Care Talk
The voice of excellence in social care

Issue 151
May 2026

Turning Up The Volume On Care Voices

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Editor's Note

Welcome to the May edition of *Care Talk,* where we're focusing on **Amplifying Voices: From Inclusion to Co-Production.**

It's a topic that comes up a lot in social care — listening. We all say we're doing it, but are we really? And more importantly, are we actually doing anything with what we hear?

Reading through this issue, one thing really stood out. We've made progress on inclusion, no doubt about it. But in many cases, it still feels like people are being asked for their views a bit too late — when decisions are already half made. As contributors across this issue highlight, co-production is about shifting that. It's about bringing people in earlier, trusting their insight, and being open to changing direction because of it.

What I really like about this issue is that it's not just big ideas. There are practical, real-world examples of what this looks like day to day — from lived experience shaping decisions, to frontline teams influencing how services are delivered in practice.

May also brings ***Dementia Awareness Week*** and ***Dying Matters Week***, which feel closely linked to this theme. As Jan Archibold highlights in her ***Leading the Way*** feature, making space for honest conversations about death, dying and grief is a vital part of ensuring people's voices are heard — especially at the moments that matter most.

And it's not just about people drawing on care. The workforce voice runs strongly through this issue too. When care workers feel heard and involved, services tend to work better — it's as simple as that.

Co-production can sound like a bit of a buzzword, but really, it just comes down to working together and meaning it.

We hope this issue gives you something to think about — and maybe a few ideas to try.

Till next time,
Lisa

𝕏 @lisa_caretalk

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SPEAKERS:

Ellie Haworth Head of Children's Services Transformation and Improvement,SCIE

Mechell Holle Health Commissioning and Performance Manager, TACT

Joe Hardstaff CTO (Chief Technical Officer) Mentor Software **Carol Homden** CEO, Coram

Harriet Waldegrave Head of Policy at Children's Commissioner for England

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Are We Really Listening?

Professor Martin Green OBE
CHIEF EXECUTIVE
CARE ENGLAND

Are we really listening to the people who rely on and deliver care? Putting service users at the centre is widely accepted—but is it truly happening in practice? Professor Martin Green OBE, Chief Executive at Care England, explores the gap between rhetoric and reality, and what must change to deliver genuinely person-centred care.

> *This is a challenge, particularly because we are used to working in a paternalistic system that often thinks it knows better than the people who use the services.*

Over the years, there has been a growing recognition of the importance of putting people who use services at the centre of health and social care planning and delivery. Engaging people not only enhances their experiences but also significantly improves outcomes.

When service users are actively involved in their care plans, the quality of care improves. Individuals can share their preferences, needs, and expectations, ensuring that services are tailored to meet their requirements. This personalisation fosters a sense of ownership and responsibility for people's own health, leading to better acceptance of treatment and care recommendations.

Engaging people in the decision-making process increases their satisfaction with the services they receive. When people feel listened to and valued, they are more likely to report positive experiences, which is crucial for the reputation and credibility of care providers.

Research consistently shows that when service users are included in their care planning, health outcomes improve. This is particularly evident in support for people with long-term conditions, where personalised care plans can lead to better symptom control and overall well-being.

Service users provide invaluable insights that can shape policies and practices in health and social care. Their experiences and feedback can inform staff training, resource allocation, and the development of new services that truly meet the community's needs. This is the rhetoric that drives both health and social care. However, when you talk to people who use services, sometimes you find that the rhetoric does not match the practice. All too often, there is a tendency (particularly in the NHS) to focus on the needs of the staff and the organisation, rather than putting people and outcomes at the centre of the agenda.

To turn rhetoric into practice, organisations need clear processes to engage people who use services and their families, and to ensure that, once engaged, their views, opinions and suggestions are actioned. To effectively place service users at the heart of care services, organisations can adopt several strategies. Firstly, care services must have user engagement at the centre of everything they do, and they must not see it as an add-on. It is important to create structured channels for service users to provide feedback on their experiences. This can include surveys, focus groups, and one-on-one interviews. Ensuring that feedback is regularly reviewed and acted upon is vital to demonstrate to service users that their voices have a real impact. There is nothing more demoralising for people when they have spent time giving you their opinions than to see them ignored.

Involving service users in the design of care plans and services leads to much more efficient use of both financial and human resources. Co-designing services encourages collaboration between providers and users, ensuring they are user-friendly, accessible, and relevant. Workshops and brainstorming sessions can facilitate this collaborative process, but collating feedback that frontline staff receive daily is a really important way to understand and develop the service.

One of the most effective things any service can do is empower service users by informing them about their rights and the care options available to them. Providing information in a clear and accessible manner enables people to make informed choices about their care and encourages active participation in planning. The more people are involved, the better their experience and the greater their satisfaction with the service, because they will see a service that responds to their needs rather than shoehorning them into established ways of delivering care.

Technology is playing an increasing role in the care sector, and it's important that it is used in ways that improve outcomes for users and give them more choice, autonomy, and control. The deployment of technology should also improve the experience of the people who deliver care, and it should enable them to spend more time in direct relationship-based care and remove administrative burdens. Technology can also be used to create platforms where service users can share their feedback and experiences. Online forums, mobile applications, and social media can enhance communication and foster a sense of community among service users.

Co-produced services do require some significant changes to the culture and approach of care staff. People who work in care will need the skills to engage with service users effectively. Training should focus on communication, empathy, and understanding the importance of user involvement in care planning. A workforce that values user perspectives is essential for creating a culture of inclusivity. This is a challenge, particularly because we are used to working in a paternalistic system that often thinks it knows better than the people who use the services. While the benefits of involving service users are clear, challenges may arise, including resistance from staff and logistical difficulties in gathering feedback. To address these, leadership must foster a culture of openness and adaptability. Regular training and workshops can help staff understand the value of user engagement, while innovative approaches, such as community events, can facilitate feedback in a less formal setting.

Placing service users at the heart of care service planning and delivery is essential for creating a responsive, effective, and compassionate social care system. By actively involving people in the decision-making process, care providers can enhance service quality, improve health outcomes, and ultimately foster a more satisfied and empowered community. Embracing user engagement is not just a best practice; it is a fundamental shift towards a more human-centred approach in care. By prioritising the voices of those we serve, we can build a brighter future for health and social care that truly meets the needs of our communities.

careengland.org.uk

> “When you talk to people who use services, sometimes you find that the rhetoric does not match the practice.”

What People Drawing on Care Want Leaders to Hear

dimensions

Dr Mark Brookes MBE
ADVOCACY LEAD AND QUALITY AUDITOR
DIMENSIONS

Dr Mark Brookes, a Quality Auditor at Dimensions, the UK's largest not-for-profit support provider for adults with learning disabilities and autistic people, and leading advocate for people with learning disabilities, draws on his lived experience to reflect on what social care really means in everyday life – and why listening, communication and genuine choice must be at the heart of support.

> *For me, good support is about helping people build a better future.*

When people talk about social care, they often talk about money, services, and systems. I get that. But for people who draw on support – like me - social care is really about everyday life.

"Social care is really about everyday life."

It is about being able to make your own choices. That can mean choosing what time to get up, what to have for breakfast, where to go, and what to do in the day. It can mean going for a coffee, going shopping, going to watch football, seeing friends, cooking a meal, or doing something in the community.

These things may sound simple, but they matter a lot. They are part of having a good life. From my own experience, and from talking to other people, I know that people want support that helps them live the life they choose. They want to be listened to. They want to be treated like adults. They want support that works with them, not support that takes over.

"People want support that works with them, not support that takes over."

One thing I really want leaders to understand is communication. People should be spoken to clearly and in an easy way. There is too much jargon in social care. If leaders use words people do not understand, people can feel left out straight away.

If you want people to feel heard, you have to speak in a way they understand. I also think leaders need to spend more time talking directly to people who draw on support. It should not just be meetings about people. It should be conversations with people.

"If you want people to feel heard, you have to speak in a way they understand."

People want honesty as well. They want to know what is happening. They want things explained properly. They want reassurance. That matters.

I also want leaders to understand what happens when support is too limited. Over the years, some people have lost one-to-one support or had their hours reduced. That affects real lives. It can mean people have less chance to go out, less chance to make friends, and less chance to try new things. It can also mean people feel lonely or stuck.

For me, good support is about helping people build a better future. In my own life, I want support that helps me do more things in the community, build friendships, and get better at things I care about. I want to keep growing in confidence and independence.

In the future I like to see myself standing in my kitchen cooking spaghetti bolognese and other proper meals from scratch – and feel proud of that! I also want the support to get out more, go to football matches, and build more friendships around the things I enjoy, instead of sitting at home with quiet weekends and nothing planned.

That is what social care should do. It should help people live ordinary, full, connected lives.

At Dimensions, people's views are gathered in different ways. That can be through quality checks, meetings, day-to-day conversations, and speaking to support workers and managers.

But hearing people properly means more than listening to the most confident people. Some people use words. Some people communicate in other ways, through signs, pictures, objects, facial expressions, sounds, or behaviour. All of that matters.

If someone looks happy, worried, upset, or excited, they are telling us something. We need to pay attention to that.

“Everybody has views. Everybody has feelings.”

One of the biggest barriers is that people who are less confident, or who communicate differently, can be missed out. That has to change. Everybody has views. Everybody has feelings. Everybody should have the chance to shape the support they draw on.

If I could say one thing to leaders across social care, it would be this: listen more.

“Listen more.”

Speak clearly - make time to meet people who get support. Remember that social care is about choice, independence, friendship, purpose, and hope. When I think about the future of social care, I think about a future where people feel heard, respected, and included, and where support is strong enough to help people build the life they want.

That is what good social care should look like – and a future I hope for.

dimensions-uk.org

> *If leaders use words people do not understand, people can feel left out straight away.*

Co-Production in Everyday Practice

Emma Main
EXECUTIVE DIRECTOR FOR QUALITY
AND OPERATIONS
CERTITUDE

Co-production is often discussed but rarely embedded. Here, Emma Main, Executive Director for Quality and Operations at social care provider Certitude, explores how shared decision-making is becoming everyday practice.

In social care, co-production is often talked about as an ambition - something planned, piloted, or mentioned, but not always put into practice. At Certitude, it means something very simple: working inclusively and sharing power so decisions are made with people, not for them.

People with lived experience help design our job roles and sit on interview panels to make sure we recruit colleagues whose values truly match ours. People we support are always involved in the second stage of recruitment, and their voice carries equal weight when deciding whether someone is the right person to work with them or in their home.

When colleagues join Certitude, people with lived experience also help deliver our induction. They support new starters to understand our values, our ways of working, and our Supported Living Principles. Hearing directly from people is often what colleagues remember most, it sets the tone for a culture where we ask "How do you want to do this?" rather than assuming we know best.

People we support and their families lead Local Quality Partnerships, setting the agenda on what matters in their borough. These conversations build trust and give people confidence that their views genuinely shape decisions, while helping us stay open and accountable.

In Bexley, for example, people told us they wanted more tailored, person-centred reviews. Our support plans now better reflect people's goals, interests, and routines more accurately, leading to more meaningful activities and greater independence.

Our Peer Quality Checkers, colleagues with lived experience, spend time with people in their homes and communities to understand what day to day support really feels like. They notice things audits often miss - the warmth of interactions, whether people feel listened to, and how much choice people truly have.

Their insight shapes support plans, communication, training, and improvements, keeping decisions focused on what matters to people. They also make practical suggestions, from new activities people want to try, to changes like redecorating a room to feel more personal.

