Care Talk
The voice of excellence in social care

Issue 152
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Who Carries the Risk in Social Care?

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Editor's Note

Welcome to the June edition of *Care Talk*, where we're focusing on **Risk and Responsibility: When Safety and Freedom Collide.**

Social care talks a lot about keeping people safe – but what happens when safety starts limiting the very things that make life meaningful? The freedom to make choices. The chance to take risks. The ability to live independently, form relationships and still feel in control of your own life.

Across the sector, people are grappling with where responsibility begins and ends – and who ultimately carries the risk when care becomes more complex. Providers are supporting people with increasingly high levels of need, frontline staff are making difficult decisions every day, and services are operating in systems where fear of getting it wrong can sometimes outweigh the confidence to do what feels right.

This issue explores those tensions head on. Contributors discuss safeguarding, positive risk-taking, burnout and the growing pressures facing both providers and frontline teams. Several pieces challenge the idea that risk can ever be removed entirely, arguing instead that dignity, autonomy and quality of life often depend on people being trusted to make choices – even when those choices carry uncertainty.

There's also a strong workforce focus throughout the issue. Contributors highlight that good risk management depends on staff feeling supported and empowered – not fearful.

June is also Pride Month, and our Ask the Experts feature explores what meaningful LGBTQ+ inclusion in care really looks like beyond visibility campaigns and rainbow logos – creating environments where people feel safe, respected and able to be themselves.

At its heart, this issue is about balance – between protection and empowerment, accountability and trust, safety and freedom.

We hope you enjoy the issue.

Till next time,
Lisa

𝕏 @lisa_caretalk

COMING UP IN THE SUMMER 2026 ISSUE: **Routes In, Routes Up: New Pathways into Care Careers**

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When Safety, Freedom and Choice Collide

CARE ENGLAND
Representing independent care providers

Professor Martin Green OBE
CHIEF EXECUTIVE
CARE ENGLAND

Professor Martin Green OBE, Chief Executive of Care England, explores the difficult balance between protecting people from harm and respecting their right to make choices — and why social care must move from being risk-averse to genuinely risk-aware.

> *People are 'hung out to dry' if they follow the service user's preferences.*

Delivering choice and responding to service users' needs is supposed to be at the heart of the care system, and this approach is essential for fostering independence and promoting well-being. However, this must be balanced with the need to maintain safety and regulatory compliance, and sadly, people are "hung out to dry" if they follow the service user's preferences, and it goes wrong. What happens then is the system does not support providers and looks at the issue from the perspective of the Care Act responsibilities to deliver choice, autonomy and control. What the system does is criticise (and sometimes prosecute) the care provider for taking risks.

Co-producing care is the foundation of delivering choice, and understanding each person's unique needs, preferences, and circumstances is central to good care. Employing a person-centred approach ensures that care is tailored to individual needs and requirements, rather than putting everyone into a one-size-fits-all model. Assessments should start with understanding what is important to the individual, gauging their appetite for risk, and discussing with them the consequences of things going wrong. Active listening involves creating an environment where people feel comfortable expressing their preferences and concerns. By listening to people's views and responding to their desires, care providers can deliver care that gives people a good life, rather than just a service.

Flexible service delivery is really critical to good lives, yet people who use services often tell me one of their big frustrations is that, once a care plan has been written, the pressure is to follow it rather than respond flexibly to changing needs. Very few of us live lives that are prescribed and routine every single day; what most of us have is the flexibility to change things depending on how we feel. Providers of good care and support understand this and have built-in flexibility that responds to people's changing preferences and needs. All too often, the current system of commissioning and regulation forces care providers to change care plans only when people's needs change. We need to move to a flexible system that can accommodate people's preferences and needs. Recognising and accommodating cultural and personal preferences is crucial to giving people good lives, and it is the essence of a rights-based approach enshrined in the Care Act.

Another important part of the Care Act is Safety and Regulatory Compliance, and the CQC standards set forth essential guidelines that ensure safety and quality in care provision. Care providers must remain compliant with these regulations while delivering choice. This includes conducting risk assessments, maintaining proper documentation, and ensuring staff are trained in safeguarding practices. These elements of the act are very important, but they can also be an impediment to responsive care and the management of risk.

Risk Management and promoting choice are vital to compliance with both elements of the Care Act, though sometimes, they are very difficult to square. Successful providers undergo risk assessments in which potential hazards are evaluated, and appropriate measures are put in place. For instance, if a service user wishes to engage in a specific activity that might pose risks, care providers should assess these risks and provide alternatives or additional support to ensure safety.

However, the essence of the Act is that if people have the capacity, they should be allowed to take those risks. The problem arises when something goes wrong, and the tendency is to shift accountability from the individual who decided to take the risk to the provider who may have facilitated the activity. This often leads to a risk-averse system, but in really good systems, we are risk-aware and do what we can to mitigate risk, though you will never eradicate it.

Continuous staff training is essential for maintaining safety and compliance. Staff should be well-versed in regulatory requirements, safeguarding policies, and the importance of supporting service users' choices. Training programs that emphasise person-centred care alongside safety protocols can help staff balance these critical aspects effectively and also clearly define who holds the risk in any situation.

Involving families and advocates in the decision-making can enhance the support network surrounding service users. Family members often provide valuable insights into the individual's needs and preferences, while advocates can help ensure the service user's voice is heard, especially in complex situations. However, we must remember that sometimes the views of families conflict with those of the person we support, and the person must be at the centre of decisions about risk.

Implementing feedback mechanisms allows service users to express their satisfaction or concerns about the care they receive, and this can also be invaluable in helping care providers to develop and change services. Feedback can inform continuous improvement in services, ensure that safety and compliance measures are upheld, and clarify who bears the risk and when any service may be subject to scrutiny after a critical incident.

The ability to adapt to changing circumstances is crucial. Service users' needs may evolve over time due to changes in health or personal circumstances. Care providers must remain flexible and responsive, ensuring that care plans are regularly reviewed and adjusted as necessary.

Delivering choice while responding to service users' needs requires a delicate balance between empowerment and safety. By adopting a person-centred approach, promoting flexibility, adhering to regulations, and fostering collaboration, care providers can create an environment that supports individual choices without compromising safety. This holistic approach not only enhances lives, promotes dignity, respect, and independence, but also ensures safety and reduces risks.

careengland.org.uk

> *“The tendency is to shift accountability from the individual to the provider.”*

Shared Risk, Shared Responsibility


Maria Mills
CHIEF EXECUTIVE
ACTIVE PROSPECTS


Liz Jones
DEPUTY CHIEF EXECUTIVE
AND POLICY DIRECTOR
NATIONAL CARE FORUM

Liz Jones, Deputy Chief Executive and Policy Director at National Care Forum, and Maria Mills, Chief Executive of Active Prospects, explore how providers, commissioners and professionals can balance safety, autonomy and empowerment — and why positive risk-taking depends on genuinely shared responsibility.

Given the importance of practice-based insight in exploring risk and responsibility, when NCF were invited to contribute an article on this topic we felt it was essential to hear from one of our not-for-profit members. As the membership body for not-for-profit care and support providers, we see daily the convergence between protection and freedom — not only for people being supported, but for staff as well. The idea of shared risk between providers and local authority commissioners is central to this conversation. Nothing comes without risk, but where risk is genuinely shared, better outcomes and better lives can be achieved for everyone.

We are grateful to **Active Prospects** for sharing their perspective on how risk and responsibility are approached in their services.

Active Prospects supports more than 300 people each year, many with multiple diagnoses, long or repeated hospital admissions, and a history of failed placements. As a community-based social care provider, we are often tasked with balancing risk and responsibility; safety and freedom; and choice and empowerment. We are proud to be a national leader in this work, with a 99% success rate in supporting people with complex lived experience to live aspiring lives in their communities. However, this success sits alongside significant challenges within the current systems and frameworks in which we operate.

Tensions between risk, choice and capacity

Risk in social care rarely fits neatly into policy frameworks. People may be assessed as having the mental capacity to make decisions about their care yet still choose options that carry serious health or safety risks. For example, an autistic young adult may refuse medication support from staff they do not know or trust, while being unable to self-medicate safely.

Some people experience fluctuating capacity, where decision-making ability changes depending on emotional state or environment. An adult with ADHD and autism might usually attend medical appointments independently but refuse essential healthcare when sensory overload at a GP surgery becomes overwhelming.

We also support people who are deemed to lack capacity and are subject to legal frameworks such as Court of Protection or deprivation of liberty safeguards, but who do not agree with or comply with imposed restrictions. One example is a young person with learning disabilities and mental health needs who regularly does not return to their supported living home at night and cannot be contacted.

These situations challenge simplistic interpretations of capacity and demand flexible, compassionate responses. Without a shared understanding of this complexity among providers, commissioners, regulators and partner organisations, providers can feel isolated in managing risk.

Complex care is not for the faint-hearted. Skilled providers are in short supply, margins are tight, operational pressure is high, and burnout among managers is common. These realities shape both practice and risk appetite.

Positive risk-taking: what works

Despite the challenges, where positive risk-taking is genuinely supported, outcomes can be extraordinary.

One young woman with a learning disability, autism and a psychotic disorder experienced five hospital admissions and three failed placements over six years, each breakdown compounding trauma and mistrust. After discharge into a new supported living home with Active Prospects, she struggled to settle, testing staff, routines and care plans constantly. It took a full year before she felt secure enough to unpack her belongings.

> *“Positive risks were taken carefully, collaboratively, and informed by the person’s views.”*

Through consistent, patient practice and the use of assistive technology that allowed her to request support remotely, trust developed. Two years on, she studies part-time at college, volunteers, and has built a supportive friendship group.

Another example is a young man with a learning disability, autism and ADHD who had experienced three failed placements and required 3:1 staffing due to physically challenging behaviour. Moving to his own flat involved extensive multidisciplinary planning, with the accommodation and service model designed around his needs. In the early months, positive risks were taken carefully and collaboratively, informed by his views, those of his family, and the staff team.

Two years later, he is thriving. He leaves the house several times a day, drives regularly, cooks and cleans for himself, and enjoys social activities. He recently joined a fundraising walk and continues to grow in confidence, choice and independence.

Conditions that enable positive risk-taking

Where positive risk-taking works well, several conditions are consistently present.

Strong multidisciplinary working is essential.
Shared ownership of risk underpins success. Providers cannot and should not hold risk alone, especially where people sit across learning disability, autism and mental health pathways. Regular multidisciplinary reviews involving social care, health professionals, emergency services, police, families, the individual and the provider create alignment and confidence. Shared care plans are powerful only when responsibilities are clearly understood and risk is explicitly shared.

Leadership matters at every level.
Frontline staff require clear guidance, consistent protocols and ongoing support. Acceptable risk varies from person to person, demanding dynamic rather than static risk assessment. The emotional impact of this work is significant, making high-quality supervision, debriefing, wellbeing support and strong team cultures essential. These approaches also require advanced skills in judgement, communication, emotional intelligence and trauma-responsive practice.

Patience and timing are often overlooked.
Progress is rarely linear. Supporting people with trauma histories, institutionalisation or disrupted education can feel like "one step forward, two steps back". Knowing when to advance, pause or pull back slightly can make the difference between success and another damaging placement breakdown. This calls for strengths-based, trauma-informed support, sound professional judgement and the ability to adapt in response to changing needs, risks and levels of trust.

Trauma-informed approaches underpin everything.
Empathy, consistency, co-production and trust are not optional extras. Involving people as collaborators in their care, rather than passive recipients of plans created without their involvement, is essential. This is particularly important in designing pathways from hospital to home, creating the sense of safety needed for growth.

Shared risk, shared responsibility

Ultimately, progress depends on commissioners, providers, families and professionals being willing to understand risk and share responsibility. When they do not, risk is pushed downwards; innovation is stifled; staff burn out; and people remain in restrictive environments designed to contain rather than enable.

At Active Prospects, we see people thrive every day. The right support alongside someone, in the right home, with skilled staff and strong multi-agency working does work. Investing early, appropriately and sustainably not only improves lives but prevents the compounded harm of repeated service failure and provides the best long-term value for the public purse.

🌐 activeprospects.org.uk
🌐 nationalcareforum.org.uk

Photos courtesy of Active Prospects.

> “Nothing comes without risk, but shared risk creates better lives.”

When Things Go Wrong in Care

Browne Jacobson

James Arrowsmith
PARTNER IN SOCIAL CARE
BROWNE JACOBSON

Tensions between safety, autonomy, compliance and culture create complex challenges for care leaders to navigate, as well as for regulators responsible for oversight and accountability. Browne Jacobson partner James Arrowsmith explores these issues from a social care perspective.

> *Accountability is too often confused with blame.*

When Tragedy Happens

Sometimes, things go wrong. Even with the best people, policies and processes in place, tragedy can strike. This is the reality for those working across the care sector, who despite the right intentions can still find themselves overseeing the wrong outcomes.

