

# Routes In, Routes Up



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**Joe Whibley** Managing Director, Bluebird Care

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**Virginia Perkins** Chief Executive, Hesley Group



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# Editor's Note



Welcome to the Summer issue of *Care Talk*.

For many people, summer means holidays, long evenings and a chance to switch off for a while. But as we all know, care doesn't stop for the summer. While others head off on their travels, thousands of health and social care professionals continue to show up every day to support the people who rely on them.

That's one of the reasons why our summer theme, *Routes In, Routes Up: New Pathways into Care Careers*, feels so relevant.

People come into care for all sorts of reasons. Some fall into it by accident, some always knew it was what they wanted to do, and many discover a career they never expected to love. The challenge isn't just attracting people into the sector, though. It's ensuring they can see a future once they're here.

Recent figures from Skills for Care provide some encouragement. Vacancy rates have fallen to their lowest level in a decade and the workforce continues to grow. Yet the longer-term challenge remains significant, with international recruitment routes narrowing and the sector expected to need hundreds of thousands more workers in the years ahead.

In this issue, we explore what career progression really means in social care today. From apprenticeships and leadership development to alternative career pathways and workforce retention, our contributors examine how the sector can attract, develop and keep the talented people it needs.

One thing is clear: there is no single route into care, and there shouldn't be. But whatever path people take, they need opportunities to learn, develop and grow.

To everyone working across care this summer, thank you for everything you do. I hope you find time to enjoy a well-deserved break, spend time with the people who matter most and make the most of the sunshine when it appears.

Have a lovely summer and I'll see you again in September.

Lisa

@lisa\_caretalk



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COMING UP IN THE SEPTEMBER 2026 ISSUE:  
**Narratives of Care: How Stories Shape Perception & Policy**  
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# Route in and Routes up: New Pathways in Care Careers



**Professor Martin Green OBE**

CHIEF EXECUTIVE  
CARE ENGLAND

**Professor Martin Green OBE, Chief Executive of Care England, explores how social care can attract, develop and retain talent by creating clear career pathways, challenging outdated perceptions and positioning care as a profession that offers long-term opportunities for growth and progression.**



***We need clear skills and competency frameworks and portable qualifications.***



The social care sector has struggled for many years with recruitment and retention. Currently, there are over 111,000 vacancies, and a turnover rate in excess of 35%. This is not good for any sector, but for social care, where we rely on relationship-based care and a deep understanding of the people we support, such a turnover rate combined with a recruitment gap, leads to a lack of continuity in the care we provide and loads of huge transactional costs on the organisation.

Over the years, the Department of Health and Social Care has focused solely on the NHS workforce, leaving social care a poor relation. We cannot compete with the salary levels or the huge training and development budgets available to NHS employers, so we must craft different ways to make our sector attractive. Many social care employers have realised that they have to make care an attractive destination for people entering the workforce. Over the years, there have been a range of different initiatives, many of which have proved very successful. Firstly, we need to address the issue of language. All too often, people talk about jobs in the care sector, but we must underscore that this is a complex area of work that requires a range of values and skills, and it is a career, not a job. To change people's perceptions, we must take tangible steps to make the sector more attractive to younger people and to make it a destination for those considering a career change.

Some years ago, a group of us in the sector came together to develop "Care First", which was based on the successful Teach First Programme, which was getting high-flyers into teaching. The government supported this initiative and rolled it out to other parts of the government, such as the Home Office. However, despite strong support within the sector, the Government refused to back an initiative for care workers. This underscores that governments view social care as second-class to government services and are not prepared to provide support for the workforce. Faced with this reality, the sector must leave the agenda to us, and we must ensure we create opportunities to develop careers in social care.

We need clear skills and competency frameworks and portable qualifications because the sector's diversity of employers means people need to be able to move across organisations to develop their careers. There have been attempts to do this with the development of the care certificate, but these have not been as successful as they might have been, partly because they were not backed by the same training and development monies that go into the public sector.

One of the things that social care really can offer is a great career pathway, and there are countless examples in our sector of people who are currently sitting behind the chief executive's desks in large organisations, who started their lives as care workers. These are success stories that the sector should be proud of, and we should champion these people as examples of where careers can develop in social care.

We should also acknowledge that the world of work is changing, and people want more flexibility in their work patterns. As a 24/7 sector, we can offer this, and we must be creative in our approach and provide people with flexibility. One large employer has focused on attracting early retirees into care, and this has proved very successful. These people do not want full-time or even traditional part-time roles, but they do want quality of the work experience. What this employer has found is that if you offer these people flexible working, they're more than happy to do more shifts if the service requires it, and so, in effect, they have created their own bank within their staff team.

Social care offers so many brilliant opportunities to develop careers, and we now need to start championing these and ensuring that everybody knows social care is a destination of choice for a long-term, successful career. We will always need people in our sector, and as the economy changes, we could be one of the few sectors that offer good quality work and a career for life.

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



“

*Social care offers  
so many brilliant  
opportunities to  
develop careers.*

”

# Can Social Care Still Rely on International Recruitment?



**AY & J**  
SOLICITORS

**Yash Dubal**

CHIEF EXECUTIVE AND DIRECTOR  
AY & J SOLICITORS

With overseas recruitment routes tightening and compliance requirements increasing, Yash Dubal, Chief Executive and Director at AY & J Solicitors, examines what the new immigration landscape means for social care providers and whether the sector can continue to rely on international recruitment.