As we introduce Log my Care as part of our digital transformation, people we support have played a central role in shaping how the system will work. Through everyday conversations, they told us what information feels important, how they want goals and aspirations recorded, and how progress should be captured in a respectful, person-led way.

Notes use people's own language ("my room", "my goals") and plans focus on what matters to the person, not just what colleagues need to do. People will soon be able to add audio reflections in their own words.

Our Innovation Roadshows invite people with lived experience to design and lead ideas that build community connection, with a panel of people we support selecting the winning projects and each winner receiving £500 to get it off the ground.

Projects have included a Books Beyond Words community book club in Hounslow, using picture-based stories so everyone can take part, and an inclusive disco in Kensington and Westminster that has reduced isolation for people who rarely left their homes.

We see the impact of co-production daily - decisions happen with people, not to them. Support workers become facilitators, creating space for people to take the lead. People tell us they feel more confident, more visible, and more in control. Colleagues say they feel more connected to their work and our values.

Our advice to providers: start small, build trust, invest in skills that help everyone share power, and measure success by what changes.

Our aim now is to deepen lived experience leadership and embed co-production across our digital, community, and partnership work. We are proud of how far we have come and continue to build truly person-led support shaped by those who know it best.

> *We see the impact of co-production daily - decisions happen with people, not to them.*

certitude.org.uk

> “People we support and their families lead Local Quality Partnerships, setting the agenda on what matters in their borough.”

The Language of Power

Jackie O'Sullivan
EXECUTIVE DIRECTOR
OF STRATEGY AND INFLUENCE
MENCAP

Language can include or exclude—and across health and social care, it often determines whether people feel heard at all. Jackie O'Sullivan, Executive Director of Strategy and Influence at Mencap, a charity that supports people with a learning disability, explores how communication shapes power, participation, and the reality of co-production for people with a learning disability.

> *Language is powerful; the words used determine whether people feel understood and involved.*

Language is one of the most powerful tools in social care. For people with a learning disability, the words professionals use often determine whether they feel understood and involved in shaping their own lives. At Mencap, we regularly hear from people who are being let down because barriers to communicating mean they are not always getting the support they are entitled to.

Accessible communication is a basic right and when acronyms and jargon are used, exclusion can happen. When it comes to assessments, care plans, safeguarding meetings and clinical letters, it is important to remember that communication matters. Talking, listening, understanding, and sharing information in a way people can actually use often determines good outcomes.

If a person is not supported with accessible information so that they can understand decisions and choices they can make, then they do not have meaningful "choice and control." That is why Mencap places such importance on accessibility.

People can feel like the services they need involve a constant stream of letters, online portals, discharge summaries and review meetings. Too often the default style is defensive and technical, leading to assumed choices, and a recording of "service user agreed" when the process was too confusing or complicated to understand and challenge.

For Mencap **co-production** is key, working closely with people with a learning disability to ensure they help shape decisions and services. Easy Read, plain language, clear layout, and time to process information makes consent legally valid, gives people choice, and enables real participation. When someone has to rely on a support worker to translate everything, the system is presenting barriers that should be addressed and broken down.

In practice, accessible communication and information means sending appointments and options in Easy Read ahead of time, offering a quiet waiting space, using short sentences and asking one question at a time, checking understanding; allowing longer slots, and recording decisions in words the person would use themselves. These reasonable adjustments are a worthwhile investment; getting it wrong means missed appointments, escalating distress and avoidable hospital admissions.

Mencap has highlighted persistent health inequalities for people with a learning disability, including evidence that people on average die almost two decades earlier than the general population and are more likely to die from causes that could have been treated. That happens when pain isn't taken seriously, when symptoms are explained away, and when appointments move too fast. Communication is critical. It affects diagnosis, safety, and whether people come back for help next time.

- **Check understanding properly:** replace *"Do you understand?"* with *"Can you tell me what you think will happen next?"*
- **Offer format choices:** *"Would this be better in Easy Read, with pictures, or talked through slowly?"* A care plan should be readable by the person it's about.
- **Name the person's expertise:** ask *"What matters to you here?"* and build decisions around peoples' answers.

Communication should be treated as a core competency: training shaped and delivered with people with a learning disability, consistent standards for accessible information, and leaders challenging lazy language in letters and case notes. Services also need to schedule enough time for people to speak, process, and fully understand what's happening.

This is not a case for perfect language or a culture of fear about saying the "wrong" thing. It is a case for understanding that words can reduce a person to a problem, or they can make space for the person to lead the conversation about their own life.

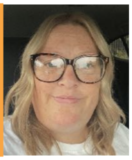
Accessible formats and co-production with people with additional communication needs benefits everyone. Social care systems are often complicated, and accessible information is limited so that any effort to make communication more straightforward and jargon-free helps not only people with a learning disability but everyone.

Mencap's emphasis on accessible information, Easy Read and co-production offers a practical blueprint: slow down, explain clearly, offer information in formats people can use, and treat lived experience as expertise. When that happens, people do not just feel "included", they gain real influence. And that is what being heard should mean.

🌐 mencap.org.uk

> “*Words can reduce a person to a problem or make space for them.*”

Together, Not Just a Buzzword



Dudley Voices for Choice

Sarah Offley
CHIEF OFFICER
DUDLEY VOICES FOR CHOICE

Sarah Offley, Chief Officer at Dudley Voices for Choice, a self-advocacy charity led by people with learning disabilities, with contributions from the DVC team, explores why properly valuing lived experience expertise is essential to genuine co-production – and how unpaid or underpaid involvement risks reducing it to a tick-box exercise.

> *Can we just accept that co-production, the buzzword, just means together.*

Where to start? When we were asked to write an article about co-production we did what we always do, sat down as a team and decided how we would all do it together.

Now this is not unusual for us, as a team this is the way we work. In fact I would go as far to say that nobody in our team even knows that we work 'in a co-produced way' because it's the way we always work, it's always been our way. It's what self-advocacy is!

The growing focus on co-production often leaves those leading this work struggling to help others understand what it truly requires. Co-production means involving people's voices and experiences from the very beginning - before questions are defined and solutions assumed. Too often, we move straight to deciding what needs to change and how to fix it, without first asking the people most affected.

It stands to reason that I could not write this article on my own, so in true DVC style below are the voices of the team. Without their trust and belief in working this way, our self-advocacy charity would not be true.

Samantha says:
"Co-production means to me when we get together to co-produce something to make a change for lots of people, like the training we all do together. I have a learning disability and I am the trainer, people learn from me."

Freya shares:
"I am lucky enough to still have a voice, still have the ability to tell my story. I am lucky enough to be able to do co-production when there are others who have lost that choice forever. I don't do self-advocacy for me, I cannot change what has already been done. But I can change the future for others."

Matt explains:
"Co-Production to me at DVC is working together with people with lived experience of a Learning Disability and/or Autism. For me, it's working directly on projects and working together to create a fully co-produced piece of work where the experts by lived experience are also paid for their time. I feel like this is what DVC does really well when making sure experts are paid and fully involved from the start."

Cameron reflects:
"Co-production, to me, is a complicated process. Many organisations say they are doing it because they believe the label will give them better recognition. This is frustrating because it dilutes the work that genuine co-production actually involves."

Kelly adds:
"It's letting go of your assumptions and ideas before you walk into the room. Accepting that you aren't in charge. Really listen and facilitate all contributions."

Jo W says:
"By working in co-production with individuals we are recognising them as Experts in their own lives and valuing their experience and knowledge from their own perspective."

Lucy sums it up simply:
"Together we are stronger."

> *Co-production is not a tick box at DVC; it is a way of life.*

These voices show that, at DVC, co-production is not something separate or additional to the work. It is the work. It is about inclusion, trust, and working together from the very beginning, not bringing people in once decisions have already been made.

Too often, co-production is treated as something that needs to be added on, a stage in a process or a requirement to be met. But for us, it starts before there is even a process. It starts with people, with relationships, and with the understanding that everyone has something valuable to bring.

When people talk about co-production as if it is complicated or difficult to achieve, we find ourselves asking a simple question: *why?* If the aim is to create something that works for people, then surely the only way to do that is to work with them from the start.

Of course, this way of working requires trust. It means being open to challenge, to different perspectives, and to outcomes that may not be what you originally expected. It also means recognising that lived experience is expertise, and that expertise should be valued, respected and, importantly, paid.

For many organisations, this is where the challenge lies. It can feel uncomfortable to give up control or to move away from traditional ways of working. But without doing so, co-production risks becoming just another buzzword – something that is talked about but not truly embedded.

At DVC, we don't see co-production as something to aspire to. It is simply how we work. It is part of our identity as a self-advocacy charity and it shapes everything we do.

So, I'm going to finish with a plea: can we just accept that co-production, the buzzword, just means together. Let's stop dressing it up as something that needs its own box and make working together the only way of working.

Because when we do that, we are not just talking about co-production – we are actually doing it.

dudleyvoicesforchoice.org.uk

Autism and Dementia Through a Different Lens

Chris Knifton
ADMIRAL NURSE
DEMENTIA UK

Admiral Nurse, Chris Knifton has been working with Dementia UK as a specialist dementia Admiral Nurse for over a decade. Through his personal experience of being diagnosed with autism and professional experience supporting families living with dementia and autism, he is sharing vital insight around the challenges facing families living with both conditions.

> *Living with a diagnosis of autism and being a carer for a person with dementia brings its own unique challenges.*

I was diagnosed with autism at 42 the age of studying at university. I'd gone many years without understanding why I felt my brain worked differently, and why I felt different to other people too. I am now in my 50s.

My diagnosis followed years of challenges but also, what I call 'neurodiverse-abilities'. I really struggled with social situations, communication, common sense understandings, sensory and social fatigue. Other things came easily to me such as complex thinking, cognitive multi-tasking, order/pattern assimilation and processes. Both of these things contributed to me feeling different to other people.

I've been working as a dementia specialist Admiral Nurse for the past decade. Admiral Nurses provide free, specialist advice, support and understanding to anyone affected by dementia, whenever it's needed. We are continually supported and developed by the charity, Dementia UK.

Through working in this role and from my personal experience, I have come to understand the intricate challenges of living with dementia and autism, as well as being a carer with autism.

Autism is a lifelong difference in how a person experiences and interacts with the world. It can affect how someone communicates, builds relationships, handles change, and reacts to the world around them. More than 1 in 100 people are autistic and there are at least 700,000 autistic adults and children in the UK. Ten per cent of the autistic adult population will go on to develop dementia. Living with both conditions can be challenging to navigate.

Dementia and autism can have a similar impact on behaviours. This can include issues with communication and decision-making. It can be difficult to identify whether changes are due to a person's autism diagnosis, or whether they are potential signs of dementia, or both. It can also lead to diagnostic overshadowing, meaning if the person is living with both autism and dementia, health and social care professionals may only consider that their behaviours are due to dementia and not

neurodiversity, missing opportunities for reasonable adjustments to be made to improve the person's quality of life.

Many people with autism 'hide' or 'mask' their behaviours to reflect those of their neurotypical peers. A person may well have been doing this their whole life, but if they go on to develop dementia they may be less able to mask, revealing behaviours which seem new or unexpected.

This overlap of behaviours can make seeking an accurate diagnosis of dementia difficult. Traditional memory tests are not suitable for everyone, and a thorough and sensitive assessment is important and should include input from people who know the person well. It also helps to work with professionals who understand both autism and dementia.

Every person is different. How symptoms of dementia show up and develop will vary from person to person. That's why it's important to know what's typical for the person – and to notice if something seems different or unusual. If someone had previously masked their symptoms it can make it harder to understand changes in behaviour.