While there are entirely avoidable situations resulting from poor decision-making, scrutiny must remain honest and fair, rather than rushing to punishment. Disproportionate reactions can create change that appears positive on the surface but ultimately causes different forms of harm and reduces organisations' ability to manage the most complex risks effectively.

The examples referenced here involve serious harm and deserve more than passing reflection. They matter because they raise difficult questions about how systems respond when things go wrong — and whether current approaches genuinely improve safety or simply intensify fear and defensiveness.

Local authority care teams carry immense responsibility in trying to keep every child in their area safe. When a young or vulnerable person comes to harm, the public response is understandably emotional. Media attention quickly follows, alongside an urgent search for accountability, often directed towards the care system itself.

The Risks of a Blame Culture

The serious case review following the death of Baby P identified failings across multiple agencies. Sharon Shoesmith, then Director of Children's Services, was dismissed in 2008 before later winning a Court of Appeal ruling that she had been unfairly dismissed and "unfairly scapegoated". Any suggestion of scapegoating in safeguarding should concern us all because it risks shifting attention away from the deeper systemic issues that need addressing.

The tragedy also coincided with a significant rise in children being taken into care. Some interventions were clearly necessary and appropriate, but difficult questions remain about whether some children were removed from families unnecessarily.

It is important to remember that the Children Act 1989 emerged not only because of child deaths, but also following the Cleveland abuse scandal, where children were removed from their homes without sufficient justification. The principle underpinning the legislation is that children should remain with families wherever possible.

That principle exists because removal itself is a trauma that can shape lives permanently. The government's recent review into the disproportionate deaths of young care leavers may well identify this trauma as a contributing factor. Unnecessary removals may not receive the same public attention as child deaths or serious injuries, but they too can represent devastating outcomes.

These examples highlight the danger of confusing accountability with blame. Accountability should mean taking ownership of decisions and being willing to examine openly why intended outcomes were not achieved. Too often, however, accountability becomes synonymous with punishment.

Fear, Compliance and Defensive Practice

An excessive focus on compliance can unintentionally drive negative behaviours. Fear of blame, criticism or litigation can leave individuals overwhelmed by processes, paperwork and defensive practice instead of focusing on the human context surrounding decisions. When this happens, accountability is weakened because professionals become more concerned with avoiding criticism than achieving positive outcomes.

Crucially, the damage caused by blame cultures extends beyond excessive risk aversion. Blame can also prevent people and organisations from acting decisively when action is urgently needed.

The Southport Inquiry identified a central problem – the "failure by any organisation, or multi-agency arrangement, to take ownership of the risk." One of the inquiry's clearest conclusions was that agencies must stop passing responsibility between one another or minimising their involvement. Yet this is precisely the kind of behaviour a blame culture encourages.

Regulation, Leadership and Learning

Regulation and oversight remain essential parts of the health and care system, but regulators and sector leaders must remain aware of the fear they can unintentionally create — and the impact this has on organisational culture, confidence and effectiveness.

Ofsted's decision to revise its inspection system following concerns that over-rigorous accountability contributed to the suicide of a headteacher demonstrates the wider consequences of high-pressure oversight systems. There are important lessons here for health and social care. If regulation affects people to this extent, then its influence on culture, leadership and decision-making cannot be ignored.

Good accountability should acknowledge that outcomes are often complex and influenced by factors beyond any single individual's control. Where decisions are made with the right intentions, appropriate information and professional judgement, that is often the best organisations and individuals can realistically achieve.

This does not mean avoiding scrutiny or excusing failure. Serious mistakes must always be examined properly. But if the immediate response to negative outcomes is punishment rather than reflection, organisations risk losing learning opportunities and undermining the very cultures that support good care.

Positive outcomes should be recognised and celebrated. Equally, when things go wrong, systems should focus on learning, improvement and shared responsibility rather than instinctively searching for someone to blame.

> *“An overfocus on compliance can drive negative behaviours.”*

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Balancing Safety and Independence in Modern Care

HOWDEN

Jon Taylor

DIVISIONAL DIRECTOR OF CORPORATE RISKS HEALTH & CARE AT HOWDEN

Jon Taylor, Divisional Director of Corporate Risks – Health & Care at Howden, explores how providers can balance accountability, safety and person-centred care — and why positive risk-taking, strong leadership and learning cultures are essential to delivering both quality and independence in modern care services.

> “*Good care balances safety, independence and dignity every single day.*”

Risk in social care has historically been approached defensively, with the focus largely centred on removing potential hazards and preventing incidents wherever possible. While safety will always remain fundamental, I believe the sector is beginning to shift towards a more proactive understanding of risk — one that recognises the importance of enabling people to live fuller, richer lives rather than simply protecting them from harm.

This shift matters because care is not only about safety. It is also about dignity, independence, fulfilment and choice. Increasingly, providers are being asked to balance these competing priorities within highly regulated and often resource-constrained environments. Families, regulators and commissioners rightly expect services to evidence safe practice, but service users also want lives that feel meaningful and self-directed.

In my experience, the greatest tensions often arise when supporting people living with dementia or individuals with reduced mental capacity. Everyday activities that many people take for granted can carry heightened levels of risk. Something as simple as walking independently, preparing food or choosing what to eat can create complex decisions around safety and autonomy. Providers are constantly balancing the need to avoid incidents while still protecting the individual’s right to independence and quality of life.

I believe organisations need to actively build cultures of positive risk-taking if they want teams to feel more confident making balanced, person-centred decisions. Too often the immediate response in care can become: *“They can’t do that.”* Instead, we should be asking:

“How can we make that happen safely for everyone involved?”

That change in mindset is critical. It allows providers to move away from blanket restrictions and towards more creative, enabling approaches.

Technology and clear documentation can also play an important role here, offering greater certainty, consistency and reassurance for everyone involved.

Leadership is central to this conversation. The tone around risk-taking within any organisation is driven by leadership communication and culture. Teams look to leaders to understand whether positive risk-taking is genuinely supported or whether blame and fear still sit underneath decision-making. If leaders only focus on compliance, staff will naturally become more cautious and defensive in practice.

For providers to move away from risk-averse cultures without compromising safety, there must be a stronger focus on learning rather than blame. Many people work in care because they are passionate about supporting others. Some would even describe it as a calling. Yet in highly pressured environments, staff can begin to fear making mistakes rather than focusing on helping people live fulfilling lives.

Creating a culture where learning is valued changes this dynamic entirely. Staff should feel empowered to support service users to experience life more fully, while knowing they will be supported if something does not go perfectly. Very rarely do people make mistakes intentionally. In most cases, staff are trying to do the right thing with the best intentions.

Good, practical risk management should also feel real and visible in day-to-day practice. It should not exist solely as lengthy policies sitting in folders. Effective risk management comes to life through regular conversations, reflective practice, learning from mistakes and maintaining a genuine safety-first approach rather than simply focusing on compliance.

Frontline teams are far more likely to make consistent and confident decisions when they work within organisations that promote openness and psychological safety. A no-fear environment allows people to raise concerns, discuss near misses honestly and suggest ideas without constantly seeking permission or fearing criticism.

Staff need coaching, support and trust if they are going to make balanced decisions confidently.

When risk is poorly understood or inconsistently managed, the consequences can be significant. Service users may either become unsafe or excessively restricted in what they are able to do. Staff can feel frustrated and unable to deliver the level of support they know individuals deserve. In the worst cases, poor risk management can result in serious incidents or accidents that could and should have been prevented.

This is why accountability must be shared rather than feared. Organisations should regularly review accidents, incidents and near misses together, not to assign blame, but to identify learning opportunities and improve practice. Positive cultures recognise that improvement comes through openness, reflection and adaptation rather than punishment.

Ultimately, strong and resilient providers will increasingly be defined by the experiences of the people they support. Are service users living fulfilling lives? Are they able to do as much as possible safely? Are they genuinely happy?

> “*Good risk management should come to life, not sit in a document.*”

The same applies to the workforce. Staff morale, engagement and retention tell you a great deal about the quality of a provider's culture. In many of the strongest care organisations I have encountered, you can see the difference immediately simply by speaking to staff and observing how they interact with the people they support.

When staff feel empowered, trusted and supported, they are far better placed to help service users live the best lives possible. And surely that is what good care should ultimately be about.

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The Hidden Risks Care Workers Carry

Karolina Gerlich
CHIEF EXECUTIVE
THE CARE WORKERS' CHARITY

Karolina Gerlich, Chief Executive of The Care Workers' Charity, explores the hidden pressures facing care workers — from financial insecurity and burnout to risk-averse cultures — and argues that meaningful safeguarding depends on trusting, valuing and properly supporting the workforce delivering care every day.

> *Financial insecurity and burnout are now hidden risks carried by the workforce.*

When something goes badly wrong in a high-risk environment, the response is usually the same. New rules and tighter controls. Procedures applied to everyone, regardless of context, because the alternative, trusting individual judgement, feels too uncertain. It is an understandable instinct but it has had a cost that the sector has not been honest enough about.

A series of serious, high-profile failures has shaped how the sector thinks about risk, and accountability for those failures matters. But the response has hardened over time into something broader than any single incident warrants: a culture in which risk avoidance has become the default, and care workers are treated, not as skilled professionals exercising judgement, but as variables to be controlled.

That shift did not happen in isolation. It reflects something deeper about how society regards the people who do this work. Care work is still not widely understood as the skilled profession it is, and that misunderstanding has consequences that reach further than most people realise. It shapes pay, conditions and status. It leaves care workers navigating financial insecurity and, for many, housing pressures that would not be tolerated in professions carrying comparable responsibility. It takes a mental health toll that the sector has been slow to acknowledge. And it erodes the autonomy that good care depends on, producing a version of safeguarding that is better designed to protect the system than the person at the centre of it.The people drawing on care are not fragile objects to be kept safe from the world. They are people with preferences, relationships, appetites and agency.

They are entitled to support that helps them live well, not a managed existence shaped primarily by the desire to minimise the possibility of anything going wrong. Risk, when properly understood, is not the enemy. And the question the sector should be asking is not how to eliminate it but how to navigate it well, in ways that are genuinely led by the person.

That knowledge sits with care workers. They are the people with the relationships, the ones who know what matters to an individual, what a good day looks like, what brings them to life and what diminishes them. And yet decisions about what someone can or cannot do routinely get made in reviews and risk assessments, in conversations between managers and family members, with the care worker's direct understanding treated as background information rather than the primary evidence it should be. Families, understandably anxious about the people they love, sometimes impose their own assumptions about what is appropriate, what an older person should want, who they should spend time with and where they should go. As someone who has worked in care, I know how often the care worker is left carrying the role of advocate in those moments, holding space for the person's voice in a conversation that has already moved on without them.

The ableist assumptions embedded in some of these decisions are also sadly evident. This is seen in the way that sexual relationships or friendships outside a care setting get framed as risks to be managed rather than as aspects of a full life. In the way that activity gets restricted, not because of evidence of harm, but because of discomfort or an aim to be seen to be doing the cautious thing. This is an approach to risk that succeeds on paper while leaving the person it was meant to protect diminished.

Good safeguarding has to start from a different place. It has to be centred on the person, driven by their choices and their relationships, and it requires care workers to have the training, the competencies and the professional trust to make those judgements well. It also requires them to be genuinely present in the conversations where decisions are made, in MDTs and reviews, and in the neighbourhood health structures that are beginning to reshape how services are organised – not as attendees but as the people whose knowledge of the individual cannot be replicated anywhere else in the system.

None of that is possible without adequate funding. Care workers cannot be expected to take on greater professional responsibility, to advocate effectively, to build the kind of relationships that make person-centred risk decisions possible, while working in conditions that are chronically under-resourced. The sector has asked care workers to do more with less for too long, and the human cost of that is visible in the workforce: in the stress and burnout, in the people who leave, in the ones who stay and absorb the pressure quietly.

> “*Care workers hold knowledge about people no system or assessment can replicate.*”

At The Care Workers' Charity, we see that cost directly, and it informs everything we do to support, represent and elevate the workforce. If the ambition is genuinely to shift toward relational, outcomes-led care, the funding has to follow. Without it, the ask is just another burden placed on people who are already carrying too much. The move toward neighbourhood health is a real opportunity to build something better – models of care that are relational rather than procedural, that understand risk as something to be navigated with the right people rather than managed from above.

thecareworkerscharity.org.uk

Where Responsibility Should Sit

Sanctuary Supported Living

Dave Shaw
DIRECTOR
SANCTUARY SUPPORTED LIVING

Dave Shaw, Director of Sanctuary Supported Living outlines what responsible leadership looks like as housing with care takes on a broader role.

As boundaries are redrawn across the social care system, housing with care is taking on a more pivotal role. It's now supporting people with levels of complexity that would, in the past, have been met through more specialist or clinically focused provision. As pressures elsewhere across the system limit access to those services, housing providers are responding to a wider and more demanding range of needs within community settings.

