guides  
[learningdisabilityengland.org.uk](https://learningdisabilityengland.org.uk)

National Care Forum – Digital and Energy Efficiency Initiatives  
[nationalcareforum.org.uk](https://nationalcareforum.org.uk)

Ofgem – Energy Advice for Vulnerable Consumers  
[ofgem.gov.uk](https://ofgem.gov.uk)

Centre for Ageing Better – Warm Homes and Healthy Ageing  
[ageing-better.org.uk](https://ageing-better.org.uk)

Scope – Disability Energy Support  
[scope.org.uk](https://scope.org.uk)

Citizens Advice – Energy Bills and Consumer Rights  
[citizensadvice.org.uk](https://citizensadvice.org.uk)



# Invest in Leaders, Transform Care



**Jane Brightman**

DIRECTOR OF WORKFORCE DEVELOPMENT  
SKILLS FOR CARE

Jane Brightman, Director of Workforce Development, Skills for Care discusses the long term value of leadership, culture, and workforce development in building a sustainable social care workforce.



**Strong leaders model and support staff development aligned with organisational strategic aims.**



Leaders are at the heart of high-quality care. The impact of a good leader touches across everything and everyone - from staff, to processes, to the people who draw on care and support. Skilled, knowledgeable and compassionate leaders are needed to achieve well-led organisations.

It's important to note that leaders come in many forms. Of course, we have registered managers as key leaders in care, but we also have owners and directors, nominated individuals, team leaders, senior carers, subject specialists, and people managing areas such as learning and development.

And leadership isn't just about managing people and performance. Frontline workers often exhibit leadership skills every day - from promoting a culture of inclusion, to leading with compassion and driving for continuous improvement. So, when we talk about investing in leadership, it's not just about supporting managers but it is also about investing in everyone that can lead the direction of your organisation.

Let's take a closer look at the long-term value of investing in leadership.

## **Building a positive culture**

Great leadership doesn't just shape how care is delivered; it shapes the culture around it. Leaders shape the culture of an organisation, through every interaction they have, every day.

Good leadership creates environments where teams feel genuinely supported, valued, and heard, enabling them to perform at their best.

## **Developing knowledge and skills**

By investing in your leaders, you're not only developing their individual skills but supporting them to develop the skills and knowledge of the wider workforce.

By developing leaders' skills, you help them to lead with confidence and compassion. You build their communication skills, their decision-making ability, their aptitude for problem solving and their ability plan for short and long-term business goals and efficiency. You teach them how to be a person of influence, to drive positive change in their organisation, to foster equality, diversity and inclusion in the workplace, and to be someone who colleagues feel supported by.

These skills in your leaders will also help your wider team to develop. Strong leaders can encourage and role model staff development and can help to plan teams' learning and development in line with the strategic aims of the organisation.

This will help everyone to progress and feel valued, as well as building the skills and knowledge required to meet the future goals of the organisation.

## **Supporting staff retention**

A good workplace culture, a positive learning environment and a good relationship between leadership and the wider team all contribute to increased staff retention.

Skills for Care's latest data also shows that established and stable leadership can positively impact on staff retention.

If a registered manager had been in their role for less than a year, the turnover rate at that establishment was higher than if the registered manager was more experienced in their role. Where managers had been in their role for less than a year the turnover rate among staff was 33.1%, whereas when the registered manager had 20 years of experience or more this dropped substantially to 13%.

This highlights the important role that strong leadership can have on improving retention rates, and the importance of developing and retaining leaders in order to also develop and retain the wider workforce.

## **Financial savings**

As well as creating a happier workforce and workplace, good leadership also brings financial benefits. Better retention of staff means less time and money spent on recruitment and induction.





*The impact of a  
good leader touches  
across everything  
and everyone.*



# SKILLS

Leaders who can plan the most effective training for their staff ensure money is spent in the right places to equip the organisation with the right skills, knowledge and resources to meet future needs.

Happier teams and positive culture means less burnout and time off sick, reducing the cost of staff absence and cover.

### **Better care for all**

Crucially, good leaders are critical in ensuring the best outcomes for people drawing on care and support.

Skills for Care's data shows that establishments with stable registered managers are more likely to achieve higher CQC ratings.

Good leaders ensure the highest-quality care through setting the direction and culture of the organisation; through developing and motivating their team, and through planning services to run efficiently and effectively.

That's why investing in leadership is one of the most important investments that care organisations can make in securing the future of their organisation and the future of outstanding care.

Find support for developing leaders on the Skills for Care website: <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers>

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# *The Legal Bit* Preparing For The Employment Rights Act



Anthony  
Collins

**Libby Hubbard**

PROFESSIONAL SUPPORT LAWYER  
ANTHONY COLLINS

Libby Hubbard, a Professional Support Lawyer at Anthony Collins, outlines the key changes introduced by the Employment Rights Act 2025 and what social care providers must do now to prepare for its impact on sick pay, pay negotiations, and zero hour contracts.



*Rising SSP and cover costs must be planned for or margins will suffer.*



The Employment Rights Act 2025, which came into law on 18th December 2025, was introduced with a promise of “generational change” to redress the balance between employer and employee — a commitment made by the newly elected Labour Government when the Act was published in October 2024. It is a worthy aim, but one that will require more than a swiftly drafted piece of legislation. Providers now face the challenge of embedding new practices and strategies ahead of the reforms coming into force over the next two years.

This article examines three of the most significant changes for social care: statutory sick pay, (SSP) reform, the creation of an Adult Social Care Negotiating Body, and the measures affecting zero hour contracts.