Living with a diagnosis of autism and being a carer for a person with dementia brings its own unique challenges too. Often, when someone is diagnosed with dementia they are handed information about their condition in the form of leaflets or brochures which is presented in a neurotypical format. A person with autism may struggle to engage with and process information in this format, making it more difficult for them to understand their loved one's condition and offer adequate support.

Some people with autism may also struggle with organisation. With a diagnosis of dementia there often comes a large amount of administrative work - attending appointments, organising financial and legal support, and managing care and medication. This is made even more challenging if you are neurodiverse.

I recently supported an autistic carer whose mother was living with dementia. They shared that they were struggling to keep up with the bombardment of literature and appointments. I supported them by helping them find order and patterns in scheduling and by working to understand their learning and reading habits so I could select appropriate health literature for them and flag helpful coping strategies.

If we are to tackle the challenges around access to care for people living with dementia and autism, more research is needed to understand how best we can support people living with both conditions. From a practical perspective it is important to ensure information around dementia, (whether that be leaflets, websites or posters) is suitable for a neurodiverse audience. This includes considering whether fonts, background colours and language are appropriate and easily digestible. There are some fantastic organisations that offer help and guidance with this across the spectrum of neurodiversity, including NHS England.

It may also be beneficial to consider environmental adaptations, such as where healthcare appointments take place. It can be helpful to ensure there is nothing in the room that could be distracting for someone who is neurodiverse.

Organisations and bodies that support people with dementia and people who are neurodiverse can seek an Equality Impact Assessment (EIA). This ensures the services they are offering do not discriminate against people who are neurodiverse, and that they can provide a pathway for putting reasonable adjustments in place. This is useful for carers and people with dementia and also for staff or volunteers who work in these settings who might be neurodiverse.

Dementia UK's Admiral Nurses are well placed to advise health and social care professionals on how to support someone living with dementia and neurodiversity. As dementia specialist nurses, we understand the emotional and cognitive challenges faced by people living with dementia and can help advocate to ensure every person living with the condition can get access to the care that is right for them.

dementiauk.org

Dementia UK recently partnered with Autistica, the UK's leading autism research and campaigning charity, to develop a guide with helpful information and support for people living with autism and dementia. You can download the leaflet at dementiauk.org/wp-content/uploads/dementia-uk-autism-and-dementia.pdf

Dementia UK, the specialist dementia nursing charity, is committed to ensuring all families with dementia have equitable access to the care they need. If you need advice or support on living with dementia, contact Dementia UK's Admiral Nurse Dementia Helpline on **0800 888 6678** or email **helpline@dementiauk.org.**

> “*More research is needed to understand how best we can support people living with both conditions.*”

Why Care Workers Must Shape the System

Karolina Gerlich
CHIEF EXECUTIVE
THE CARE WORKERS' CHARITY

Care workers are central to delivering care, yet too often excluded from shaping it. Karolina Gerlich, Chief Executive at The Care Workers' Charity, explores why moving from inclusion to true co-production is essential to creating a system that reflects reality and works for everyone.

> *Social care has a long history of decisions being made about care workers rather than with them.*

Walk into most conferences shaping the future of adult social care and look at who is on the panel. You will find commissioners, senior leaders and policymakers. You will find people who have spent careers thinking about care. What you will rarely find is a care worker.

That absence is not incidental. It reflects something systemic about how the sector values, or fails to value, the people doing the work. Strategies get written, frameworks are published and guidance gets issued. Something essential is missing from all of them - the knowledge that only comes from being present where care actually happens. Knowledge that comes from understanding not just what a policy says but what it means practically when you are the person expected to implement it.

Social care has a long history of decisions being made about care workers rather than with them. The expertise that care workers hold, built through their daily relationship and accumulated professional judgement and proximity to the people they support, has too often been treated as less than essential. The result is guidance that does not reflect the realities of the job and systems designed without adequate understanding of what they were being designed for.

Co-production is the answer to that gap. Not consultation, not token representation, but partnership in which care workers help shape the decisions, tools and systems that define their working lives and the lives of the people they support. As someone who has worked in care, this is not an abstract principle. It is the difference between work that reflects reality and work that does not.

At The Care Workers' Charity, co-production is not just a project. It is a discipline. Our Advisory Board and Champions network ensures that care workers with genuine demographic diversity are involved in shaping our work from the outset. Voices of Care brings the workforce together in a shared forum so that their collective experience has somewhere to go and something to influence. When we developed guidance on the responsible use of AI in adult social care, we did it with care workers, alongside Oxford University's Centre for Ethics in AI, because guidance that does not reflect the realities of those expected to follow it is not really guidance at all. The same principle shaped our work with care workers on a guide to CQC. Our survey work, with our 2027 Carer Wellbeing Survey now live, remains one of the most direct ways we listen to what the workforce is actually experiencing.

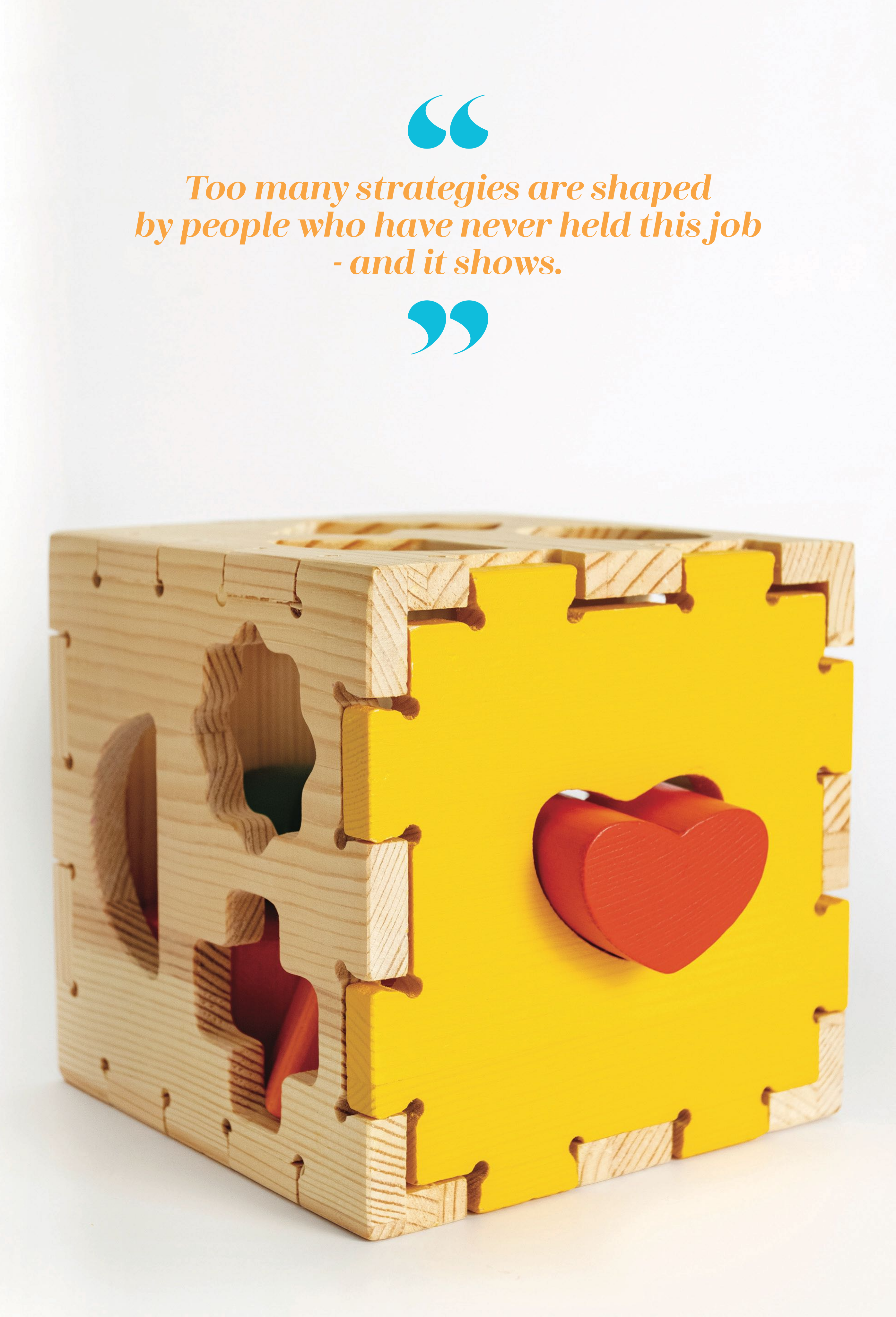
The Rayne Foundation's support for this work reflects a shared conviction: that investing in care worker voice is not peripheral. It is foundational.

What these efforts have in common is not complexity. They require commitment, and they require a willingness to slow down and do things properly. But the barrier to doing them is lower than the sector sometimes assumes. What is required, above all, is the belief that care workers belong in the room where decisions are made because the work is worse without them.

Too much of what gets decided about social care is still decided without the people who deliver it. Too many strategies are shaped by people who have never held this job, and it shows in the gap between what those strategies promise and what care workers experience on the ground. Care workers carry extraordinary responsibility, often in difficult circumstances and with limited resources. They hold relationships, deep knowledge and practical wisdom that are genuinely irreplaceable. Leaving that out of how the sector thinks does not just feel wrong. It produces worse outcomes for everyone, including the people drawing on care.

Inclusion is a starting point. It matters and it should not be taken for granted. But co-production is where the real work begins: the harder, more honest process of building something together that actually reflects the world care workers live and work in every day.

thecareworkerscharity.org.uk



> *“Too many strategies are shaped by people who have never held this job - and it shows.”*

From Supermarket Floors to Forest Walks

Jonathan Vowles Morgan

ACTIVITY COORDINATOR
CAMPHILL VILLAGE TRUST

How Jonathan Vowles Morgan found purpose in care, creating connection and confidence through nature.

Every Wednesday, a small group sets out into the Forest of Dean. The path winds through ancient trees, past rivers and open clearings, where the air feels different—calmer, quieter, more open. For the people walking, it is more than just a weekly outing. It is a chance to connect, to build confidence, and to feel part of something.

Leading the way is Jonathan Vowles Morgan.

Now working at Camphill Village Trust's The Grange Village in Gloucestershire, Jonathan has become known for the way he uses simple, thoughtful activities to make a real difference. His weekly walking group has grown into something much bigger than exercise. It is about connection—to nature, to each other, and to a sense of self.

But his journey into care did not begin here.

Before joining the sector, Jonathan worked as a training leader at a major supermarket chain, managing programmes for hundreds of employees. He developed strong skills in leadership, communication and team development, but something was missing. The fast-paced retail environment, while rewarding, lacked the deeper human connection he was looking for.

That realisation led to a bold decision: to step away from corporate life and move into care.

At Camphill Village Trust, a charity supporting adults with learning disabilities, autism and mental health needs, Jonathan found what he had been searching for. The Grange Village in Newnham on Severn offers a very different kind of environment—one built on shared living, meaningful work and community. Here, residents are encouraged to take part in everyday life, from farming and crafts to social activities that promote independence and wellbeing.

Jonathan's role focuses on coordinating activities that enrich lives, ensuring that every individual feels valued and included. It is work that suits him. Colleagues describe him as a hugely valued member of the team, someone whose energy and enthusiasm lift those around him.

"I absolutely love my job," he says, reflecting on the satisfaction he finds in seeing people thrive.

The walking group is one of his most impactful initiatives. Carefully planned to be accessible and inclusive, each walk includes rest stops, moments for reflection, and opportunities to learn about the surrounding environment. For many participants, it is a chance to step outside their routine, build confidence and experience something new.