This calls for a more strategic conversation about how safety, freedom and choice are balanced, and where responsibility should sit within a modern care system. As a sector, we're not afraid of complexity. Housing with care can support people with a wide range of needs if the system is set up right. When trust, shared understanding and partnership sit at the centre, greater responsibility enables more integrated ways of working that reflect the realities of people's lives. When local authorities, commissioners and specialist agencies align their expertise, the system is better able to adapt as needs change.

Regulation has an important role to play in this. When approached constructively, it provides a shared point of reference for what good looks like and supports responsible decision making and continuous improvement. This is why developments such as Part 2 of the Supported Housing Act are welcome. The requirement for every local authority to produce a five year strategy reflects the long term, joined up planning the sector has been calling for, moving away from short term responses, towards place based solutions shaped by local need.

Our own decision to work within Ofsted regulation reflects a commitment to being the best we can be as a provider, so that our customers can be their best. We are especially proud to work alongside local authorities and Ofsted to develop provision for a client group that has not always been well served, using regulation as a platform for learning, collaboration and shared progress rather than just compliance.

As housing with care responds to increasing levels of complexity, it's also enabling outcomes that would be far harder to achieve elsewhere in the system. Supporting people within their own homes and communities allows needs to be addressed earlier and in ways that are more proportionate and person centred. Well designed housing with care plays a preventative role in its own right, supporting safety and independence through accessible environments, adaptations and consistent day to day support.

This is most effective where services are designed together rather than bolted on. The Lookout, our mental health crisis service in Hampshire, is a good example of what this looks like in practice. Developed in partnership with Hampshire and Isle of Wight Integrated Care Board and Southern Health NHS Foundation Trust, the service provides short term supported accommodation within a psychologically informed environment. By offering community based support at a point of crisis, it helps stabilise situations early and reduces the need for escalation into more restrictive or clinical settings.

The same preventative approach applies in our retirement communities. By working closely with local GP practices to deliver flu vaccinations on site, and welcoming opticians to support eye health, care is brought closer to home. These practical interventions reduce barriers to access, support ongoing wellbeing and help people remain independent for longer.

That said, navigating this increasingly complex landscape is not without its challenges. The clearest lessons we've learned is that effective collaboration depends as much on communication as it does on structure or intent. Health, housing and social care don't always speak the same language, and differences in professional frameworks and ways of working can create gaps even where there is shared commitment to good outcomes. Closing those gaps takes effort and a genuine willingness to understand each other's roles more clearly.

> *“Health, housing and social care don't always speak the same language.”*

Plus, while expectations continue to rise, funding has not always kept pace. Housing with care is supporting people who need more intensive and responsive support, and for this to be sustainable, funding arrangements must recognise both the complexity of need and the intensity of support now being delivered.

Crucially, meeting rising expectations relies on a workforce that is properly paid, professionally recognised and supported to do its job well. At the same time, it's important to be clear about where responsibility should sit. Housing with care can play a vital role in supporting people with complex needs, but it cannot and should not be expected to take on risks or interventions beyond the skills, training and professional scope of its workforce.

Ultimately, larger providers like us are well placed to navigate the growing responsibilities of housing with care when strong partnerships are in place, roles are clearly understood and the wider system recognises that joined up working is essential to unlocking meaningful outcomes. For others, the challenge is greater. Addressing that imbalance is critical if housing with care is to remain both resilient and inclusive as part of the wider health and care system.

sanctuary-supported-living.co.uk

> *“Housing with care can support complexity if the system is set up right.”*

Finding the Balance in Dementia Care

DementiaUK

Jennifer Poynton
ADMIRAL NURSE
DEMENTIA UK

Jennifer Poynton, Admiral Nurse at Dementia UK, explores why positive risk-taking is essential in dementia care — and how providers, families and professionals can balance safety with independence, dignity and quality of life.

With 15 years' experience across mental health, learning disability and dementia services, and working as an Admiral Nurse with Dementia UK since 2021, I regularly support families and professionals with complex decisions about independence, safety and risk.

As dementia care continues to evolve, so does our understanding of what good, person-centred support looks like. There is now a strong focus on safety, safeguarding and managing risk — and rightly so. But in practice, this can sometimes lead to people being protected to the point where their independence, confidence and sense of self are reduced.

This is where positive risk-taking becomes important. It recognises that risk is part of everyday life for all of us. None of us live completely risk-free, and trying to remove all risk for someone with dementia can mean taking away the very things that give their life meaning.

At its heart, positive risk-taking is about helping people continue to make choices, stay independent and do the things that matter to them, while putting sensible support in place. It is a shift away from asking, *"What could go wrong?"* towards asking, *"What matters to this person, and how can we help them do it safely?"*

In day-to-day care, positive risk-taking is often about ordinary moments. Someone may want to continue cooking their own meals, even if there are concerns about forgetting steps or leaving appliances on. Another person may want to keep going for walks alone or continue visiting a local shop they have always known. Rather than stopping these activities, the focus is on how to support them through small changes at home, simple technology aids or agreed ways of checking in.

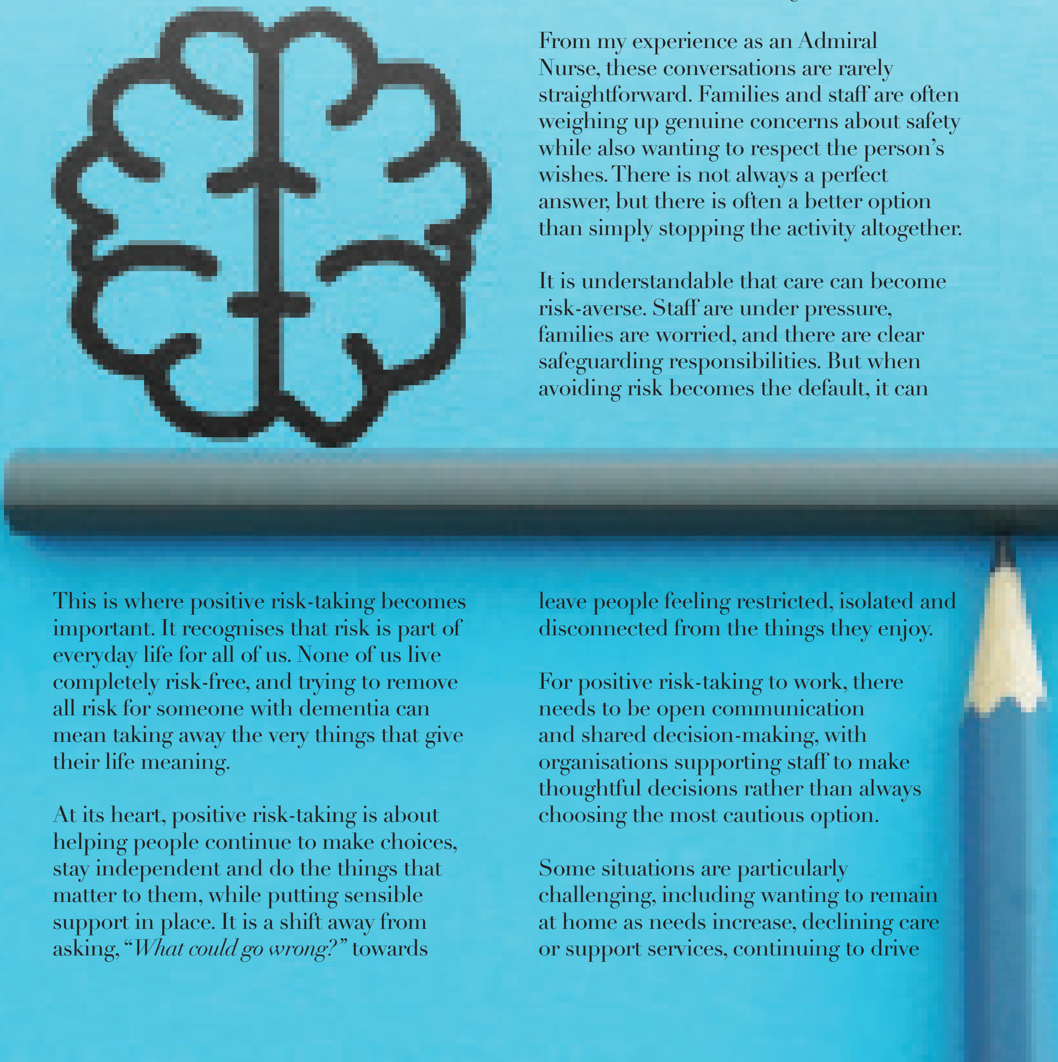
Often, it is about professionals, families and the person themselves working together to find a balance that feels right.

From my experience as an Admiral Nurse, these conversations are rarely straightforward. Families and staff are often weighing up genuine concerns about safety while also wanting to respect the person's wishes. There is not always a perfect answer, but there is often a better option than simply stopping the activity altogether.

It is understandable that care can become risk-averse. Staff are under pressure, families are worried, and there are clear safeguarding responsibilities. But when avoiding risk becomes the default, it can leave people feeling restricted, isolated and disconnected from the things they enjoy.

For positive risk-taking to work, there needs to be open communication and shared decision-making, with organisations supporting staff to make thoughtful decisions rather than always choosing the most cautious option.

Some situations are particularly challenging, including wanting to remain at home as needs increase, declining care or support services, continuing to drive



> **"*Trying to remove all risk can mean taking away the things that give life meaning.*"**

or travel independently, managing money without help, or forming relationships others feel unsure about.

These situations can be difficult for everyone involved. It is important to look beyond immediate risks and consider the person's wishes, values and rights. As dementia progresses, the level of support someone needs may change, so decisions may need to be reviewed over time.

Where capacity is in question, assessments can help guide decision-making, but they should sit alongside open, compassionate conversations.

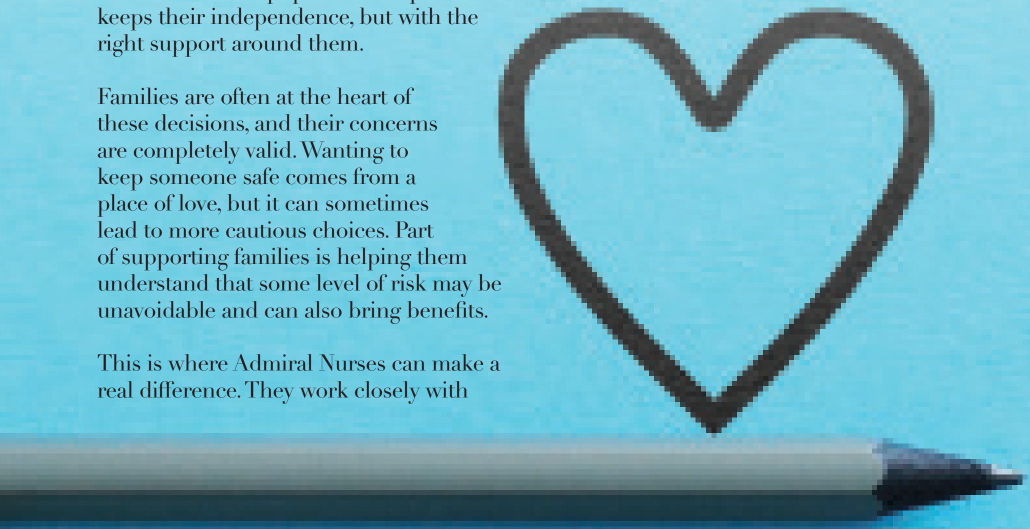
The environment, both physical and emotional, plays a big role in enabling positive risk-taking. Helpful changes can include clear signage, good lighting, familiar layouts, reminders, tracking devices and sensors that alert someone if something is not right.

Just as important is how care is delivered. Many providers now use a person-centred, strengths-based approach. In simple terms, this means focusing on what someone can still do, rather than what they cannot.

For example, if someone has always made their own breakfast, the aim would not be to take that away because it carries some risk. Instead, carers might simplify the kitchen setup, label cupboards or introduce safer equipment. The person keeps their independence, but with the right support around them.

Families are often at the heart of these decisions, and their concerns are completely valid. Wanting to keep someone safe comes from a place of love, but it can sometimes lead to more cautious choices. Part of supporting families is helping them understand that some level of risk may be unavoidable and can also bring benefits.

This is where Admiral Nurses can make a real difference. They work closely with families to talk through options, manage risk and help them feel more confident in the decisions being made.



For staff, supporting positive risk-taking can sometimes feel uncomfortable, especially where the focus has traditionally been on avoiding risk. Many worry about getting it wrong.

To build confidence, staff need practical day-to-day tools, risk-benefit approaches such as *Nothing Ventured, Nothing Gained* and NICE guidance on decision-making and mental capacity, scenario-based training, access to specialist advice and reassurance that their organisation will support thoughtful, balanced decision-making.