From April 2026, eligible workers will be entitled to SSP from day one of their sickness; the three waiting days will be removed. In addition, workers who earn below the lower earnings limit will be entitled to payment during sickness absence (80% of their recent earnings). No provider wants a potentially contagious worker coming to work when they are ill because they cannot afford to lose three days’ pay. However, there remains the risk that some workers may exploit this new provision to take paid time off when they are not sick.



*New national body will deliver sector-wide pay agreement.*



In the short term, we are advising clients to ensure sickness reporting provisions are robust but fair. There needs to be a trust relationship between employer and worker, alongside clear expectations around reporting sickness correctly, holding back to work meetings, and monitoring absence trends.

The long term issue for providers is one of cost: the increased cost of the SSP bill and the cost of covering such absences. Providers should be factoring these costs into new contracts going forward. Failure to do so will impact their financial bottom line at a time when margins are already tight.

The second change to note is the Government’s intention to introduce a sector wide pay agreement. The Employment Rights Act 2025, ushers in the formation of an Adult Social Care Negotiating Body to thrash out this agreement. Providers have for too long been aware of the disparities between pay rates in social care when compared with similar roles in the health sector. The providers we speak to want to ensure their staff are well paid for the long hours they work and the tough roles they carry out. However, those same providers voice concerns that without meaningful financial support from the Government, such parity is impossible.

The Government has recently closed its initial consultation on the composition and workings of the negotiating body; however, we would advise all providers to get involved with this process — whether through an umbrella body, representative organisations, or by contributing to further consultations. A pay agreement that has any chance of working must have the input and expertise of those in the sector behind it.

The final change is the Government’s measures to “outlaw” zero hour contracts. For this sector, the intention to introduce a highly complex regime of Guaranteed Hours Offers to zero hour workers who work regularly over a reference period is problematic. We are advising clients to audit current working practices and assess whether any reliance on zero hour contracts can be reduced to mitigate the impact of these changes.

These measures are not due until 2027, and we still await details of the regime; however, providers who can minimise their use of zero hour contracts now will reduce the risk of further surprises and additional measures over the next 18 months.



# This Month We Meet:

## EVERON UK



**Peter Kerly**  
MANAGING DIRECTOR  
EVERON UK

Each month we meet key stakeholders and business leaders in the social care sector. This month we meet Peter Kerly, Managing Director of digital telecare provider, Everon UK.

### How do you see Everon's role evolving in the rapidly changing health and social care technology landscape over the next five years?

Everon Group is set to play a pivotal role in the shift towards predictive, preventative care. As the UK completes its analogue to digital transition by January 2027, our focus will be on enabling seamless, connected care across housing, health, and social services. Over the next five years, we expect to expand our digital telecare and SaaS based solutions, using AI and predictive analytics to detect early indicators of health decline. Our aim is to help older adults remain independent for longer while reducing pressure on the NHS and social care providers.

### Which emerging digital care trends are you most excited about, and how is Everon adapting to them?

The past year has seen rapid transformation across the UK's health and care technology landscape, driven by the move from analogue to fully digital telecare. Looking ahead, digital governance, system resilience, and data transparency will shape how technology is deployed nationally.

One of the most significant trends is the rise of AI driven predictive analytics, enabling care teams to identify patterns of risk—such as increased fall likelihood, declining mobility or changes in cognitive health—before an incident occurs. Everon is contributing to this shift through Evercare, a new digital service developed with Howz. Evercare uses data from wearables and telecare devices and applies machine learning analytics to turn this information into real time, actionable insight. This allows care teams to respond to subtle changes in behaviour or wellbeing rather than waiting for an alarm to be triggered.

This approach supports the move towards data led, person centred care, enabling providers to design bespoke care plans tailored to each individual's needs and level of risk.

### How does Everon balance bespoke solutions for care providers with the need for scalable, standardised technology?

We achieve this balance through modular, SaaS based platforms that can be customised to the needs of individual providers while maintaining a consistent, interoperable core. This enables large scale deployment across housing associations, care providers, and local authorities without requiring bespoke infrastructure. Our solutions integrate into existing housing and group living environments, avoiding costly redesigns and supporting faster implementation with minimal disruption.

### What do you see as the biggest opportunities for Everon to improve efficiency and reduce workload pressures for care providers?

The greatest opportunities lie in automating routine monitoring and alerts through AI, reducing manual checks, and allowing care teams to focus on personalised support. Predictive insights generated through Evercare help anticipate issues before they escalate, preventing unnecessary hospital admissions, and reducing reactive interventions. Integrating housing, health, and social care data enables more coordinated care, while cloud based solutions reduce administrative burdens and support workforce planning.



## The biggest opportunities come from automating routine monitoring with AI.



### Which leadership principles or values do you prioritise at Everon to maintain innovation, quality, and trust?

Innovation through collaboration is central to our leadership approach. We work closely with partners such as Howz to develop evidence based solutions that address real world challenges. A strong commitment to person centred care underpins everything we do, ensuring our technology enhances independence while respecting privacy, dignity, and choice. Data integrity and transparency are also core values, recognising that trust depends on the secure, responsible use of sensitive information.

### How do you ensure Everon's solutions remain accessible and user friendly for people with varying levels of digital confidence?

We prioritise intuitive, non intrusive devices that require minimal user interaction. Care teams receive training to interpret data and support users, while our platforms provide clear visualisations and actionable alerts. Ongoing guidance ensures technology enhances independence without relying on complex digital skills.



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