"It's about more than just walking," Jonathan explains. *"It's about connection—to nature, to each other, and to oneself."*

> *"It's about more than just walking," Jonathan explains. "It's about connection."*

That sense of connection is at the heart of everything he does. Through these simple but meaningful experiences, participants build friendships, develop independence and gain a sense of achievement that carries into other areas of their lives.

His work has not gone unnoticed. Jonathan was recently recognised with the Activity in Care Award 2024 by the Gloucestershire Care Providers Association, and named a regional finalist at the Great British Care Awards. The recognition reflects not just his individual contribution, but the wider impact of the approach he brings to his role.

Beyond the walking group, Jonathan supports a range of activities across The Grange Village. He contributes to workshops, works alongside residents on shared projects, and supports colleague development using the skills he built in his previous career. His ability to bring people together—whether staff or residents—remains a defining strength.

What sets Jonathan apart is not complexity or scale, but simplicity. In a sector often facing significant challenges, his work shows that meaningful change does not always require large interventions. Sometimes, it starts with something as straightforward as a walk in the woods.

Through his journey, Jonathan has found a sense of purpose that was missing before. His story is not just about changing careers, but about finding a way to make a difference that feels real and lasting.

At The Grange Village, that difference can be seen in small but powerful ways: in conversations shared along a woodland path, in growing confidence, and in the quiet satisfaction of belonging.

One step at a time.

camphillvillagetrust.org.uk

> *“Sometimes, it starts with something as straightforward as a walk in the woods.”*

When the Music Starts...

BUCKLAND CARE

Hayley Williams
HEAD OF CARE
WILLOW BANK HOUSE

THE DEMENTIA CARE AWARDS
Celebrating Excellence in Dementia Care
FINALIST

How Hayley Williams creates connection, comfort and meaning through the smallest moments of everyday care.

The music starts softly, then builds. A familiar tune drifts through the lounge at Willow Bank House, and slowly, something shifts. Faces begin to light up. Hands tap along to the rhythm. Voices join in. What begins as a simple song turns into laughter, clapping and shared memories.

At the centre of it all is Head of Care, Hayley Williams.

At Willow Bank House Care Home in Evesham, Hayley is known for far more than her job title. Whether she is welcoming a new resident, supporting her team, or leading one of her spontaneous sing-alongs, she plays a central role in shaping the warm and supportive atmosphere that residents and families experience every day.

For Hayley, dementia care has always been about understanding the person behind the diagnosis. Her approach begins with getting to know each resident as an individual – their story, their routines, what brings them comfort, and the things that still mean the most to them.

Those small but meaningful details help shape the care they receive each day. It is about seeing the whole person, not just the condition.

This philosophy sits at the heart of the work at Willow Bank House, which recently achieved Two Star Gold accreditation through the National Dementia Care Accreditation Scheme, recognising the home's continued commitment to high standards of dementia care and meaningful support for residents.

When someone new moves into the home, Hayley takes the time to understand what matters most to them and their families. Learning about someone's life, their interests and the routines that have shaped their days helps the team support who they are today.

Her colleagues describe her as approachable, calm and someone who leads by example. She works closely with the care team, offering guidance and reassurance while encouraging everyone to bring their own compassion and personality into their work.

That sense of teamwork is something Hayley values deeply. Creating a supportive environment for staff helps them feel confident in their roles, which in turn helps residents feel safe, comfortable and understood.

A particular focus for Hayley is ensuring that people living with dementia can continue to experience meaningful moments in their day. She believes that good dementia care is about far more than meeting physical needs. It is about connection, dignity and helping people live well in the present.

At Willow Bank House, this can take many forms. Sometimes it is simply sitting with a resident for a chat or sharing memories from years gone by. At other times it is encouraging participation in activities that bring familiarity, comfort or a sense of purpose.

The sing-alongs have become a favourite. For many residents, music has a powerful effect. It unlocks memories, lifts mood and creates a sense of togetherness that is hard to replicate in any other way. These moments of connection, however small they may seem, are what Hayley believes truly shape life in a care home.

Alongside her approach with residents, Hayley also plays an important role in maintaining high standards of care across the home. She works closely with the team to ensure that residents' needs are well understood and that care plans reflect each person's preferences and wishes.

Her leadership has helped create a culture where staff feel supported to ask questions, share ideas and continue learning. That openness encourages the team to keep improving the care they provide.

Hayley's dedication has recently been recognised beyond Willow Bank House, as she has been named a finalist in the Dementia Frontline Leader category at the Dementia Care Awards.

For Hayley, the work has always been about the people she supports.

> “*What begins as a simple song turns into laughter, clapping and shared memories.*”

"Every person living with dementia still has a story, a personality and things that bring them comfort," she says. *"Our role is to take the time to understand that and help them continue to live a life that feels meaningful and familiar to them."*

For the team who work alongside her every day, the recognition feels well deserved.

What stands out most about Hayley is not just her professional knowledge, but the genuine warmth she brings into the home. Whether she is supporting a colleague, reassuring a family member or sharing a song with residents, her focus is always the same – helping people feel valued and cared for.

At Willow Bank House, those everyday moments of connection are what make the biggest difference. And for Hayley Williams, that is exactly what care should be about.

bucklandcare.co.uk

> *"Faces light up, voices join in and the whole room feels lifted."*

When Care Becomes Family

Amy Hopper
TEAM LEADER
HAPPY FUTURES SUPPORT SPECIALISTS

How Amy Hopper went from retail to care, becoming a compassionate leader who ensured dignity, advocacy and human connection at the end of life.

> *She believes people should be treated as if they were a member of your own family.*

Amy Hopper did not expect her role in care to take her to the floor of a hospital room, staying overnight to ensure someone was not alone in their final days. But when the moment came, there was no question about what needed to be done.

As a Team Leader at Happy Futures Support Specialists in Scarborough, Amy has built her career on compassion, connection and truly person-centred care. That commitment was tested during a particularly complex and emotional period, when an individual she had supported for six years became seriously unwell.

Amy had been part of his care team for a long time and knew him well. She understood his needs, including how his bipolar condition meant even small changes could have a significant impact on his mood. When he was admitted to hospital, she quickly recognised that the care he was receiving did not reflect the person-centred approach he deserved.

Nurses would come into the room and not speak to him or acknowledge him. His behaviour was seen as challenging, when in reality, simply explaining what was happening—as should be done with any patient—was all that was needed. Amy refused to accept this. She tirelessly advocated on his behalf, ensuring his voice, dignity and best interests remained at the centre of every decision. As his condition worsened, she went even further—spending nights sleeping on the hospital floor beside him, offering comfort, familiarity and reassurance during his final days.

At the same time, Amy became a vital link for his family. Living some distance away, his mother and sister were unable to be there in person and were understandably concerned about his welfare. Amy kept them informed, reassured and involved throughout, becoming, in many ways, an extension of their own family.

It was a particularly challenging time, with multiple hospital moves between Scarborough, York and Whitby, and differing diagnoses adding to the uncertainty. Throughout it all, Amy remained a constant presence.

Her role did not stop there. With palliative care sitting outside the service's usual provision, Amy also supported her team through what was a significant learning experience. She guided colleagues with compassion and confidence, helping them navigate unfamiliar and emotionally demanding circumstances while continuing to deliver high-quality care.

Amy's journey into care began in a very different place. Having previously worked in retail, she moved into a care home role and quickly realised how much she enjoyed working in the sector. As a self-described people person, it aligned perfectly with her values and career aspirations. She joined Happy Futures in May 2019 as a Support Worker, initially working in complex care. From there, she progressed to a Positive Behaviour Support Worker role before stepping into her current leadership position in August 2023. Her progression reflects not only her commitment to the sector but her ability to lead through example.

Today, Amy continues to embody the core values of Happy Futures—empowerment, compassion and advocacy. She approaches every situation with professionalism and resilience, but it is her ability to build genuine relationships that defines her work.

For Amy, the motivation is simple. Every individual she supports has different needs, and every day brings something new. Ensuring that people are able to live the kind of life they deserve remains at the heart of everything she does. She believes people should be treated as if they were a member of your own family—because that is how you would want your own family to be cared for. It is this approach that underpins both her leadership and the wider culture at Happy Futures, where strong relationships and high staff retention reflect a shared commitment to doing things the right way.

Amy's work is a powerful reminder that truly person-centred care is not about systems or processes—it is about people. It is about listening, understanding and being willing to step beyond the expected when it matters most. In the most difficult moments, that can mean something as simple, and as profound, as making sure someone is not alone.

happyfutures.net

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What Keeps Me Awake at Night

KYN

Suzanne Mumford
DIRECTOR OF CLINICAL AND DEMENTIA CARE
KYN

Suzanne Mumford, Director of Clinical and Dementia Care at KYN, a London-based collection of residential and nursing care homes, reflects on the complexity of dementia care, the gap between ambition and reality, and the concerns that continue to keep her awake at night.

> “*In my experience with my parents, finding suitable care meant compromise.*”

What keeps me awake at night, or more accurately what wakes me in the early hours, is the continued lack of understanding of the complexity, fragility and day-to-day variability of the specific needs of each individual living with dementia receiving care.

Despite our understanding of the concept of personhood, care services are still struggling with the application of truly person-centred care. Without prejudice, the introduction of a range of alternative terms — such as relationship-centred, relational, rights-based, and person-led care — risks blurring what is truly important: how we support people with dementia and their care partners (whether unpaid or paid) to live well as they navigate their journey.

Working in care carries a high physical and psychological burden which isn’t always recognised. Staff need to be highly skilled communicators to provide good dementia care. Without comprehensive education and support, and a full understanding and recognition of the complexity of each individual’s care needs, there is a high risk of poor quality care being delivered, and staff burnout.

Recognition of dementia care as a truly specialist career and improved funding to support high quality, mandatory dementia training remains one of the hardest realities the sector still struggles to address.

It’s taken a long time for the voices of people living with a dementia and their families to be heard in relation to the development and provision of care services. I am concerned that there remain ongoing pre-conceptions and stigmas by many health and social care professionals in relation to the ability and validity of what people with dementia say. I am looking forward to incorporating the voices of people with dementia and their families at KYN through collaboration and co-design of the next level of our education programmes. KYN has a strong track record of involving people living with dementia in the design and inception of their homes.

In my experience with my parents, even though I have extensive specialist dementia and Parkinson’s experience, finding a suitable care service inevitably meant compromise between the quality of physical and emotional care, as well as appropriate and relevant activity provision and environment. As a family member/partner you want to know that your loved one will be safe and respected not only for who they were but who they are now, and cared for with kindness in ways that make them feel they are still human, and meaningfully engaged and occupied to maintain their sense of self and purpose.

The provision of outstanding care is reliant on trusting relationships, skilled communicators, the ability to adapt, and be empathetic. Giving and receiving care is complex and must consider the emotional and physical needs, not only of the person living with the condition but also their care givers. None of us can perform at our best without support, kindness and knowledge applied in practice - dementia care requires the same sort of specialist support as any other medical specialism. Care and nursing staff are expected to give specialist support to people living with dementia and with complex needs. They therefore need to receive education and coaching support that equips them with the skills to adapt to the unique needs of each individual.

At KYN we recognise this through the ongoing development of our strategic clinical and dementia plans and staff education. People living with dementia and their families are placed front and centre to ensure their care is tailored, flexible and enables people to flourish.

Success in my first year will be reflected by clinical and care staff feeling more confident and knowledgeable when supporting people with dementia, and increased collaboration and codesign with residents and care partners. I am most determined to implement a blended experiential modular learning, involving staff, residents and families to enhance the quality of care and achieve clinical excellence.