When positive risk-taking is done well, the benefits can be significant. People with dementia are more likely to feel in control of their lives, maintain their identity and stay connected to the things they enjoy. Supporting meaningful activities can improve mood, reduce anxiety and bring a sense of purpose.

Balancing safety with independence is not always easy, and there will always be grey areas. But by focusing on what matters most to the individual and managing risk thoughtfully, it is possible to find that balance.

Positive risk-taking is not about ignoring danger. It is about understanding it — and supporting people with dementia to live as fully as possible.

🌐 **dementiauk.org**

For further advice on making homes and care settings safer for people with dementia, visit Dementia UK's guidance hub: **dementiauk.org/information-and-support/living-with-dementia**

> *Positive risk-taking is about helping people stay independent and do the things that matter.*

Further reading

For further guidance, readers may wish to explore NICE dementia guidance, the Mental Capacity Act Code of Practice, Skills for Care's Dementia Training Standards Framework, and Nothing Ventured, Nothing Gained risk guidance for dementia

Small Decisions, Big Impact

Wendy Cowell
DIRECTOR OF CARE QUALITY
& GOVERNANCE
EXCELCARE

Wendy Cowell, Director of Care Quality & Governance from Excelcare, examines the realities of everyday risk in social care, exploring safeguarding responsibilities, provider obligations, and the ethical balance between safety, autonomy and quality of life.

At Excelcare, many of the risks we navigate are not headline-grabbing or extraordinary. They are the everyday decisions that sit at the intersection of safety, choice and quality of life — often shaped by complex relationships and differing levels of understanding.

The risk of falls is one such example. Decisions around mobility, the use of high-low beds, lighting, room layout and how familiar an environment feels can all influence confidence and safety, particularly for people living with dementia. These are not static risks; they evolve daily, requiring teams to remain responsive and reflective.

Another area of everyday risk relates to the use of bed rails. Families often come to us with expectations shaped by hospital settings, where bed rails are commonly used as standard, without an understanding of how, in a long-term living environment, they can introduce risks of injury, restriction and reduced choice. Similarly, eating and drinking at risk presents its own challenges. Where modified diets and IDDSI levels are in place, some individuals with mental capacity may choose to eat foods outside of recommended levels. For them, this choice is often closely connected to enjoyment, identity and independence.

These examples highlight that everyday risk in care is rarely straightforward. It requires careful navigation, where safety, autonomy and wellbeing must be balanced amid differing views and expectations.

From our experience, it is often the smallest decisions that have the greatest influence on quality of life.

The placement of a bed within a room, the positioning of lights, how someone moves through their environment, or how a routine is structured can all impact confidence, comfort and independence.

Zoe Halliday, Head of Care and Personhood at Excelcare, reflects on the importance of keeping the person at the centre of these decisions:

"Person-centred care is about seeing the individual first, not the risk. When we take the time to understand what really matters to someone, we can often find ways to enable choice that still feels safe and respectful."

Small decisions are rarely isolated; they build over time. Families and teams alike can naturally be risk averse, but positive risk taking is not about one significant leap. It is about taking small steps, reviewing regularly, and gradually building confidence.

As Zoe notes, *"It's often not about the activity itself, but the outcome it gives the person — connection, purpose, enjoyment or a sense of normality."* When teams focus on those outcomes, they are better able to adapt, modify and think differently about how to support meaningful everyday life.

There is often a tendency to over-manage risk in routine situations, driven by a natural desire to keep people safe. This can be influenced by family expectations and well-intentioned direction, particularly where risk feels uncertain. As humans, we are all, to some degree, risk averse — especially when supporting others.

However, focusing solely on safety can sometimes overshadow the wider question of quality of life.

> "**Financial insecurity and burnout are now hidden risks carried by the workforce.**"

From our experience, it is important to step back and consider what we are ultimately trying to achieve for the individual. For example, an individual with limited mobility may wish to walk to the local shops. While this introduces an element of risk, the physical, emotional and social benefits may outweigh those risks when they are thoughtfully considered.

By reviewing and adapting over time, risk can be managed proportionately — allowing people to experience meaningful activity, independence and fulfilment alongside safety.

Teams feel confident in taking a more person-centred approach when they are supported and empowered to champion the individual — even when this means challenging established norms.

Moving away from a one-size-fits-all mindset relies on skilled teams who are encouraged to use professional judgement, reflect on practice and think differently about how someone can be enabled to achieve what matters to them.

Risk management remains part of the conversation, but the emphasis shifts to how risk is understood and supported.

This requires teams to consider not only whether a person understands an activity or decision, but how information is shared, reinforced and adapted — using techniques such as demonstration, visual prompts, repetition and reassurance.

At Excelcare, this confidence is built through role modelling and a willingness to challenge the standard approach. Teams are supported to try, reflect and learn, rather than feeling constrained by fear of getting it wrong.

Staff confidence and organisational culture play a critical role in enabling choice and positive risk taking in everyday life. Teams are far more likely to feel confident in challenging the norm and championing the person when they work within an open and transparent culture, where learning is shared and professional judgement is valued rather than feared.

> “*Positive risk taking is about small steps, not one significant leap.*”

At Excelcare, this approach has been intentionally embedded. As Wendy Cowell explains:

“We have been holding weekly governance webinars for around 18 months, and since starting these, we have seen positive change to the way we work.”

These forums create space for managers and leadership teams to reflect together, challenge practice, raise concerns and share ideas. Crucially, they feel heard and involved in shaping policy and process, ensuring that guidance reflects real practice rather than idealised theory.

This inclusivity has had a direct impact on confidence across teams. As Wendy notes, *“Because people have been part of the conversation and the change, when we do things differently, our teams come with us.”*

That shared ownership creates consistency in values and reassurance that thoughtful, person-centred decisions are supported at an organisational level — even when they involve uncertainty or positive risk.

🌐 excelcareholdings.com

The Importance of Connection for Care-Givers

Kaddy Thomas
FOUNDER
CARERS COLLECTIVE

Kaddy Thomas, Founder of Carers Collective, explores why connection, community and belonging are essential lifelines for unpaid carers — and how isolation can quietly consume those supporting others every day.

Humans are hard-wired for connection. It's a fundamental biological and psychological necessity for survival, health, and thriving. Rooted in evolution, the social bonds we form throughout life provide security, emotional and practical support. Not only that, but we now also know isolation increases the risk of disease, cognitive decline, and premature death. This makes connection as vital as food, water, or shelter.

We find connection in the communities we become a part of or create, whether that's family, workplace, religious group, shared interest, or social circle. These communities are even more important in an increasingly digitalised world. In an attempt to get offline - more people are seeking out community to support their mental health, find belonging, security, and a shared purpose.

Yet not everyone has access to this. Caregivers are often isolated and lonely. They take on one of the hardest roles there is – providing ongoing support for a loved one. For many, this means giving up work, living on a reduced income, and being in their caring role 24/7, 365 days a year.

I think we would all agree - this goes far beyond a full-time job. Although most carers want to support their loved one, the role can be all-consuming and relentless, with a serious impact on both mental and physical health.
I've been a full-time carer and care manager for my son Elijah for 20 years. Elijah's needs require round-the-clock care from a team of carers, which I manage.

Before 2020, this was the sole focus of my life. I became institutionalised, absorbed and consumed by my caring responsibilities. It was all I spoke about and all I thought about. For many carers, this experience is familiar. You live and breathe it every day: an endless loop of appointments, calls, emails, meetings, and navigating health and social professionals' attitudes, judgements, and opinions. My conversations were filled with frustrations – feeling judged, overwhelmed – and everything centred around caring and Elijah.

There's no real switching off. Even now, a carer might call at any hour to say they can't get in, and I need to find a replacement.

Coaching was a game changer. My coach, Tamsin Garrie, helped me see that I needed to manage my own needs and take responsibility for my thoughts, language, and actions. That shifted how I showed up, how I experienced my role and how I communicated with the paid carers and professionals in my life.

Then lockdown and Covid hit. While it was a difficult time, it also had a profound impact on me in a positive way. Because Elijah was vulnerable, I had to self-isolate for six months.

During that time, something unexpected happened. I found an online community of businesswomen. Suddenly, I could connect, meet people virtually, and my world began to open up.

I realised I could build relationships outside of Elijah's care team – who had been my main community, but were also paid to support him. This was different.

It felt liberating. I could talk to other women, get to know them, and have conversations that weren't solely about Elijah and his needs. It broke me out of that sense of being institutionalised.

> “*My world began to open up when I found connection outside of caring responsibilities.*”

From that inspiration, Carers Collective and the six-week coaching programme were created. Earlier this year, inspired by the communities I had experienced – and by a friend who is a carer in Caerphilly – I decided to create my own. Coffee, Cake, Collaborate was born.

Both in-person and online, this community offers a space to share with others who 'get it'. You can turn up, be yourself, and feel less alone, knowing others have the same experience.

We all want to feel loved, supported, and connected – whether through family, work, or faith. But carers need this more than most.

carers-collective.co.uk

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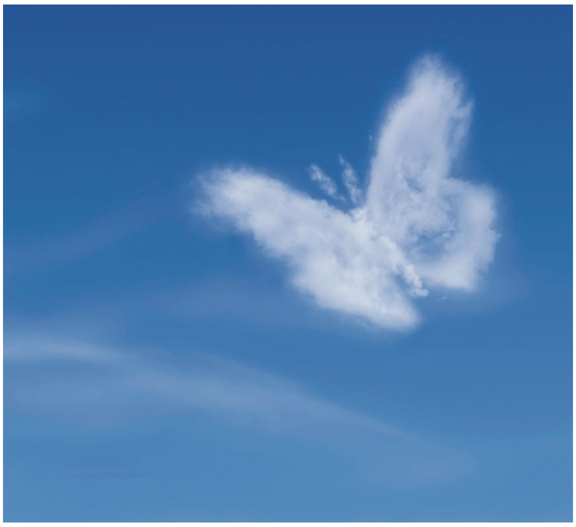
The Final Wish That Changed Thousands of Lives

NurtureCare
Providing A Helping Hand

Angela Stewart
FOUNDER
NURTURECARE

Great British Care Awards
REGIONAL WINNER

How one little girl's final wish inspired a care organisation supporting thousands of families.



For Angela Stewart, success has never been about titles, awards or recognition. Instead, the founder of NurtureCare has spent her life guided by one simple belief:

"It is not what you do for yourself that matters most, but what you do for others."

It is a philosophy rooted in compassion and resilience — and one that ultimately led her to create an organisation supporting children, young people and adults with complex healthcare needs across the East Midlands. But the inspiration behind NurtureCare came from one heartbreaking experience Angela could never forget.

As a paediatric nurse with more than 35 years' experience, Angela had cared for countless children and families facing unimaginable challenges. Yet one young girl would change the course of her life forever.

The child had a life-limiting condition and one final wish: to spend her remaining days at home surrounded by her family. Her parents desperately wanted to make that happen, but the specialist care package needed to support her safely at home was simply not available quickly enough.

Angela witnessed first-hand the heartbreak this caused. Despite every effort to find a solution, the young girl died before arrangements could be put in place.

For Angela, it became a defining moment. She could not accept that a child's final wish could go unmet simply because the right support did not exist at the right time.

"That little girl stayed with me," Angela reflects. *"I knew something had to change."*

In 2013, she founded NurtureCare with a clear purpose: to ensure children, young people and adults with complex needs could receive high-quality, compassionate care in the place they call home. More importantly, she wanted families to have dignity, choice and support during some of the most difficult moments of their lives.

More than a decade later, that vision continues to shape the organisation. Today, NurtureCare supports individuals with complex healthcare, behavioural and social care needs throughout the East Midlands and has become recognised for its compassionate, person-centred approach.

Yet for Angela, the greatest achievement has never been business growth. It has been seeing families able to stay together, remain at home and feel supported when they need it most.

Angela's own journey is one of determination. Born in England, she spent part of her childhood in Jamaica before returning to the UK in 1977. One of thirteen siblings, she learned early the values of hard work, perseverance and caring for others — qualities that would later define both her nursing career and leadership style.

As a Black female entrepreneur, she has also faced occasions where assumptions were made before people recognised her expertise and leadership. Rather than allowing those experiences to hold her back, Angela used them as motivation to prove what could be achieved through professionalism, resilience and compassion. She credits much of her success to the support of her husband Norris and their three children, who have stood beside her throughout the challenges of building and growing the organisation.

Looking ahead, Angela remains passionate about expanding services that help people live independently and with dignity, including supported living and respite provision for families needing additional support.

But no matter how much NurtureCare grows, its mission remains deeply personal.

At the heart of the organisation is still the memory of one little girl whose final wish inspired something far bigger than anyone could have imagined — a legacy built on compassion, courage and the belief that care should always put people first.