🌐 kyn.co.uk

> “I am determined to implement blended experiential learning to enhance care quality and clinical excellence.”

The TOUGH Question...

When Co-Production Gets Difficult, How Do We Respond to Challenge, Disagreement and Complexity?

lifeways

Gareth Roberts
CHIEF QUALITY OFFICER
LIFEWAYS

Gareth Roberts, Director of Quality at Lifeways, a provider of support for people with complex needs in the community, explores why real co-production is often challenging—and how embracing disagreement, complexity and honest feedback leads to better outcomes.

> “We know sharing negative experiences can be daunting, and emotionally difficult, and takes courage.”

Co-production is a simple concept: bring people together, listen, agree and act. The reality of implementation is far more complex, challenging – and rightly so. When people with lived experience, families and team members come together, each brings their own perspectives, priorities and ways of communicating. Disagreement is normal and to be welcomed. At Lifeways, we do not view this as a problem, we see it as part of getting the right result - the work we are meant to do. Not just anyone can do it well.

At Lifeways, our Family Advisory Panel (made up of family members of the people we support from across the UK) regularly challenges us and keeps us accountable. If someone is courageous enough to tell us something uncomfortable, we actively listen without judgement to understand the “why” behind what they’re saying. When feedback is difficult, we look at the evidence and involve people in deciding what needs to change.

Navigating co-production in a way that feels fair and inclusive is crucial. Fairness begins with making sure every person can say what matters to them in a format that suits them. Through Lifeways’ ‘Our Voices’, we gather insight from local forums, house meetings, surveys, workshops, reviews and everyday conversations. Some people express themselves through writing, others through discussion or voting. Every method is valid.

From working with our Family Advisory Panel, Lifeways Executive Advisory Panel (LEAP) and our Quality Checkers, we know that it’s important to ensure the people who the decision affects the most, remain at the centre of what is being co-produced. When disagreements happen or co-production becomes particularly complex, we slow the pace and offer different ways to take part. Not everyone is comfortable attending a meeting or chatting in a large group, so we offer pre-discussion materials, smaller sessions or more time to reflect.

We are constantly looking at ways to improve how we feedback, especially through Lifeways ‘Our Voices’ and future peer led updates from LEAP members. Co-production should feel like an ongoing relationship rather than a one-off event.

What matters is that the process is respectful and that people feel heard and included. When views conflict, we take time to understand what’s motivating the conflict and try to find some common ground. People may not always agree with the collective decision, but we can always ensure people feel heard, respected and included.

We know from several of the ‘Our Voices’ workshops held nationally that people with lived experience can find sharing their negative experiences daunting or emotionally difficult, which takes courage. Team members also then can experience emotional labour when they face criticism or must reflect honestly on their own practice. For us as a provider, this means being open to criticism or having to let go of ways of working that are no longer effective.

Across all ‘Our Voices’ forums, whether with people we support, families or team members, we aim to build an environment of safety. When people feel safe to speak up, concerns appear early before they become bigger problems. It also shifts us from blame to genuine learning. People are far more willing to try new ideas, take risks, and challenge “how we’ve always done it.” Most importantly, decisions become easier to reach because they are shaped by real lived experience, rather than assumptions.

Co-production is difficult to do well. Yet the difficulty is what makes it powerful. When we allow open space for honest feedback, relationships improve because we’re working alongside people as equals. We create stronger partnerships, better support and life-changing outcomes, genuinely shaped by the people who achieve them every day.

🌐 lifeways.co.uk

“Fairness begins with ensuring everyone can express what matters in a way that suits them.”

Ask the Experts

Strengthening the Voice of Workers and People Using Care Services

As expectations around co-production and inclusion continue to grow, the care sector is under increasing pressure to ensure that services are shaped not just for people, but with them. From frontline staff to those drawing on support, there is a shared need for voices to be heard, valued and acted upon in meaningful ways.

We asked a group of award winning professionals, *"What is one change that would help care and support workers and people who draw on care have a stronger voice in shaping services?"*

SpringCare

Naomi Jane Allsop

REGIONAL ACTIVITY SUPERVISOR
FOR THE EAST MIDLANDS, SPRINGCARE

> ***"Residents tell us what they'd like to do and their suggestions directly shape plans."***

In my role as Regional Activity Supervisor for the East Midlands, I've seen how powerful this can be when it's done well. Across our homes, we make sure that on the first day of every month, we hold a resident meeting dedicated to listening to what people want from their activities and day-to-day life. Residents tell us what they'd like to do, what they enjoy, and what they'd love to try next. Their suggestions directly shape the activity plans for the weeks and months ahead.

This simple, regular meeting gives residents a genuine voice — not just in theory, but in practice. It also supports care teams, because staff can plan with confidence, knowing the programme reflects real preferences rather than assumptions. When residents feel heard, engagement rises, wellbeing improves, and the whole home feels more connected.

Creating these structured opportunities for people to influence their own care strengthens the entire culture of the service.

liaise

Richard Broughton

CHIEF COMMERCIAL OFFICER
LIAISE

> ***"Care should be guided by the plan, not confined by it."***

A key change that would strengthen the voices of care and support workers and people who draw on care is for providers to be more confident with positive risk-taking. No care plan can capture a person's daily growth or readiness to try something new, and relying too much on paperwork can limit autonomy and overlook frontline expertise.

Care should be guided by the plan, not confined by it. If someone wants to walk independently to their local shop, a risk-averse approach might block it because it isn't written down. A confident, person-led approach would explore it together - practising the route, agreeing safety measures, and making it possible.

This delivers real impact. That same walk supports physical and mental health, builds confidence, strengthens community connections, and grows everyday independence. Positive risk-taking turns small decisions into opportunities for people to shape their own lives.

Liz Fairbank

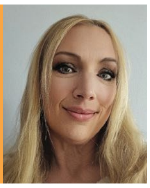
CARE & LIFESTYLE DIRECTOR
MCCARTHY & STONE

> *Those voices need to be involved early and consistently, not as an afterthought.*

It's about moving beyond consultation to genuinely involving people in shaping what matters to them. Too often, decisions about care and support are made top-down, with people asked for their views only after choices have already been made, which can feel tokenistic.

Care and support workers, customers and their families have invaluable insight into what works, what doesn't, and where services need to adapt. If we want care services that are responsive, sustainable, and valued, those voices need to be involved early and consistently, not as an afterthought.

That means creating regular, meaningful opportunities for customers and care colleagues to help shape decisions, not just provide feedback on them. It also means closing the loop by being clear about what we have heard, what will change as a result, where things cannot change, and why. Done well, this strengthens engagement and retention, and results in more personal, effective care.



Anne Riches

REGIONAL OPERATIONS MANAGER
SATURN HEALTHCARE

> *"Nothing about us without us" must be more than a slogan - it must be the rule.*

"Nothing about us without us" must be more than a slogan - it must be the rule.

Embedding co-production as a non-negotiable standard would close the gap between commissioners and healthcare teams and their end users. This basic standard translates across all of health and social care; from organisations designing new facilities, to the everyday person-centred values that define our self of self-worth.

Too often, consultation is an afterthought or 'tick box exercise' rather than all parties holding equal decision-making power.

Establishing a co-production loop ensures lived experience has a voice and shapes services, whilst the workforce benefits from the psychological safety offered by feeling invested in and empowered to contribute to positive change. By shifting from "listening to" toward "working with," services become more responsive and effective, while strengthening trust and professional pride within the sector.

Real voice means real power - and it's time to share it.

Lucy Sewards

OPERATIONS DIRECTOR - SOUTH
IVOLVE CARE AND SUPPORT

> *When we build care with people rather than for them, we create support that matters.*

One change that would make a real difference is making co-production the standard in how care and support is designed and improved.

Too often people are asked for their views after decisions have already been made. True co-production means something different. People who access care and the colleagues who support them sharing ideas, shaping decisions and influencing the direction of care together from the start.

When people feel listened to and involved, care become more responsive and more meaningful. Care and support workers bring daily insight into what works, while the people we support bring lived experience that should sit at the heart of decisions about their lives.

In practice, this means creating real opportunities for involvement. From advisory groups to care improvement conversations, where everyone's voice carries weight. When we build care with people rather than for them, we create support that is more personal, more effective and rooted in what truly matters.

Have *Your* Say!

Nick Stechman
DEMENTIA LEAD
JAMES TERRY COURT
RMBI CARE CO.

3 Wishes

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

1. **To erase the negative stigma around living in a care home.**

During Covid, a lot of negativity built in the public perception of care homes. This stigma has long outlasted the pandemic and seems to have made them places that people want to avoid. I wish that more people could see the amazing care that our team of staff provide.

2. **That wider society recognised the hard work and dedication of the people working in social care.**

Every day, the people that work in social care provide amazing care that empowers people to live with dignity and respect. Unfortunately, society does not recognise the individuals that work in social care with the status and resources that they deserve.

3. **That everyone could see what it is like to live with a dementia.**

Our staff team has had training sessions that enable them to see what it is like to live with a dementia, particularly around the mealtime experience. We found this had a great impact on our understanding of how our Residents experience the care that we provide. It would be great if wider society were able to experience this too.

In The Spotlight

Care home residents launch podcast to share stories and spark conversation across generations.

Three lifelong friends from Sutton Rose Care Home are proving it’s never too late to try something new — by launching their own podcast.

Doreen Lichfield (92), Anne Borne (92) and Maureen Ward (88), residents at the home, have created *Do You Remember the Time?*, a monthly podcast filled with nostalgic reflections and honest conversations about how life has changed over the decades.

The idea came from a reminiscence group, where staff were inspired by the trio’s humour and natural chemistry. With support from the activities team, their everyday conversations have been turned into a podcast that explores themes such as school days, wartime memories, love and friendship.

The aim is to spark connection across generations, sharing first-hand experiences of life before modern technology. Sutton Rose has fully supported the initiative, creating a studio-style set-up to bring the podcast to life.

Bhav Amlani, Director at Macc Care Group, praised the project as a powerful example of person-centred care, empowering residents to share their voices.

The podcast is now live.

Movers & Shakers

Hartford Care reinforces expansion with Sales Director and Estates Director appointments.

Ben Chance
SALES DIRECTOR
HARTFORD CARE

Baz Westerman
ESTATES DIRECTOR
HARTFORD CARE

Hartford Care has strengthened its senior leadership team with the promotion of Ben Chance to Sales Director and Baz Westerman to Estates Director, reflecting a period of significant growth for the organisation.

Ben joined in 2022 and has progressed through several roles including Regional Operations Manager and Group Sales and Commissioning Manager, playing a key role in new business development. Baz, who also joined in 2022, advanced from Assets Manager to Head of Estates before stepping into his new position.

Cheif Executive Kevin Shaw highlighted the organisation's commitment to internal progression, praising both individuals for their contributions and leadership.

Hartford Care's growth has accelerated in recent years. Following the 2026 acquisition of Select Healthcare Group by Foundation Partners and Deer Capital, 16 additional homes — totalling 801 bedrooms — were added to its portfolio. The group now operates 45 homes across the UK with 2,327 bedrooms, and turnover has increased significantly from £40m in 2023 to over £140m.

Further strengthening the leadership team, Lisa White has also been promoted to Operations Director after 20 years of service.

Lightbulb Moment

Lightbulb Moment: Why frontline voices matter more than polished messaging.

Demi Winton
ASSISTANT MARKETING MANAGER
CHRISTIES CARE

My lightbulb moment came when I realised that the most powerful messages about home care don't come from marketing teams – they come directly from the people delivering care each day.

Working closely with our frontline teams, I've seen how much trust families place in lived experience. A carefully written campaign can explain what we do, but it's carers, local teams and Registered Managers who show why it matters. Their stories, honesty and insight resonate far more than any polished messaging ever could.

This shift changed how we approach communication. Instead of leading with corporate language, we focus on listening, amplifying real voices and creating space for teams to share their experiences. Reviews, conversations with families, and everyday interactions have become some of our most valuable learning tools.

One colleague recently shared that families feel reassured not by perfection, but by transparency and consistency. That insight stuck with me. It reminded me that trust in care is built through authenticity, not presentation.

For me, the lesson is simple – when we put frontline voices at our centre, communication becomes more human, more credible, and ultimately more meaningful for the people who rely on us.

Now Have *Your* Say!

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

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.

Housing with Care Awards 2026

5th June 2026 Hilton Bankside London

Northern Ireland Learning Disability & Autism Awards 2026

10th June 2026 Hilton, Belfast

National Learning Disability & Autism Awards 2026

19th June 2026 ICC, Birmingham

The Dementia Care Awards 2026

24th June 2026 Hilton Bankside London

The Palliative Care Awards 2026

2nd July 2026 Hilton Bankside London

The Children & Young People Awards 2026

22nd October 2026 ICC, Birmingham

Social Care Top 30 Awards 2026

October 2026 Marriott Grosvenor Square, London

The Neurological & Complex Awards 2026

27th October 2026 Hilton Bankside 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 – Voco Grand Central Glasgow by IHG
19th November 2026	South West – Ashton Gate, Bristol
20th November 2026	South East – Double Tree, Brighton
21st November 2026	London – Hilton, Bankside
23rd November 2026	East Midlands – EMCC, Nottingham
26th November 202	North East – Grand Hotel, Gosforth Park, Newcastle

Women Achieving Greatness in Social Care (WAGS) Awards 2026

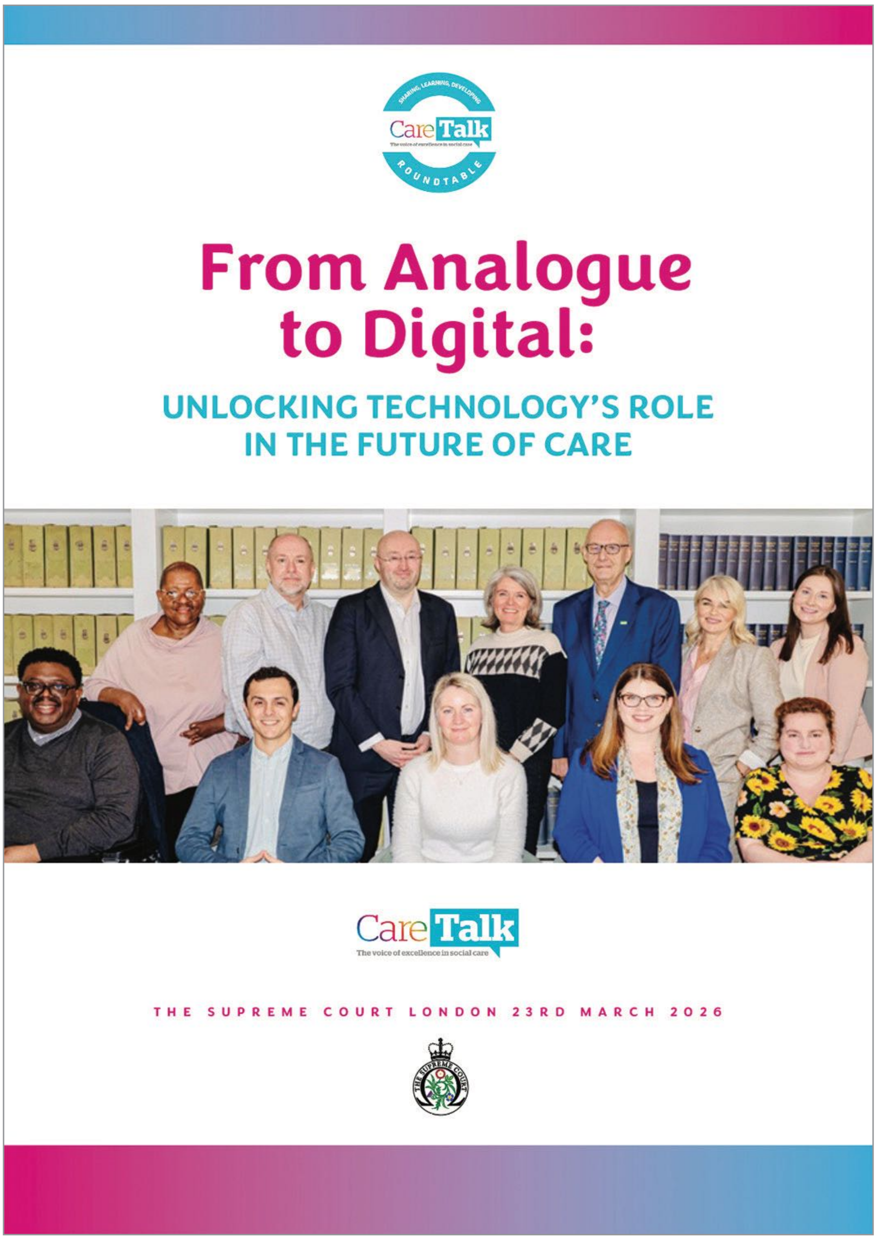
1st December 2026 Hilton Bankside London

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

From Analogue to Digital

Picture this: a care worker notices a resident becoming slightly more unsteady over a few days. A digital system flags subtle changes in mobility and sleep patterns, prompting an earlier intervention, potentially preventing a fall that may otherwise have led to hospital admission.

> *The purpose of technology should be enabling me to live my life.*
>
> *Dr Clenton Farquharson CBE, Associate Director, Think Local Act Personal*



SHARING, LEARNING, DEVELOPING
Care Talk
The voice of excellence in social care
ROUNDTABLE

From Analogue to Digital:

UNLOCKING TECHNOLOGY'S ROLE IN THE FUTURE OF CARE

Care Talk
The voice of excellence in social care

THE SUPREME COURT LONDON 23RD MARCH 2026

As advancements in AI (artificial intelligence) accelerate, so too do the questions surrounding its role in the care sector. How can technology support, rather than replace, human care? And how do we ensure it is implemented in ways that are ethical, inclusive, and person-centred?

On 23 March 2026, Care Talk convened a roundtable at the Supreme Court, bringing together leading voices from across the sector to explore these challenges and opportunities. Chaired by Professor Martin Green OBE, the discussion covered key themes including technology as a catalyst for transformation, workforce empowerment in a digital age, and the importance of ethical, person-centred innovation.

This Care Talk paper brings together those insights, offering practical recommendations and a clear call to action for the sector.

SHARING, LEARNING, DEVELOPING
Care Talk
The voice of excellence in social care
ROUNDTABLE

Read the full report at:
https://bit.ly/41Kz2lt

Leading the Way in Social Care

Dementia Support Starts in the Community

Jan Archibold

FOUNDER
MEMORY ACTION GROUP

Jan Archibold, founder of Memory Action Group, shares how lived experience is shaping more compassionate, community-led dementia support.

> *You learn more from other carers than you do from any professional.*

Memory Action Group was inspired by the need to create a supportive and inclusive space for people living with dementia and their carers. When I founded the organisation in 2018, I wanted to address the lack of accessible, community-based peer support—somewhere people could feel understood, valued, and less isolated. The group aims to fill this gap by providing opportunities for social connection, shared experiences, and practical support in a welcoming environment.

Looking back, one of the most impactful achievements has been creating a supportive community where people living with dementia and their carers feel valued, understood, and less isolated. Seeing individuals build friendships, gain confidence, and enjoy meaningful social experiences together highlights the real difference the organisation has made.

For me, "leading the way" in community-based dementia support means allowing the person living with dementia and their carers to structure the way they are supported. Everyone is different, and all support needs to be personalised and tailored to each individual.

My personal experience has shaped everything I do. Having lived experience helps a lot in supporting others—knowing what it was like for me dealing with non-verbal communication, double incontinence, sleep deprivation, isolation and much more seems to mean something to other carers.

When it comes to formal services, I'm not sure we are too reliant—some carers really do need more from them than others. What I do feel strongly about is that people living with dementia should not be labelled. They live in the community and are part of the community. My dream would be for them to be accepted as anyone else.

I can't stress the importance of peer support enough. I see friendships being made, people going on trips and holidays together—too nervous to go alone, but happy to go with others in a similar situation to provide mutual support. It opens up people's lives and helps them all to live better, happier lives.

There are still significant gaps, particularly immediately after diagnosis. I am working with others to try and get a comprehensive, helpful pack to hand out at the time of diagnosis and for this pack to be available across all organisations supporting people living with dementia and their carers. At the moment, there is a lot of duplication, a lot of leaflets, a lot of information—and a lot of confusion.

I used to give talks as a JDR Ambassador, one of which was called 'Discharge at Diagnosis', because we are so often referred back to the GP—many of whom have little knowledge of dementia—being told to just 'get on with it'.

There also needs to be more peer support groups. So often I hear, "You learn more from other carers than you do from any professional"—this needs to be available to everyone. These groups would certainly ease the load on the NHS and social care.

There is also a huge gap in supporting people who live alone and have no close relatives or carers. We also need to ask how we are supporting minority groups—there is still a lot of work to be done in these areas.

More support is needed for families when caring gets too much, and alternatives such as domiciliary care or care homes should be considered earlier.

Living with dementia is an expensive business—everything needs to be paid for. Trying to get Continuing Health Care from the NHS is nigh on impossible, as dementia doesn't seem to be classed as a terminal or life-limiting condition. It falls through every crack, and families and carers have to deal with it as best they can.

Carers past retirement age often do not qualify for Carer's Allowance because they receive the State Pension. The State Pension may be sufficient if you're not caring, but costs mount when you are, and Attendance Allowance is insufficient to cover everything.

In the Wakefield area, most organisations are working together to ensure that people living with dementia and their carers are included in shaping the services they use. We've started, but we need to sustain the momentum and finish the task. Too often pilot programmes are run very successfully and then don't continue due to lack of funding. If funding isn't consistent, please don't run pilot programmes—it's not fair.

Balancing safety with independence is crucial. In partnership with Wakefield Hospice, we have developed a device called ReUnite. Available as wristbands, badges and fobs, this item helps people living with dementia who may become disorientated, distressed or lost be reunited with their loved ones. We hope to see the scheme adopted nationwide, helping police forces reduce the number of 999 calls, supporting the Herbert Protocol, and encouraging communities to work together to keep each other safe.

Alongside this, Memory Action Group provides peer support groups where people living with dementia and their carers can meet, share experiences, and support one another in a friendly and social environment.

I definitely think we are still expecting too much of carers. Affordable or free respite is essential. There should be more opportunities for people living with dementia to spend time independently of their carers—if they didn't have dementia, they wouldn't spend all their time with their carers.

I found it so beneficial when my husband went out twice a week—he did his thing, I did mine, and then we came back together ready to carry on.

Looking ahead, I would most like to see society develop a deeper understanding and a more compassionate response to dementia. I envision a world where people living with dementia and their carers are valued, supported and included, with stigma replaced by awareness and empathy.

Society's approach should focus not only on medical care, but also on meaningful social engagement, community support, and opportunities for people to live fulfilling lives for as long as possible.

> “*Community-based dementia support means people and carers structure how they are supported.*”

wakefieldhospice.org

Making Co-Production Count in the Workforce

skillsforcare

> We only co-produce where people can genuinely influence outcomes.