🌐 nurturecaregroup.co.uk

> *“One young girl's wish would change the course of her life forever.”*

The Green Light That Changed Helen's Life

Helen Kendall

REGISTERED MANAGER
GREEN LIGHT PBS

How Helen Kendall went from frontline care worker to leading one of Green Light PBS's most complex services — without ever losing the compassion that got her there.

When Helen joined Green Light PBS in 2014, she was doing the kind of work that often goes unseen. Long shifts. Challenging days. Supporting people through moments of distress, uncertainty and breakthrough. Like so many support workers across social care, she simply got on with the job — helping people live safe, independent and fulfilling lives.

More than a decade later, Helen is now the Registered Manager of one of Green Light PBS's most complex services. But ask her colleagues what makes her different, and they all say the same thing: she has never forgotten what it feels like to be on the frontline.

"She truly understands the shoes of her team," one colleague explains. *"Everything she says comes from real-life experience."*

That frontline experience shapes everything about the way Helen leads. While she now manages a large team supporting people with complex needs, her leadership is not built around hierarchy or job titles. Instead, it is rooted in trust, understanding and knowing exactly what day-to-day life in care can look like.

Over the years, Helen progressed from Support Worker to Senior Support Worker, then Deputy Manager, before stepping into her current role. Every stage taught her something new — not just about care, but about people.

Her team say she has a rare ability to make people feel calm, capable and valued, even on the most difficult days.

"She doesn't just tell people how to do the job well," one colleague says. *"She shows them."*

Whether she is supporting someone through a difficult moment, mentoring a new staff member or stepping in during a busy shift, Helen leads from the middle of the action rather than the sidelines.

That hands-on approach has helped create a culture where staff feel supported rather than judged — something colleagues say makes a huge difference in such a demanding sector.

"She always sees the good in people," another colleague explains. *"She genuinely wants everyone to succeed."*

Alongside managing a highly complex service, Helen has also taken on two major specialist roles within Green Light PBS. She is both a Physical Intervention Trainer and the organisation's Medication Lead — positions requiring significant knowledge, professionalism and responsibility.

What really stands out, however, is the way she shares that expertise. Rather than overwhelming staff with policies or jargon, Helen has a talent for making complex information feel practical, accessible and easy to understand.

"She explains things in a way that just clicks," one colleague says. *"People leave conversations with her feeling more confident."*

At a time when social care continues to face major recruitment and retention challenges, Helen's story is also a reminder that the sector can offer genuine careers, progression and purpose.

"She is a perfect example of how someone can start in a frontline role and become a leader who changes lives," a colleague says. *"Her journey shows social care in the best possible light."*

For Green Light PBS, Helen is far more than an exceptional manager. She represents something bigger: proof that some of the best leaders in social care are the people who have lived the reality of frontline support work — and never forgotten the importance of compassion, patience and believing in people.

switchedoncare.com

> “*She is a perfect example of how someone can start in a frontline role and become a leader.*”

What Keeps Me Awake at Night

Alzheimer's Society

Michelle Dyson CB
CHIEF EXECUTIVE
ALZHEIMER'S SOCIETY

Michelle Dyson CB, Chief Executive of Alzheimer's Society, reflects on the growing dementia crisis, the risks of policy without delivery, and why the UK can no longer afford to underestimate the scale of the challenge.

> *Families are left to cope alone after a dementia diagnosis.*

What keeps me awake at night is the sheer scale of the dementia challenge facing the UK — and whether we are moving quickly enough to respond to it.

Dementia is the UK's biggest killer, affecting nearly a million people today and set to develop in one in three people born in the UK now. Yet despite the growing numbers, the day-to-day reality for people living with dementia and their families remains incredibly tough. Across the country, our frontline staff see people waiting far too long for a diagnosis, struggling to access support, and navigating health and social care systems that are already under enormous pressure. That has to change. But it will only change if dementia is recognised by Government as an urgent national priority.

There are opportunities ahead. The Government has committed to publishing a Modern Service Framework for Dementia and Frailty later this year, and there is growing political recognition that the system must prepare for the next generation of dementia treatments. But from my experience both inside Government and now leading a national charity, I know that ambition on paper means very little without meaningful delivery behind it. The devil will be in the detail.

We need a genuinely bold plan that improves care, keeps people healthier for longer, reduces deaths from dementia, and addresses the reality people are facing today. Baroness Casey has already highlighted the need for the NHS and Government to prepare for the new dementia treatments coming through the pipeline. There are nearly 200 trials currently underway for Alzheimer's disease alone. The science is moving rapidly. But the NHS is not yet ready to fully benefit from the progress being made.

New treatments will only succeed if we tackle the fundamentals first: reducing diagnosis delays, strengthening post-diagnostic support, and ensuring services are equipped to deliver care properly. Getting this right would not only improve outcomes for individuals and families, it would also reduce pressure across the wider health and care system.

At the moment, delays in diagnosis remain one of the greatest concerns. On average, it takes three and a half years for someone to receive a dementia diagnosis. That matters because diagnosis is the gateway to care, support, treatment, and future planning. Earlier diagnosis gives people a better chance to live well for longer and make informed choices about their lives. Too often, however, families are left to cope alone.

I regularly hear stories of people being diagnosed and effectively sent home with a leaflet and little else, told to return to their GP when things become "unmanageable". Compared with the specialist support pathways available for conditions like cancer, that experience can feel incredibly isolating and frightening.

What worries me even more is that the system is not failing equally. People from diverse communities, people with disabilities, those living in rural areas, and those from lower socio-economic backgrounds often face additional barriers to getting a diagnosis and accessing support. Inequality continues to shape outcomes in ways we are still not addressing honestly enough.

That is why I am encouraged by initiatives such as GRACE, funded by Alzheimer's Society and led by Professor Claudia Cooper and Dr Jessica Budget at Queen Mary University of London. The project focuses on practical interventions around issues such as sleep and carer wellbeing, delivered directly in people's homes or care home settings. That matters because we need to take support to people, rather than expecting people to fit around services.

If we are serious about reducing inequalities, we need more approaches designed around real lives and lived experience.

The workforce also keeps me awake at night. Our recent audit with Leeds Beckett University and IFF Research found that half of dementia training packages for adult social care workers contain just one to two hours of dementia-specific content, much of it online. Less than half of staff receive dementia training as part of their induction. In practice, this means many care workers are supporting people with dementia with little or no meaningful preparation.

Dementia is complex. An hour or two of training barely scratches the surface. Care staff want to deliver good care and they deserve better support in doing so. That is why Alzheimer's Society is calling for mandatory, high-quality dementia training for all relevant adult social care staff, something we hope to see reflected in the Modern Service Framework.

One thing that has struck me most since moving from central Government into the charity sector is the gap that can exist between policy ambition and lived experience. When you work directly with people affected by dementia every day, the realities become impossible to ignore. Policy cannot be designed in isolation from the people living through these experiences.

At Alzheimer's Society, we see first-hand the impact dementia has on individuals, carers and families every single day. That places a responsibility on us to ensure lived experience sits at the centre of policy conversations, not at the margins.

Despite everything, there is genuine hope. The science is progressing quickly. Public awareness is improving. More people understand that dementia is not simply an inevitable part of ageing and that risk can, in some cases, be reduced. The next few years could be transformational.

But we must not lose sight of the people struggling with the realities of dementia right now. Scientific breakthroughs alone will not help families left exhausted, isolated and unsupported today. The challenge ahead is balancing hope for the future with action in the present — because for nearly a million people across the UK, dementia is not tomorrow's issue. It is today's reality.

alzheimers.org.uk

> *“The NHS is not yet ready to fully benefit from the progress being made.”*

The TOUGH Question...

Is Social Care Being Asked to Carry Responsibilities That Belong to Wider Public Systems?

Caring Connections

Paul Growney
CHIEF EXECUTIVE
CARING CONNECTIONS

Paul Growney, Chief Executive at a North West-based homecare charity called Caring Connections, explores why social care providers are increasingly expected to deliver wider social value — from tackling isolation to supporting employment and community wellbeing — while operating under significant financial pressure and limited resources.

> “Challenges in deprived communities go far beyond care alone.”

> “Social care is increasingly expected to solve problems far beyond traditional care responsibilities.”

At Caring Connections, we like to keep things simple: we deliver social care, and we make sure it comes with real social value. As a registered charity that's been supporting people at home for more than 33 years, we've learned that great care is about more than the basics. It's about asking ourselves, *“What extra can we do to make life better for the people and communities around us?”*

Most of the areas we work in are among the most deprived in the UK, and that means the challenges people face go far beyond care alone. Staff, service users and the wider community all feel the impact of wider social and economic pressures. Because of that, the opportunities to add social value are huge. Could we help reduce loneliness? Could we support people into local jobs? Could we help improve community spaces? These are the kinds of questions we ask all the time. And the best way to find answers is by listening, talking to staff, service users and community leaders about what really matters, then working together on a realistic plan that can genuinely make a difference.

As care providers, we're right at the heart of the community and often supporting some of its most vulnerable members. We see people every day, in their own homes, and we see needs that stretch far beyond traditional care. Commissioners recognise that too - they know care providers can reach people who other services simply can't. That puts us in a unique position: we're already there, so we can spot what's needed and find ways to help.

Over the years, we've delivered so many social value projects, all shaped by local need but with a common thread of reducing isolation. We've brought people together through arts projects, veterans' support, monthly community parties, heritage programmes and plenty more. Of course, funding is always a challenge, particularly when statutory care margins are already tight. As a charity, we often rely on grant funding to make these projects happen. We've also seen private providers set up not for profit arms specifically to deliver social value, which can be a great model too.

One ongoing challenge is when social value becomes an expectation but isn't matched with funding. Costs like room hire, staff time and refreshments really do add up. In those cases, it might be more practical to focus on things like recruitment based social value: offering apprenticeships, partnering with local colleges, or supporting employability schemes. All of these make a huge difference in the community without the overheads of running large-scale projects.

We all know the system is under major financial pressure, especially in deprived areas where pay rates are already stretched. So it's not realistic to expect commissioners to suddenly fund more social value work. Instead, the opportunity lies in weaving it into the everyday, signposting to local VCSE groups, linking with employability programmes, and building partnerships with projects already up and running.

Social value matters, and care providers can play a massive role in building stronger communities. But it has to be realistic and manageable. Start small, grow steadily, and don't promise more than you can deliver. That's how you build social value that lasts.

caringconnections.org.uk

WAGS

WOMEN ACHIEVING GREATNESS IN SOCIAL CARE

2026

★ 1st DECEMBER 2026 ★
★ LONDON HILTON BANKSIDE HOTEL ★

> ***"The majority of staff within the sector are women, and the awards is a great way to recognise their significant accomplishments."***
>
> **Professor Vic Rayner, Chief Executive Officer, National Care Forum**

THE CATEGORIES

★ The **Business Woman of the Year** Award ★

★ The **Corporate Leader** Award ★ The **Third Sector Leader** Award ★

★ The **Girl Power** Award ★ The **Rising Star** Award ★

★ The **Communications Guru** Award ★ The **HR and Recruiter** Award ★

★ The **Equality and Diversity** Award ★ The **Social Care Superwoman** Award ★

★ The **Inspirational Volunteer** Award ★ The **Lifetime Achievement** Award ★

and many more!

★
CELEBRITY GUEST TO BE ANNOUNCED!
★

IN ASSOCIATION WITH
Care Talk
The voice of excellence in social care

Nominate at: **www.thewags.co.uk**

Ask the Experts

Creating Inclusive Care Beyond Visibility

During Pride Month, conversations around LGBTQ+ inclusion in care often become more visible, but for many staff and people drawing on care, the focus is on what inclusion looks like in everyday practice. As expectations around equality, dignity and person-centred care continue to grow, providers are being encouraged to move beyond symbolic gestures and create environments where LGBTQ+ people feel genuinely safe, respected and valued. From inclusive policies and language to everyday interactions and culture, there is a growing recognition that meaningful inclusion must be embedded across all aspects of care.

We asked a group of award winning professionals, *"During Pride Month, there's often more visibility around LGBTQ+ inclusion in care. But for many staff and people drawing on care, the real question is what this looks like day to day. How can care providers move beyond visibility and make sure LGBTQ+ people feel genuinely included, safe and respected in everyday care?"*

Claire Harris

GENERAL MANAGER
ISLE COURT CARE HOME

> **"Listening is key to the promotion."**

The care industry should strive to promote the LGBTQ+ community. I am a champion for this and within my home we work hard to educate our staff, visitors and residents by promoting pronoun badges, using an informative notice board and having visible imagery with brochures and rainbow flags and stickers signalling a safe space. We also have slots available in team and resident meetings to discuss and raise concerns, and good staff training.

Listening is key to the promotion. By being mindful and avoiding assumptions we as an industry can uplift and support this community and provide a respect and connection in order for people to be able to follow the pathway of their journey - whether that is coming out to family and friends, or gender transitioning and recognizing same sex relationships.