At Skills for Care, co-production is a practical approach to improving how social care is designed, delivered and experienced. We believe that social care works best when the people who draw on care and support are at the heart of shaping it. That belief is why co-production matters so deeply to us, as a way of working rooted in fairness, equality and respect.

What we mean by co-production

We are clear and intentional about how we use the term co-production. For us, co-production refers specifically to activity that involves individuals who draw on care and support. It's not a light-touch consultation or a one-off opportunity to comment; it is a complete and equal partnership from beginning to end.

True co-production starts with a blank page. Everyone involved has shared ownership of the process and the outcome, and there is an assumption of equality throughout. Individuals are not invited in once decisions have already been made, they are there from the very start, shaping the work as it develops and meaningfully influencing change.

We also recognise that co-production is not always the right approach for every piece of work. That is why we ask important questions before deciding how to involve people:

- **Does the end user include people who draw on care and support?**
- **Does the topic mean the voices of people who draw on care and support are essential to the quality and relevance of the work?**

If the answer is yes, then co-production may be the right approach.

Why co-production matters in practice

Co-production matters because lived experience matters. People who draw on care and support are experts in their own lives. Their insights help us understand what genuinely works, what does not, and what needs to change. Without those voices, we risk developing work that is disconnected from reality, well-intentioned but ineffective.

By working in equal partnership, we challenge traditional power imbalances and recognise that knowledge does not only sit within organisations or professionals. Co-production ensures that people are not spoken about without being part of the conversation, and that change is not done to them but with them.

> *True co-production starts with a blank page.*

Co-production also builds trust. When people see that their views lead to real influence, not just token involvement, it creates stronger relationships and better outcomes. It leads to work that is more inclusive, realistic and relevant to the diverse experiences within social care.

We recognise that people are not a single group with a single perspective. Co-production allows us to hear different voices, challenge assumptions and better reflect the diversity of social care.

Meaningful influence

We're committed to ensuring that people who work with us can be heard and can meaningfully influence change. That means being honest about what is possible, clear about how decisions will be made, and respectful of people's time, knowledge and contributions.

We only co-produce or consult on work where individuals genuinely have the opportunity to influence outcomes.

Co-production is more than participation, it is shared responsibility and shared decision making.

How co-production works in practice

We recognise that meaningful involvement can take many forms. Depending on the purpose of the work, the needs of participants and the stage of a project, we use a range of different methods to involve people, including:

- **Attending existing groups**
- **Convening one-off groups or roundtable discussions**
- **Sending out surveys**
- **Inviting people to help design resources or products**
- **Gathering feedback over email**
- **Running project groups or steering groups, where full co-production is appropriate**

Each method offers different opportunities for engagement, and no single approach suits every situation. Our responsibility is to consider which approach will be most effective, inclusive and meaningful for the people involved.

Our commitment to the workforce

Skills for Care is committed to using consultation and co-production through a range of methods to involve people in our work. We will always consider the most appropriate and effective approach, ensuring that those who work with us are listened to and are able to meaningfully influence change.

Co-production matters because it leads to better work, stronger relationships and a more equal social care system. Most importantly, it matters because people who draw on care and support deserve to have a real say in shaping the systems, services and workforce that affect their lives.

By working together, from a blank page, we can create change that is truly informed by lived experience.

skillsforcare.org.uk

> *Co-production is more than participation – it is shared responsibility and shared decision making.*

Introducing The Care Equity Evidence Hub

Dr Matthew Ford
SENIOR RESEARCH ANALYST
SOCIAL CARE INSTITUTE FOR EXCELLENCE

Dr Matthew Ford, Senior Research Analyst at the Social Care Institute for Excellence (SCIE), introduces a new Care Equity Evidence Hub, bringing together research, data and real-world practice to help health and social care professionals better understand—and address—unmet, undermet and wrongly met needs.

> “*There is no single solution to addressing inequities in care – the causes are complex and long-standing.*”

Across health and social care, inequities are very apparent. You see them in who accesses support, how people experience services, and the outcomes they achieve.

Many people working in the sector will recognise the challenge. Some people struggle to access support at all. Others receive support that does not fully meet their needs, or does not reflect their circumstances. In some cases, support is in place, but it is not the right fit.

In conversations across the sector, this is often described in terms of unmet, undermet and wrongly met need.

Responding to this is not straightforward. It requires a clear understanding of who is missing out, why this is happening, and what approaches are likely to make a difference.

That is where evidence has a key role to play.

Built with the sector

SCIE's Care Equity Evidence Hub has been developed as a practical response to this challenge. It brings together research, data and practice evidence in one place, with a focus on helping people use that evidence to improve care and support.

A key part of this has been co-production.

The Hub has been shaped by people across health and social care, including those who draw on care and support, providers, commissioners, policymakers, researchers and voluntary organisations. It has also been guided by an advisory group made up of sector leaders, experts and people with lived experience.

This has influenced not just what is included, but how it is presented.

The aim has been to reflect the issues people are dealing with in practice, and to make evidence easier to find, understand and apply in real-world settings.

Six areas that matter in practice

The Hub organises evidence across six key topics, shaped through engagement with stakeholders across the sector and focused on areas where inequities are commonly experienced.

Underserved populations: Focusing on groups who are less likely to access care or who experience poorer outcomes.

Workforce: Exploring how workforce challenges (including recruitment, retention and conditions) affect equity in care.

Neighbourhood health: Looking at how local systems, communities and services work together to support equitable access and outcomes.

Financial inequities: Examining how cost, funding arrangements and personal finances shape access to care and support.

Geographical inequities: Highlighting variation between areas, including the impact of local provision and differences between places.

Technology in care: Considering how digital tools and technology can support or limit equitable access and experience.

Designed for real-world use

The Care Equity Evidence Hub is not another academic database where you have to search across multiple sources and work through long reports to find what matters.

Each area includes clear summaries of key evidence, links to research and data, and examples showing how evidence has been applied in practice. It also highlights where evidence is strong and where it is still developing.

You might use the Hub to:

- understand why certain groups are not accessing your service
- explore what has worked in other areas
- support a service review or redesign
- support how you evidence improvements in access, experience and outcomes

It is intended to support people working at all levels, from frontline providers to system leaders. Each will use it differently, but the aim is the same in supporting better decisions and more equitable outcomes.

An open and evolving resource

The Care Equity Evidence Hub is now live, but it will continue to develop.

Feedback from the sector will shape what is included, where the gaps are, and how useful it is in practice. This includes identifying missing evidence, suggesting new topics, and sharing examples of how evidence has been used.

There is no single solution to addressing inequities in care. The causes are complex and long-standing. But improving how evidence is brought together and used is a practical step.

If people can more easily understand who is missing out, why this is happening, and what might help, they are better placed to respond.

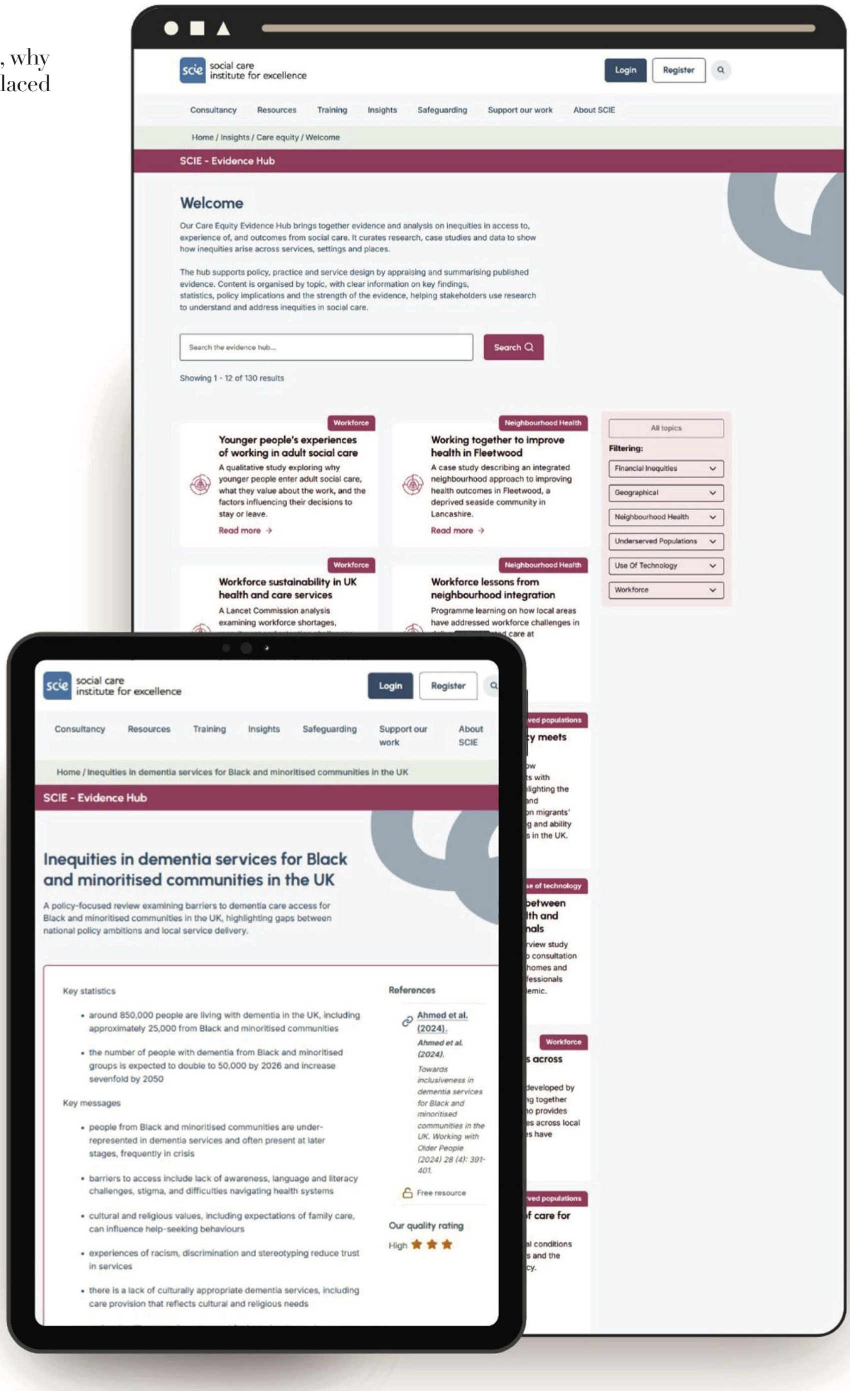
🌐 scie.org.uk

> “*The Hub brings together research, data and practice evidence in one place.*”

Further reading

Care Equity Evidence Hub at
scie.org.uk/insights/care-equity/evidence-hub/

> “*Across health and social care, inequities are very apparent.*”



scie social care institute for excellence

Home / Insights / Care equity / Welcome

SCIE - Evidence Hub

Welcome

Our Care Equity Evidence Hub brings together evidence and analysis on inequities in access to, experience of, and outcomes from social care. It curates research, case studies and data to show how inequities arise across services, settings and places.

The hub supports policy, practice and service design by appraising and summarising published evidence. Content is organised by topic, with clear information on key findings, statistics, policy implications and the strength of the evidence, helping stakeholders use research to understand and address inequities in social care.

Search the evidence hub...