In my home, it is a safe space, and we want to help dispel stereotypes and myths and to collaborate with our peers to provide a connection for those in the LQBTQ+ community. By doing this one home at a time we as an industry can ensure people feel safe and respected. My passion is recognizing we are all on a learning curve together, and by providing a protected environment for those in need, we can boost those who may need support. For me the key things for the industry are to avoid expectations, hear our colleagues and learn from each other.

Alan Bell MBE

EXECUTIVE MANAGER
THE SCOTTISH CENTRE
FOR PERSONAL SAFETY

> **"For 30 years now, our charity has specialised in helping people feel safe and less vulnerable, especially LGBTQ+ people."**

For 30 years now, our charity has specialised in helping people feel safe and less vulnerable, especially LGBTQ+ people.

Our empowering personal safety courses can be tailored to each group's needs to ensure that every personal safety concern you may have can be addressed. We also teach a variety of self-defence skills to enable you to escape from a wrist grab, a clothing grab, a strangle, a headlock, a front attack, a back attack and even a ground attack. Combined with the personal safety advice we offer, most participants end up leaving our training feeling more confident, less anxious about being attacked and generally feeling safe and empowered.

Our courses can include LGBTQ+ people with disabilities and if anyone feels traumatised by something that has happened to them, we can also offer individual training including emotional support. Please visit our website www.scotcps.org.uk for details and testimonials.

Fiona Andrews

COMMUNITY EDUCATION CO-ORDINATOR
DEMENTIA FORWARD

> *Visible signs of inclusion are important, but signs and flags are sometimes still not enough.*

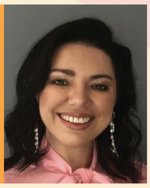
It's a familiar sight in 2026 to see a Pride event, but for older members of the LGBTQ+ community it was not always like this.

It wasn't until 1967 that homosexuality was decriminalised in England and Wales and only in 1990 was it declassified as being a mental illness by the WHO.

Older people of the LGBTQ+ community may have spent their lives hiding their true identity and when a person enters care this shame and fear can be something they still carry with them.

Visible signs of inclusion are important, but signs and flags are sometimes still not enough. Staff can encourage photographs of loved ones to be on display and for the person to talk openly about their relationship and join in with celebrating events such as Valentine's Day.

Dementia Forward have created a training package that can be delivered to staff to highlight the issues faced by LGBTQ+ people coming into care and the ways we can look at supporting more effectively.



Tanya Santos

OWNER
WALFINCH HOME CARE
CHISWICK, HAMMERSMITH AND KENSINGTON

> *Care and support must include everyone.*

Care and support must include everyone, and we are proud and happy to care for several clients within the LGBTQ+ family. Our inclusive culture is backed by our statement on inclusion and training for all carers. I'm sure this contributed to our Outstanding CQC rating.

The statement prohibits discrimination, harassment or prejudice against LGBTQ+ individuals. It supports individuals' rights to express their gender identity, sexual orientation and lifestyle choices, and states that instances of homophobia, transphobia, hate crime and abuse are reported and acted upon immediately.

Inclusive culture and language are promoted through team meetings and supervisions.

For carers, we have a zero-tolerance policy against any discrimination and harassment, confidential HR support for LGBTQ+ staff, and equal opportunities for LGBTQ+ staff in hiring, promotions and leadership roles.

Whether you are a client or a team member, we celebrate you for exactly who you are.

Dejan Tachovski

AREA MANAGER AND LGBTQ+ AMBASSADOR
FOCUS CARE SUPPORTED LIVING

> *It's the small things that matter most.*

At Focus Care Supported Living, moving beyond visibility is about creating a place where people feel comfortable being themselves in everyday life. This shows up in simple but important ways, such as using the names and pronouns people choose, respecting how they want to express themselves, and supporting them to live in a way that feels right for them.

Staff use their training, which includes LGBTQ +, every day by listening properly, being open, and never making assumptions. Often, it's the small things that matter most — taking a few minutes to check in, offering a quiet space to talk, or just saying, *"I'm here if you need me."*

We also like to make sure people feel a sense of belonging, whether that's through the environment, creative activities, or getting involved in the community. At its heart, it's about kindness, respect, and making sure the people we support feel safe and valued.

Have *Your* Say!

Kim Pankhurst
MANAGING DIRECTOR
SWALLOWCOURT

3 Wishes

If I had a magic wand, my three wishes for the social care sector would be honesty, transparency, and sustainable funding.

1. **First, honesty.**

Social care is an incredible sector, full of dedicated people delivering compassionate, life-changing support every single day. But we need to be more open about the challenges too — the pressures on staff, the emotional toll of the role, and the growing demand for services. Being honest about both the rewards and the realities helps build understanding, respect, and trust.

2. **Second, transparency.**

Families, staff, and the wider public deserve clarity — whether that's around costs, quality of care, or how decisions are made. Greater transparency creates confidence in services and helps people feel informed and empowered when making important choices about care.

3. **Finally, funding.**

Without proper, long-term investment, the sector cannot thrive. Sustainable funding is essential to ensure fair pay for staff, high-quality environments for residents, and the ability to meet increasing demand. It's not just about maintaining services — it's about valuing care as the vital, skilled profession it truly is.

Together, honesty, transparency, and funding would create a stronger, more respected, and more sustainable future for social care.

* * *

Albert
NIGHTINGALE HAMMERSON
CARE HOME RESIDENT

In The Spotlight

The Resident Who Sparked a Movement in Care Homes

A long-standing approach in many care homes required two carers for all moving and handling tasks, regardless of individual need. This blanket policy often led to delays and overlooked residents' abilities and preferences.

Albert, Nightingale Hammerson care home resident, challenged this practice with a simple question: why should someone capable of safely transferring with one carer have to wait for a second? His challenge highlighted a wider issue — the policy did not align with the principles of person-centred care or the Care Act 2014.

Following this, a personalised risk assessment confirmed Albert could safely be supported by one carer using appropriate equipment, with additional support available if required. This led to a wider shift in approach, with the care home updating its policies to prioritise individual needs over rigid rules.

Albert's impact extended beyond his own care setting. His story contributed to sector-wide discussions, including a 2024 article developed with Care England and others, and supported the introduction of the RoSPA Level 2 Award in Proportionate/Single-Handed Care Practice.

Today, this approach is improving dignity, independence and timeliness of care for thousands — all sparked by one resident speaking up.

Movers & Shakers

ISL strengthens clinical leadership with appointment of Director of Nursing

Dave Appleton
DIRECTOR OF NURSING
INDEPENDENCE SUPPORT LTD (ISL)

Independence Support Ltd (ISL) has appointed Dave Appleton as Director of Nursing, bringing extensive NHS experience to strengthen clinical governance and partnership working across health and social care.

Dave began his career in 1994 as a support worker, qualifying as a Mental Health Nurse in 2004. He has since worked across a wide range of services, including crisis care, acute inpatient settings, rehabilitation, low secure services and psychiatric liaison, holding both senior clinical and operational leadership roles.

During his NHS career, Dave developed a strong working relationship with ISL, supporting initiatives focused on admission avoidance and effective step-down pathways from hospital into community-based care.

In his new role, Dave will focus on maintaining high standards of care, enhancing clinical governance and building strong partnerships with NHS Trusts, Integrated Care Boards and local authorities. He emphasised the organisation's role in supporting the wider system through high-quality community alternatives that improve outcomes and reduce pressure on inpatient services.

Chief Executive David Young welcomed the appointment, noting that Dave's expertise across crisis, secure and rehabilitation services will further strengthen ISL's ability to deliver safe, person-centred care.

Lightbulb Moment

Put Belonging First

Tania Kent
HOME MANAGER
HADDENHAM PARK CARE HOME

My lightbulb moment is simple: if we don't prioritise belonging, we are not delivering real care.

In social care, it's easy to focus on physical needs, routines and tasks. But when social wellbeing is overlooked, residents can still feel isolated even when everything else is being done "right."

I've seen first-hand how powerful connection can be. One resident, who had been withdrawn and nonverbal for months, began to re-engage simply through shared interests and meaningful relationships with team members. Over time, silence turned into smiles, and smiles into conversation. That transformation didn't come from clinical intervention - it came from understanding and genuine human connection.

Creating community doesn't require big changes. It's in the small, consistent moments: a conversation, a shared laugh, involving residents in daily life, and giving them a sense of purpose.

As care providers, we need to move beyond task-based care and truly know the people we support - their histories, interests and what makes them feel valued.

Because real care isn't just about meeting needs. It's about creating a place where people feel they belong.

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.

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

Social Care TOP 30

RECOGNISING INFLUENTIAL LEADERS IN SOCIAL CARE

2026

CLOSING DATE FOR SOCIAL CARE TOP 30 NOMINATIONS: 31ST JULY 2026

INCORPORATING

Social Care LEADERSHIP AWARDS
RECOGNISING EXCELLENCE IN SOCIAL CARE LEADERSHIP

Social Care PREMIER SUPPLIER AWARDS
RECOGNISING EXCELLENCE IN SUPPLIERS TO SOCIAL CARE

CLOSING DATE FOR LEADERSHIP & SUPPLER AWARDS NOMINATIONS: 31ST AUGUST 2026

13th October 2026
GROSVENOR SQUARE HOTEL ,LONDON

Care Talk
The voice of excellence in social care

Care Talk Business
Sharing business excellence in social care

NOMINATE NOW AT:

www.socialcaretop30.co.uk

Leading the Way in Social Care

The Missing Conversation in Social Care

Dr Ros Taylor
MEDICAL DIRECTOR
HARLINGTON AND MICHAEL SOBELL HOSPICE
CLINICAL TRUSTEE
NIGHTINGALE HAMMERSON

Dr Ros Taylor MBE explores the courage, compassion and collaboration needed to lead meaningful palliative and end of life care.

THE PALLIATIVE & END OF LIFE CARE AWARDS
FINALIST

> *Courage, thoughtfulness, responsiveness and collaboration are values that have underpinned my practice.*

Leadership in palliative care is difficult because nobody wants to talk about mortality. We live in a society where natural death at the end of a long life has disappeared from view. Death anxiety is everywhere, unfamiliarity breeds fear and we believe we are immortal. I met a 95-year-old in clinic who had recently been diagnosed with pancreatic cancer and his first question was: *"Why me doc?"* I had no words to answer.

So the first value that I try to model at the heart of palliative care is courage. Courage to have brave conversations about what matters to people. Conversations about what might happen in the future. Conversations about who is important to them and where they would like to be if their health deteriorates. These sound such simple questions, but sadly are often asked too late for wishes to be met. In palliative care and social care, words are often our most precious and powerful tools.

We need to normalise talking about dying — in our workplaces, around our kitchen tables and in care home corridors.

I often say to people that if they are planning a holiday, they want to know where they are going, how they will get there, what the hotel will look like and what they need to take to make it the best experience. The same is true about future healthcare.

If the right conversations do not happen, people are likely to end up having an attempt — often a brutal attempt — to restart their heart at the end of life, when actually they may have wished to die peacefully in their own bed surrounded by those they love.

The next value is being thoughtful. Perhaps this is another word for empathy — trying to see the world through someone else's eyes.

I have learnt that people want to be seen as who they really are. They do not want to be seen simply as a frail older person in a care home bed. They want to talk about their life, who and what still matters to them, and they want to reminisce, be heard and understood.

I remember looking after a nurse who was dying. She wanted her carers in the care home to understand that she had views on the best way to look after her — how to help her pain and how to turn her to prevent pressure ulcers. She wanted to be a partner in her care and to be understood that she had a lifetime of nursing experience. She needed to be valued for who she was, and this is what underpins dignity at the end of life.

So in the palliative care meetings that I lead, we always begin with a pen portrait of the person — trying to capture who they are rather than simply describing their diagnosis and symptoms.

Being responsive is the third value. This is critical when listening to a patient story, hearing the nuance and listening without an agenda.

When I meet a patient for the first time, I may have an agenda that pain is the most important thing to discuss, but then I quickly learn that actually the most important thing to that person in that moment is that they want to reconcile with their son who has been estranged.

Recently, I spoke to a group of carers in a local GP surgery about palliative care and the experience and expertise in the room was phenomenal. These were carers of loved ones with dementia, advancing cancer and heart failure, and between them they made excellent suggestions about how they would like to be kept informed, concerns about knowing which number to ring for different problems, and how they would like their doctors and nurses to respond to them.

They did not want empty promises.

Listening and responding to those who know more than we can ever know is a crucial part of leadership in social care.

The final value at the heart of palliative and social care is collaboration.

Collaboration with frontline social care workers is essential. They notice relationships and the small bodily changes. They are full of intuition, but often are the last to be involved in care planning meetings or training programmes.

Collaboration in care means not just working with professional colleagues, but also with the people and families we are caring for. There is often a professional network of carers, nurses, physiotherapists and doctors, but there is also — perhaps more importantly — a network of family, friends, colleagues and neighbours.