Showing 1 - 12 of 130 results

Workforce
Younger people's experiences of working in adult social care
A qualitative study exploring why younger people enter adult social care, what they value about the work, and the factors influencing their decisions to stay or leave.
Read more →

Neighbourhood Health
Working together to improve health in Fleetwood
A case study describing an integrated neighbourhood approach to improving health outcomes in Fleetwood, a deprived seaside community in Lancashire.
Read more →

Workforce
Workforce sustainability in UK health and care services
A Lancet Commission analysis examining workforce shortages,

Neighbourhood Health
Workforce lessons from neighbourhood integration
Programme learning on how local areas have addressed workforce challenges in

Home / Inequities in dementia services for Black and minoritised communities in the UK

SCIE - Evidence Hub

Inequities in dementia services for Black and minoritised communities in the UK

A policy-focused review examining barriers to dementia care access for Black and minoritised communities in the UK, highlighting gaps between national policy ambitions and local service delivery.

Key statistics

- around 850,000 people are living with dementia in the UK, including approximately 25,000 from Black and minoritised communities
- the number of people with dementia from Black and minoritised groups is expected to double to 50,000 by 2026 and increase sevenfold by 2050

Key messages

- people from Black and minoritised communities are under-represented in dementia services and often present at later stages, frequently in crisis
- barriers to access include lack of awareness, language and literacy challenges, stigma, and difficulties navigating health systems
- cultural and religious values, including expectations of family care, can influence help-seeking behaviours
- experiences of racism, discrimination and stereotyping reduce trust in services
- there is a lack of culturally appropriate dementia services, including care provision that reflects cultural and religious needs

References

Ahmed et al. (2024).
Ahmed et al. (2024). Towards inclusiveness in dementia services for Black and minoritised communities in the UK. Working with Older People (2024) 28 (4): 391-401.
Free resource

Our quality rating
High ★★★

Why Care Quality Now Shapes Insurance


HOWDEN
Sabrina Meetaroo
DIVISIONAL DIRECTOR, SOLICITOR & HEAD
OF LEGAL, RISK & CLAIMS ADVOCACY
HOWDEN HEALTH & CARE


Fulcrum
Fabio Cecchi
COMMERCIAL DIRECTOR
FULCRUM CARE CONSULTING

Sabrina Meetaroo, Divisional Director and Head of Legal, Risk & Claims Advocacy at Howden Health & Care, and Fabio Cecchi, Commercial Director at Fulcrum Care Consulting, explore why care quality is increasingly shaping insurance risk—and what this means for providers.

The relationship between care quality and commercial risk is undergoing a fundamental shift. What was once seen as two separate conversations—regulatory compliance on one hand and insurance on the other—is now converging into a single, strategic priority for providers across the sector.

A joint white paper from Fulcrum Care Consulting and Howden Health & Care highlights this growing alignment, showing how the same operational controls that underpin good care are increasingly shaping how insurers assess risk, price policies and determine appetite.

Quality and risk: two sides of the same coin

At the centre of this shift is a simple reality: insurers are not pricing intentions, they are pricing risk.

"Insurers price risk, not aspiration," says Fabio Cecchi, Commercial Director at Fulcrum Care Consulting. "The factors that drive claims—staffing stability, governance discipline and effective clinical controls—are the same factors that determine care quality."

This means that the operational fundamentals providers focus on for regulatory purposes—safe staffing under Regulation 18, medicines governance, infection prevention and control (IPC), falls management, estates compliance and leadership oversight—are now being scrutinised through a commercial lens.

"When those operational controls are strong and consistently evidenced, the likelihood and severity of claims tend to reduce," Cecchi adds. *"That is exactly what insurers are pricing."*

The implication is clear: quality is no longer just about achieving a good rating—it is directly influencing financial outcomes.

Moving beyond policy to proof

One of the most significant gaps emerging in underwriting discussions is the difference between having systems in place and being able to evidence their effectiveness.

"The most common gap is between having policies in place and being able to demonstrate that those controls are working in practice," Cecchi explains.

Underwriters are increasingly looking for tangible, operational evidence—audit outcomes, incident trend analysis, training compliance data, governance reviews and clearly documented improvement actions. This level of detail provides assurance that risks are being actively monitored and managed, rather than simply acknowledged.

Stronger providers stand out because they can demonstrate visibility and control. They show how incidents are reviewed, how patterns are identified and how actions are tracked through to completion. In doing so, they shift the conversation from compliance to confidence.

Insurance as a strategic concern

From a legal and claims perspective, this shift is transforming the role insurance plays within organisations.

"Insurance has become a central strategic issue for care providers," says Sabrina Meetaroo, Divisional Director, Solicitor and Head of Legal, Risk & Claims Advocacy at Howden Health & Care. *"It now directly influences financial resilience, regulatory exposure and the ability to safely sustain services."*

This change is being driven by a more complex operating environment. Providers are managing increasing demand, workforce pressures and tighter funding models, while also delivering higher-acuity care in community and residential settings.

> “*Insurers are shifting from historic claims data to more detailed governance and performance scrutiny.*”

"The delegation of healthcare tasks—such as medication management and clinical interventions—inevitably increases the legal and clinical risk profile," Meetaroo explains. *"Particularly in relation to duty of care, competency and oversight."*

From a claims perspective, this is resulting in more complex and higher-value cases, particularly where there are allegations of negligence or safeguarding failures. Insurers are responding with greater caution, which is driving pricing pressure and, in some cases, reducing capacity.

A more granular approach to underwriting

As a result, underwriting expectations are becoming more detailed and forward-looking.

"There is a clear shift away from purely historic claims data towards a more granular assessment of governance, leadership and operational performance," says Meetaroo.

This includes close scrutiny of how providers manage delegated care tasks, assess staff competency, document training and maintain clinical oversight. It also extends to safeguarding frameworks, incident management processes and internal audit systems.

"Documentation and evidencing are critical," she adds. *"Providers need to demonstrate not only that appropriate policies are in place, but that they are consistently applied and regularly reviewed."*

This evolution is creating a more differentiated underwriting environment. Providers who can evidence strong governance and a culture of transparency are entering materially different pricing conversations compared to those who cannot.

Navigating outdated regulatory signals

The current challenges within the Care Quality Commission inspection cycle add another layer of complexity. With reduced inspection activity and ageing ratings, some providers are being assessed commercially based on historic judgements that no longer reflect current performance.

In this context, reliance on regulatory ratings alone is no longer sufficient.

"Providers need to present structured evidence of improvement," Cecchi says. *"Including audit outcomes, incident data, workforce stability metrics and governance records."*

This allows insurers to assess the live risk profile of a service, rather than relying on outdated regulatory signals. It also reinforces the need for continuous, real-time evidence of quality.

Embedding risk into everyday leadership

For leadership teams, this shift requires a change in mindset. Risk management can no longer be treated as an annual exercise linked to insurance renewal.

"Risk awareness needs to be embedded into routine leadership activity," Cecchi explains. *"That means regularly reviewing operational indicators, analysing incident trends and ensuring governance discussions are grounded in real operational data."*

When this approach is embedded, renewal becomes a reflection of how the organisation is already being managed, rather than a reactive process.

Board-level oversight is critical in this context. Insurers are looking for evidence that leadership teams have clear visibility of operational risk and that issues are identified and addressed early.

"Insurance is now firmly a board-level issue," Meetaroo adds. *"It shapes decisions around service delivery models, staffing and long-term sustainability."*

A behavioural shift across the sector

Looking ahead, insurance is likely to become an increasingly influential driver of behaviour within social care.

"Insurance pricing is increasingly acting as both a commercial and behavioural lever," says Meetaroo. *"There is now a clearer and more direct relationship between the way care is delivered and the cost and availability of insurance."*

This is particularly evident in areas such as workforce competency, clinical oversight and governance frameworks. Providers who can demonstrate strong performance in these areas are more likely to secure sustainable terms and maintain access to capacity.

At the same time, this closer alignment between underwriting expectations and operational standards has the potential to drive wider improvements across the sector.

Reframing quality as a strategic asset

The overarching message is clear: care quality must now be viewed not only as a regulatory requirement, but as a strategic asset.

"Quality improvement and risk management are not separate agendas," Cecchi concludes. *"They are two sides of the same operational reality."*

By strengthening governance, embedding risk awareness and consistently evidencing performance, providers can improve outcomes for the people they support while also strengthening their commercial position.

In a sector facing sustained pressure, that alignment between quality, risk and financial resilience is likely to become one of the defining challenges—and opportunities—of the years ahead.

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> **"Risk awareness needs to be embedded into routine leadership activity."**

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This Month we Meet:
Memory Makers

Gareth Williams
FOUNDER
MEMORY MAKERS

Each month we meet key stakeholders and business leaders in the social care sector. This month we meet Gareth Williams, the founder of Memory Makers, a UK social-purpose organisation combining a simple app with a human-led approach to help care settings capture and preserve people's stories.

Memory Makers' mission is about preserving voices and creating legacies. What inspired this focus on storytelling as a tool for care and connection, especially in care home environments?

For me, it comes back to how I was brought up. I grew up around respite care, so I saw first-hand what good care looks like - dignity, fairness, and treating people properly.

Memory Makers is built on that same idea - that people should be seen properly, valued properly, and remembered properly. In care settings, people can sometimes become known through their needs rather than who they are.

Every resident has a whole life behind them - countless stories, relationships and memories. Storytelling brings that back into the room and helps people be known as a person again.

How does your platform support care teams and families in capturing meaningful stories while ensuring the process feels calm, human, and authentic?

We've always said this shouldn't feel like a system people have to learn. Care teams don't need more pressure, and families don't want something formal. Everything is built around what people already do daily - conversation. The prompts are there if needed, but really it's about sitting down and talking, then capturing that simply. It doesn't have to happen all at once either. It can be small moments over time, which makes it realistic in a care setting. For families, it makes a real difference. Being able to see or hear those moments helps them feel closer and more reassured.

Can you share an example of a moment or story that really demonstrated the impact Memory Makers has had on a resident, family, or care team?

At its core, Memory Makers is just one person sitting with another and talking about their life - something we all do anyway. But in care, that space doesn't always get protected.

In one setting, a resident shared memories that staff and family hadn't really heard before. It wasn't staged, just a conversation. But it changed things. Staff engaged differently, and the family felt they'd been given something to hold onto. Then other residents wanted to share too.

That's when you see the impact and the ripple effect just one question can have in a room full of people bursting with memories waiting to be revived and relived.

Preserving memories can be deeply emotional work. What challenges have you encountered in helping organisations adopt legacy recording, and how have you overcome them?

The hesitation is usually around time and sensitivity. People worry it will add pressure, or feel too emotional for families.

What we've found is that, when it's introduced properly, it doesn't feel heavy at all. With clear consent, a bit of structure and the right support, it becomes part of meaningful engagement rather than something extra.

Once teams see that, the mindset shifts. It stops feeling like an additional task and starts to feel like something that naturally sits alongside good care.

As a leader, what have you learned about balancing technology and human connection when developing tools that are used by care professionals and families alike?

The main thing I've learned is that the technology should never be the focus. If people are thinking about the app more than the person in front of them, then we've got it wrong. The role of the technology is to make it easier to capture what's already happening - not to lead it. Ideally, it almost disappears. It supports the conversation, keeps things safe, and then gets out of the way. Because in care, but also in the sharing of any memory, that human connection isn't an add-on – it's the whole point.

> “*Storytelling helps people be known as a person again.*”

Looking ahead, what are Memory Makers' key priorities or innovations for 2026 - especially in how care settings use your platform to enhance wellbeing and connection?

For us, 2026 is about making this work in a way that's genuinely sustainable for care settings. That means continuing to simplify how stories are captured, making it easier for families to stay connected and helping providers show the value of person-centred care.

As an organisation, we're working towards capturing one million memories over time because each one represents a person whose story might otherwise be lost. Alongside that, there's a focus on culture - helping teams feel more connected and bringing more meaning into everyday care.

🌐 memory-makers.org

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