These networks need to work together and merge to become a much stronger system, ensuring the best possible experience and outcomes for somebody who is dying.

So courage, thoughtfulness, responsiveness and collaboration are values that have underpinned my practice in caring for people approaching the end of life.

What we know is that by 2040, most of us will end our lives in a care home, so it is critical that social care staff feel equipped and supported to help residents and families feel less alone. We need to build on what social care staff already do so well, but recognise it and bring it out of the shadows.

Dame Cicely Saunders, founder of the modern hospice movement, reminded us that people matter until their last breath, and that how people die lives on in the memories of those left behind.

It is both an opportunity and a responsibility of social care to ensure those memories are good ones — memories of safe, brave and responsive care at the end of life.

We cannot fix dying, but we can sit with the dying more confidently.

My call to action is simple: start the conversations about dying early, before people are forced into them by crisis. In doing so, we can help people live well to the end of their lives.

harlingtonhospice.org
nightingalehammerson.org

> *“We can’t fix dying, but we can sit with the dying more confidently.”*

Why Good HR Leads to Better Care

Hamida Subhan
CHIEF PEOPLE CONSULTANT
OUTCOMES CONSULTING

Hamida Subhan, Chief People Consultant at Outcomes Consulting, examines why social care providers must stop treating HR as reactive paperwork and start using it as a practical tool to strengthen culture, retention and care quality.

As a sector-leading consultancy specialist, when clients reach out to us for HR and employment support, discussions about the issues they are facing relate to workforce shortages, turnover and pressure.

As experts, we know underneath all of that is something simpler: their workforce want to feel supported and valued. When that's in place, we can diversify our support with our clients to build stronger and happier employees who have a shared goal of delivering good quality outcomes.

We don't believe in HR being an afterthought, or as a set of documents sitting in a folder, but as something lived and breathed every day. The reality, though, is that for many grassroots organisations, HR has grown reactively once problems arise. Policies are written when they're needed to address a difficult situation, processes are shaped by immediate pressures, and consistency and fairness in practice can be difficult to maintain.

Our work at Outcomes Consulting has been about helping organisations shift that mentality. We don't overcomplicate things, but we make HR practical, bespoke and genuinely useful to our clients.

> “Employees rarely leave for a single reason.”

Start with the basics and do them well

A lot of the organisations we support already have policies in place. The challenge isn't always creating them — it's making them work in practice based on their company ethos, values and culture.

We've worked alongside grassroots services to develop, review and embed HR policies, procedures and practices that reflect how their services operate at ground-level and how they envision their organisational journey. That means sitting down with owners and leadership teams, understanding the reality on the ground, and advising on practices and approaches that feel workable, not just compliant.

Working with our clients, we advise on how when decision-making becomes more consistent, they are less like to approach situations reactively during crisis points.

With our insight in the sector, organisations have also seen smoother regulatory experiences, with fewer issues raised around workforce practice.

Through our work, we have seen confidence in owners and operators grow as they seek our expertise to guide them through their corporate strategy. Leaders and managers feel clearer about their roles and responsibilities and understand a thriving workforce culture is set and modelled by them. However, a well-rounded leader allows critical thinking by their workforce but embraces alternative views from all involved in their organisation.

Creating stability in a pressured workforce

Retention is one of the biggest challenges in social care, and our experience as leaders has shown that employees rarely leave for a single reason. More often, it comes down to a combination of unclear expectations, limited support, and inconsistent management.

Through our HR and people strategy work, we help organisations take a step back and look at what's really driving turnover in their service. We challenge thinking and encourage self-reflection to develop practical changes – strengthening induction, clarifying roles, improving supervision, and making sure people feel supported in their work.

These aren't quick fixes, but they are effective when adopted.

Services we've supported have reported improved retention, stronger team relationships, and a noticeable reduction in conflict. When expectations are clearer and processes are applied fairly, many of the issues that lead to grievances or dissatisfaction reduce significantly. These meaningful steps lead directly to better care.

Embedding inclusion in a real way

Our approach to inclusion has been to look at how people are recruited, how policies are written, and how decisions are made. Small changes, done consistently, can make a significant difference.

This work has been recognised through our nominations for a the National Diversity Awards, but more importantly, it's reflected in what everyone tells us. People feel more valued, more included and more confident through the work we deliver.

Supporting leadership to lead

Part of our work has been supporting leaders to feel more confident in their role as people managers. That includes having honest conversations about their workforce, and navigating change in a way that feels fair and consistent.

For many leaders, this is about building confidence as much as capability. Once that's in place, HR becomes less about reacting to problems and more about shaping the kind of organisation they want to lead.

This approach has also been recognised more widely, including our nominations for the Women of the Year Awards 2026, reflecting leadership in driving change within the sector.

Keeping the focus on outcomes

Our work helping organisations with HR and people support is about outcomes and ultimately, you see it in the quality of care being delivered.

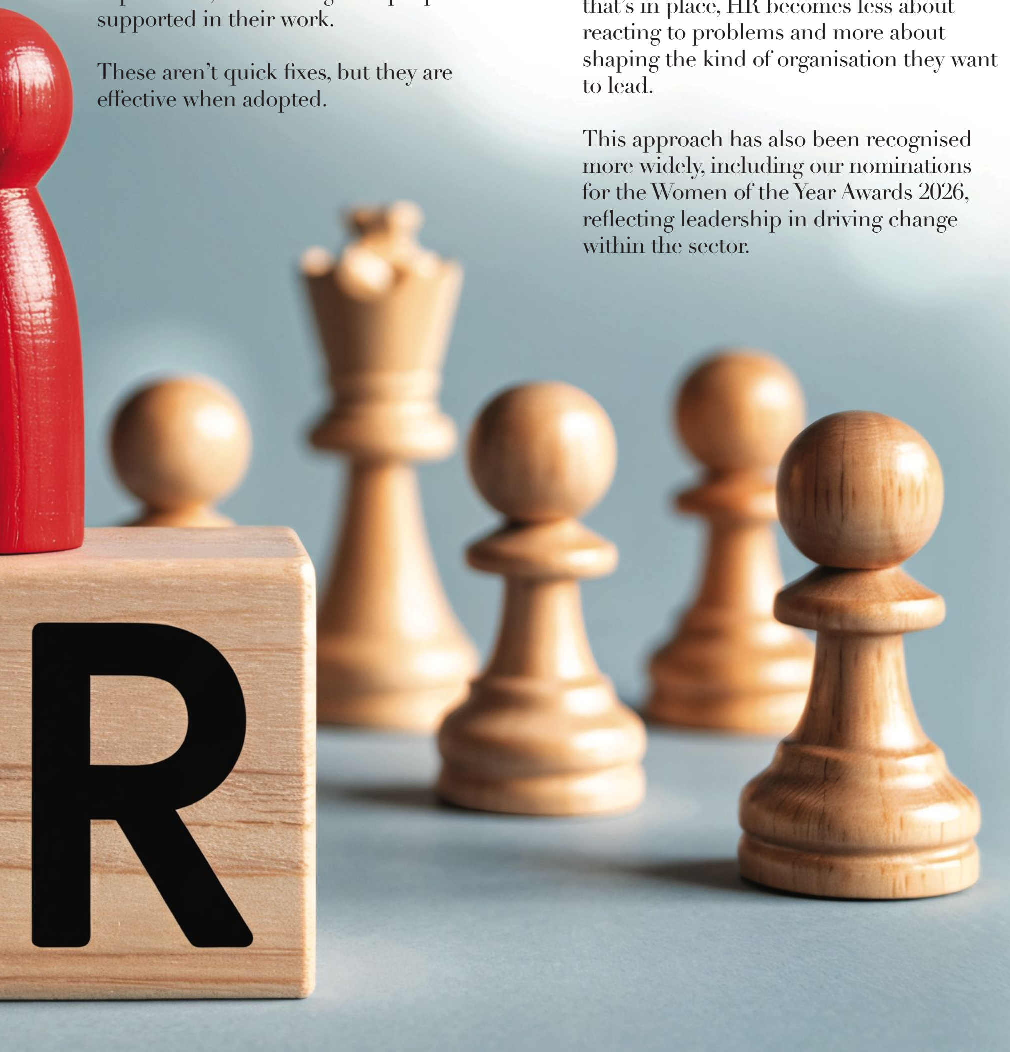
Our focus has always been to keep that connection clear. Every policy, every process, every piece of support should link back to improving outcomes – for organisations, for staff, and for the people they support.

For grassroots organisations in particular, the aim isn't perfection – it's consistency, clarity and sustainability.

That's what we continue to work towards. Helping services build HR approaches that fit their reality, support their people, and stand up to the pressures they face every day.

outcomesconsulting.co.uk

> “*Every policy, every process, every piece of support should link back to improving outcomes.*”



Why Data Matters

skillsforcare

Kate Gore
RELATIONSHIP AND ENGAGEMENT MANAGER
ASC-WDS
SKILLS FOR CARE

Kate Gore, Relationship and Engagement Manager – ASC WDS, Skills for Care, discusses why data is so important in shaping the social care sector for everyone.

Impactful decisions in social care start with robust data. Every day, many decisions are made across the sector – by care providers, commissioners, regulators and the Government. These decisions affect the people who work in social care, as well as the people who draw on care and support for themselves and their families. They relate to funding, workforce planning, training, pay, regulation and long term strategy. The quality of those decisions depends heavily on the evidence that sits behind them. The data must be robust, reliable and up to date evidence, rather than based on assumptions or anecdotal information.

Data is not just numbers on a page or figures in a spreadsheet – it tells us the story of a complex, diverse and vital workforce that supports millions of people every day. Through our workforce data and intelligence, we build a clear picture of who works in social care, where pressures and shortages are being felt most strongly, how the workforce is changing over time, and where investment and support can make the biggest difference.

Without this insight, there is a real risk that policy and planning is shaped by perception rather than reality, which could lead to missed opportunities and unintended consequences for the sector.

Through our data, workforce modelling and research, Skills for Care provides a comprehensive national picture of adult social care in England, alongside local and regional insights that support workforce planning and market shaping at every level. Our data is used widely across the system – by the Department of Health and Social Care, local authorities, the Care Quality Commission (CQC), employers, academics and representative bodies. Our data evidences what is happening in social care now, what has changed over time, and what needs to happen next to support a sustainable workforce. By bringing this evidence together, we help ensure that conversations about social care are grounded in real experiences from across the sector.

One of the most visible and widely used examples of this work is our annual State of the adult social care sector and workforce in England report. Built on data shared by providers using the Adult Social Care Workforce Data Set (ASC WDS) service, the report highlights key trends in recruitment, retention, pay, qualifications, workforce demographics and staff vacancies. These insights are routinely used in policy development, parliamentary debates and funding decisions. They help decision makers respond to real workforce challenges and trends. As a result, the report plays a crucial role in shaping how adult social care is understood at a national level.

This data is helping to inform important discussions on fair pay, training, investment, and learning and development funding, as well as wider conversations about how to attract, retain and support people working in social care. Having a strong evidence base makes these discussions more meaningful and helps ensure that the voice of the sector is reflected in policy decisions.

> “Every time a provider updates their data, they are helping to build a more accurate national picture.”

ASC WDS: the foundation of workforce insight

At the heart of this work is the Adult Social Care Workforce Data Set (ASC WDS) service. ASC WDS is the leading source of workforce data for adult social care in England, with more than 20,000 care locations providing information about their services and the people they employ. This makes it a uniquely powerful resource for understanding the workforce at both a local and national level.

ASC-WDS allows care providers to safely store workforce and training records, monitor turnover and vacancy rates, and benchmark themselves against similar organisations. For many employers, it is a practical and valuable business tool that supports workforce planning, training management and access to funding initiatives such as the Learning and Development Support Scheme. Keeping data up-to-date can make a real difference to how organisations plan for the future and support their staff.

In addition, maintaining accurate and up-to-date data within ASC-WDS helps providers evidence key workforce information to the Care Quality Commission (CQC) and local authorities. This can support a smoother inspection process by demonstrating compliance, transparency and effective workforce management, However, the value of ASC WDS goes far beyond individual organisations. Every time a provider updates their data, they are helping to build a more accurate and representative national picture of social care. That collective effort ensures that the sector's voice is heard where it matters most – in the policy rooms where future priorities, investment and decisions about social care are shaped.

When care providers contribute to ASC WDS, they are directly influencing how social care is understood, discussed and supported at a national level. We value every organisation that takes the time to use the service. Your data underpins our research, strengthens the evidence used by decision makers, and ultimately supports better outcomes for people who work in social care and those who rely on it.

Together, we can use data to drive understanding, investment and positive change for the sector now and in the future.

skillsforcare.org.uk

Find out more about ASC WDS and sign up:
www.skillsforcare.org.uk/asc wds

> “*Impactful decisions in social care start with robust data.*”

Beyond Pay

Andrew McIntosh
UK MANAGER   CARE SPECIALIST TEAM
TOTALJOBS

Andrew Mcintosh from recruitment platform Totaljobs explores why social care's workforce crisis won't be solved by salary alone — and why wellbeing, flexibility and career progression are becoming just as important as pay in attracting and retaining staff.

> *“Reducing stress is now the top career goal for social care workers.”*

The latest salary data from Totaljobs paints a complicated picture of the social care workforce in 2026. On paper, the sector appears to be moving in the right direction. Median advertised salaries in social care have risen to £28,870 — a 6% increase year on year — driven partly by minimum wage uplifts and growing competition for experienced staff.

But beneath those headline figures lies a workforce under significant pressure, with recruitment and retention challenges that salary increases alone are failing to solve.

The sector is now operating within what can best be described as a divided workforce. According to the report, 41% of social care professionals are “confident switchers” — actively looking or planning to look for new roles in 2026. Yet an almost identical proportion, 41%, are “risk-averse stayers”, choosing stability over movement in an uncertain economic climate.

That split reveals something important about the current state of social care employment. For many workers, this is no longer simply about finding a better-paying role. It is about balancing financial pressure, emotional exhaustion, workload intensity and job security all at once.

While pay has increased, many workers are still not feeling financially secure. Sixty per cent of social care staff received a pay rise last year, but the average increase was just 2–3% — well below the lived reality of rising household costs. The findings reveal that 32% of social care workers are cutting back on essential spending, not discretionary luxuries but day-to-day basics.

That level of financial strain inevitably affects morale, wellbeing and long-term retention.

Yet perhaps the most striking finding from the report is that social care workers are not primarily motivated by pay at all. Across most industries, earning more money remains the dominant career aspiration. In social care, however, the number one priority for workers in 2026 is reducing stress. Forty-one per cent of social care professionals identified stress reduction as their main career goal — ranking above pay rises, promotion and career progression.

That finding should act as a warning sign for the sector. It suggests the workforce crisis is no longer simply a recruitment issue. It is increasingly a wellbeing and sustainability issue.

Salary matters, of course. But when employees are overwhelmed, emotionally drained and struggling with workload pressures, pay alone becomes insufficient as a retention strategy. Providers cannot realistically expect loyalty and long-term commitment without addressing the daily working experience of staff.

The report also highlights a growing disconnect between what employers offer and what candidates now expect from social care roles. Flexible working emerged as the most desired employment benefit, with 46% of candidates identifying it as a priority. Yet only 6% of social care job advertisements mention flexible working at all.

That gap is significant because flexibility in social care does not necessarily mean remote working. For many care professionals, flexibility means predictable rotas, influence over shifts, compressed hours, shift-swapping arrangements or the ability to work consistent days each week. Many providers already offer some degree of flexibility informally, but fail to communicate this within recruitment campaigns or job adverts. In a highly competitive labour market, that omission may be costing organisations potential candidates before they even apply.

Career progression presents another challenge. More than half of candidates — 53% — said a lack of visible progression would discourage them from applying for a role. Yet many social care job adverts still describe frontline care positions with little or no mention of future opportunities.

Increasingly, workers want to understand where a role could lead — whether towards senior care positions, specialist responsibilities, leadership roles or management pathways. Organisations that fail to demonstrate progression risk reinforcing the outdated perception that care work is a static rather than developmental career.

What the findings ultimately show is that providers need to think more holistically about workforce strategy. Retention cannot rely solely on annual pay reviews. It must also focus on reducing the anxiety and instability many workers experience daily. Practical interventions such as virtual GP access, enhanced sick pay, mental health support and wellbeing initiatives are increasingly becoming core expectations for a workforce operating under sustained emotional and financial pressure.

Equally important is the need to rethink recruitment itself. The report highlights the growing importance of competency-based hiring — focusing less on previous care experience alone and more on transferable qualities such as resilience, empathy, adaptability and communication. This approach opens access to wider talent pools at a time when traditional recruitment pipelines remain under strain.

There is also a clear message around transparency. Salary visibility, progression pathways and flexible working arrangements should no longer be hidden details discovered later in the recruitment process. Candidates increasingly expect openness from the outset, and employers that communicate clearly are likely to hold a competitive advantage.

Ultimately, the latest workforce data suggests that social care's recruitment challenges are not simply about attracting people into the sector. The bigger challenge is creating roles people can realistically sustain — financially, emotionally and professionally — over the long term.

If the sector wants to build a resilient workforce for the future, it must move beyond viewing retention as a pay problem alone. The organisations most likely to succeed will be those that combine fair pay with wellbeing, flexibility, progression and a working culture people genuinely want to stay part of.

totaljobs.com

> “Salary visibility, progression pathways and flexible working arrangements should no longer be hidden details.”

From Fire Fighting to Prevention

What Best-Practice Incident Management Really Looks Like

Log my Care

Sam Hussain

CHIEF EXECUTIVE AND COFOUNDER
LOG MY CARE

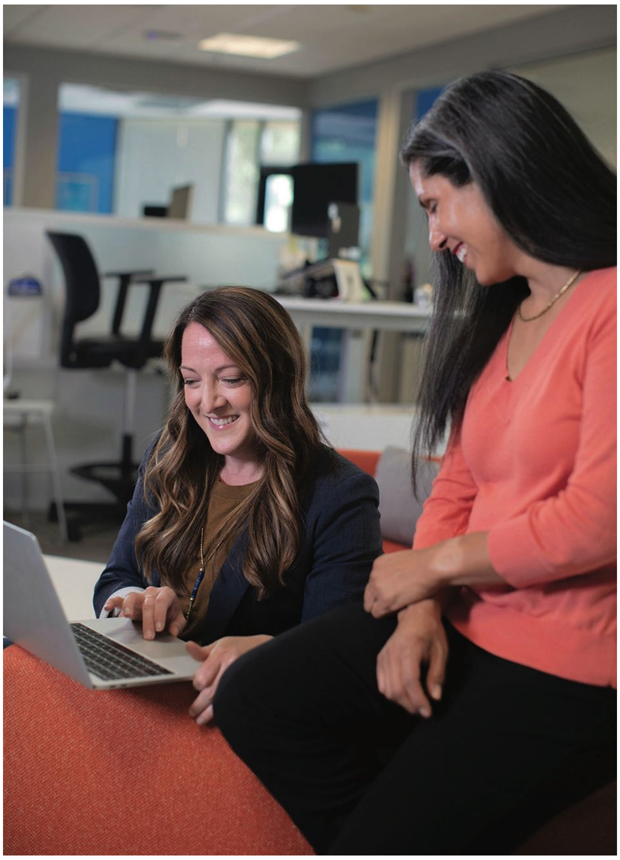
Sam Hussain, Chief Executive and Cofounder of digital care management platform Log my Care, shares how one Buckinghamshire care provider reduced incidents by 92% — and what the wider sector can learn about moving from reactive incident reporting to proactive prevention.

For teams leading learning disabilities and autism services, incident management often tells a familiar story: systems that slow teams down rather than support them, information scattered across sources, and a persistent sense of responding to what just happened rather than preventing what comes next.

White Leaf Support provides care for adults with learning disabilities, autism and mental health needs across multiple services in Buckinghamshire. As the organisation grew, the limitations of their existing approach became harder to ignore. Records were fragmented. Information lived in different places. Building a coherent picture of what was happening — across services, across shifts, across time — was painstaking work that pulled managers away from the people they were there to support.

It's a scenario many management teams will recognise. The challenge, more often than not, isn't an absence of data. It's that the data is inaccessible, siloed, inconsistent, or simply too cumbersome to act on quickly enough to make a meaningful difference. Whether teams are working with paper or with outdated software, the outcome is often the same: a reactive posture when a proactive one is what the people you support deserve.

The shift for White Leaf came when they found Log my Care, a system built around the specific demands of learning disabilities and complex care – not retrofitted from another setting. Crucially, the difference wasn't just in how incidents were recorded, but in what happened afterwards. A lessons-learned function meant that incidents weren't simply closed and filed away but instead became the starting point for structured reflection.



Teams could now interrogate patterns that had previously gone unnoticed: which environments were associated with higher incident rates, which times of day, which contextual factors. The data began to tell a story – a story shaped by action.

This is the gold-standard of genuinely mature incident management: not a clean log, but a learning culture where insight drives decisions and decisions prevent harm. It's a shift that many providers aspire to but find difficult to sustain without the right infrastructure underpinning it.

White Leaf reinforced this with deliberate investment in their people. Sue and colleague Nicolae completed their Positive Behaviour Support (NAPPI) Train the Trainer qualification, embedding PBS expertise at the heart of the organisation and giving frontline teams the confidence to recognise and respond to early warning signs.

The combined result was a 92% reduction in incidents across their services. That is a truly phenomenal outcome.

That figure represents more than an operational win. It represents moments of distress that didn't happen. Interventions that weren't needed. People supported to live more stable, more independent lives.

For management teams leading multi-site services, the lesson is clear. Incident management is not a compliance exercise. It is one of the most powerful levers available for improving the quality of care and reducing operational pressure for teams. If you're curious about how you can transform your incident management approach, get in touch with Log my Care.

logmycare.co.uk

> “*The data began to tell a story – a story shaped by action.*”

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This Month we Meet:
Nobi UK & Global Markets

nobi

Jan-Willem Callebaut
MANAGING DIRECTOR
NOBI UK & GLOBAL MARKETS

Each month we meet key stakeholders and business leaders in the social care sector. This month we meet Jan-Willem Callebaut, the Managing Director of Nobi UK & Global Markets, AI-powered smart ceiling lights that help older people stay safe and independent by detecting and preventing falls, automatically alerting carers or family members, and providing health and activity insights for care teams.

Nobi is positioning itself as more than a product- how do you see the company evolving from a smart lighting solution into a broader platform for proactive healthcare?

One of the starting points for Nobi was very simple. We took an everyday object, the ceiling light, and made it smart by adding computing power. Because lighting is already present in every room and fully accepted by residents and staff, technology can be introduced naturally, without changing behaviour first.

What follows is that the use cases expand. It may begin with visibility into falls, but quickly moves into understanding movement, sleep and changes in routine, alongside insight into how care is delivered in practice. Because everything sits on the same infrastructure, additional functionality can be added over time, turning the light into a long-term infrastructure layer for care environments.

What role do partnerships play in strengthening Nobi's value proposition?

Partnerships are mainly about ensuring the technology fits into existing ways of working. Care teams already rely heavily on electronic care record systems such as Nourish and Person Centred Software, so if insights sit outside those systems, they are less likely to be used consistently. Integration allows information from Nobi to become part of daily workflows rather than something additional.

> *“We took an everyday object, the ceiling light, and made it smart by adding computing power.”*

How do you measure success beyond fall detection - what outcomes matter most to your customers and to Nobi's mission?

Falls are often the entry point, but they are only one part of the picture. Providers typically focus on reducing falls and improving response times, both of which directly affect outcomes. In a recent independent study across 74 care homes in Lancashire and South Cumbria, covering more than 900 residents, results showed around a one-third reduction in falls and average response times below three minutes.

There is also growing interest in indicators such as mobility and sleep, which can signal changes earlier. Operationally, clearer insight supports more consistent decision-making, while automated incident capture reduces reporting time and allows care teams to spend more time delivering care itself.

With ageing populations increasing globally, how do you see the role of AI-driven ambient monitoring shaping the future of senior care over the next 5–10 years?

There is a growing expectation that technology will help address staffing and demand pressures across the sector. One challenge is fragmentation, with many providers using systems that do not integrate well, limiting the value of the data they generate. More integrated approaches can create a more complete picture and better insight over time.

At the moment, most systems help teams understand what has happened. Increasingly, they are expected to support earlier intervention and more informed decision-making.

What differentiates Nobi most clearly from other ambient assisted living or fall detection solutions in the market?

One difference is that the system does not rely on consistent action from residents. Wearables and call buttons can be effective, but they are not always used reliably in more complex care settings. By embedding technology into the environment, that dependency is reduced. Multiple use cases also sit on the same system, including falls management, nurse call and care insights, allowing incidents to be reviewed in detail while supporting quieter, more efficient workflows.

How do you ensure data privacy while still extracting meaningful insights from continuous monitoring?

Privacy is a central consideration in these environments. The system is designed to provide useful insight while limiting unnecessary exposure. In practice, images are not part of daily workflows and are only accessed in the context of an incident. They are retained for a limited period, typically up to 14 days, after which they are deleted, including from Nobi's servers. At the same time, providers can configure the system in line with their own policies and consent frameworks.

What role do you think companies like Nobi should play in shaping public policy around ageing and independent living?

There is a clear need to connect innovation with real-world outcomes. Many ideas in this space are promising in theory, but more evidence is needed on what works in practice and at scale.

By working closely with care providers, it becomes possible to generate that evidence and feed it back into the broader discussion. That is likely where Nobi UK can add the most value.

nobi.life/en_GB

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