**The route in has narrowed. The route up still belongs to those who plan for the system as it is.**



Until eighteen months ago, hiring an overseas care worker was a process. Now it is barely possible. Care visa applications collapsed from over 18,000 in 2023 to just 900 last December. Sponsor licence revocations doubled. And since April, live payroll data has flowed directly from HM Revenue and Customs to the Home Office. The workforce model the sector spent a decade building has been quietly rewritten.

Three changes did the damage. The previous government restricted care worker dependants in spring 2024. The current government ended overseas recruitment of care workers in July 2025. The Skilled Worker salary threshold rose from £38,700 to £41,700. Applications dropped 51 per cent year on year. The pipeline has not narrowed. It has stopped.

What overseas recruitment can still offer providers is retention, not recruitment. The focus has moved to sponsored workers already in the United Kingdom, and to staff displaced when their previous employer lost a licence. The Home Office actively encourages providers to recruit from this displaced pool. But the same compliance duties apply as for a fresh sponsorship. At AY & J Solicitors, we see more of these transfers now than ever, often after a compliance problem has already surfaced at the new employer.

*Compliance now runs in real time through your payroll. The annual-average defence has gone.*

## The New Enforcement Reality

Enforcement has changed in volume and in nature. Between July 2024 and June 2025, the Home Office revoked 1,948 sponsor licences. Across 2025, 3,100 licences were revoked.

Adult social care accounted for roughly a third of those. Since 1 April 2026, UK Visas and Immigration has received a live payroll feed from HM Revenue and Customs for every sponsored worker. A single pay period where someone drops below the salary on their Certificate of Sponsorship is now visible without anyone flagging it. Civil penalties for illegal working stand at £45,000 for a first breach and £60,000 for repeat breaches.

In the casework I handle at AY & J Solicitors, the same patterns repeat. A worker promoted without the Certificate of Sponsorship updated. A payroll run rounding down. A reporting deadline missed because no one knew it applied. None of this feels like wrongdoing to the provider. All of it can trigger a revocation.

Does this mean the sector has become too dependent on overseas recruitment? Yes for many homes, but the dependency has changed shape. Few providers can plan to bring in new overseas care workers. Many still rely heavily on the sponsored staff already on their books. If a licence is revoked, those workers have 60 days to find alternative sponsorship or leave the country. Dependency is now a retention risk, not a recruitment lever.

## What providers can do now

Five disciplines protect a sponsor licence from the new enforcement regime:

- Check every sponsored worker's pay against the rate on their Certificate of Sponsorship in every pay period, not just annually.
- Reconcile the Certificate of Sponsorship against actual hours, role and pay before each pay run.
- Report every change within ten working days. This includes pay, role, work location, absence and resignations.
- Keep right to work checks consistent across the workforce, including British and settled staff. The Home Office audits the whole register.
- Treat ethical recruitment as a compliance issue. Exploitation findings now sit alongside paperwork errors as grounds for revocation.

None of this fixes the staffing crisis on the floor. Vacancies cannot be filled through new overseas care worker visas. They must be filled through domestic recruitment, retention of the sponsored staff already here, and the Skilled Worker route for higher-banded clinical or managerial roles meeting the £41,700 threshold. Pay competitiveness with retail and hospitality is now a workforce issue, not a budget one.

Across the mock audit and revocation defence work we do at AY & J Solicitors, three things consistently make the difference before the next audit cycle. A mock audit run by an outside team, focused on payroll, reporting and human resources file completeness, surfaces the gaps an inspector will find. Training line managers on what triggers a reporting duty closes the most common failure point. And a review of every Certificate of Sponsorship issued in the last twelve months against the role the worker is actually doing today catches role drift, still a leading reason for revocation.

The model that built the sector will not be the model that sustains it. A realistic future rests on stronger domestic recruitment, fair pay, careful retention of the sponsored workforce already here, and compliance treated as core operations. Providers who accept that the rules have changed permanently, and who invest in compliance as seriously as they invest in care, will protect both their licence and the people who depend on them.

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*Retention is the  
new recruitment.  
Compliance is the  
new safeguard.*



# Rethinking Traditional Care Roles



## **Sarah Clifford**

HEAD OF APPRENTICESHIPS AND DIGITAL LEARNING SYSTEMS  
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HEAD OF LEARNING PROGRAMMES  
BARCHESTER HEALTHCARE

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HOSPITALITY COMMISSIONING  
AND ACADEMY MANAGER  
BARCHESTER HEALTHCARE

**Social care needs a diverse range of skills to deliver outstanding support. Sarah Clifford, Michael Beresford and Mervyn Knights from Barchester Healthcare explain how broadening career pathways beyond traditional care roles is helping to develop future leaders, strengthen retention and create new opportunities across the sector.**

When people think about careers in social care, they often focus on frontline care and clinical roles. While these are central to the sector, they are only part of the story. Delivering exceptional care requires a diverse range of skills and professions working together, and some of the most rewarding career opportunities can be found beyond traditional care pathways.

At Barchester, we believe every role contributes to the experience, wellbeing and quality of life of the people we support. That is why we have worked hard to create career pathways that recognise the value of non-clinical professions, including hospitality, and provide clear opportunities for progression, development and leadership.

Our hospitality offering is an incredibly important part of our business. We know how important nutritious, flavourful food is to our residents' and patients' wellbeing. Our talented chefs produce restaurant-quality food, and we wanted to design an apprenticeship programme that reflects Barchester's premium standards and trains the hospitality stars of the future.

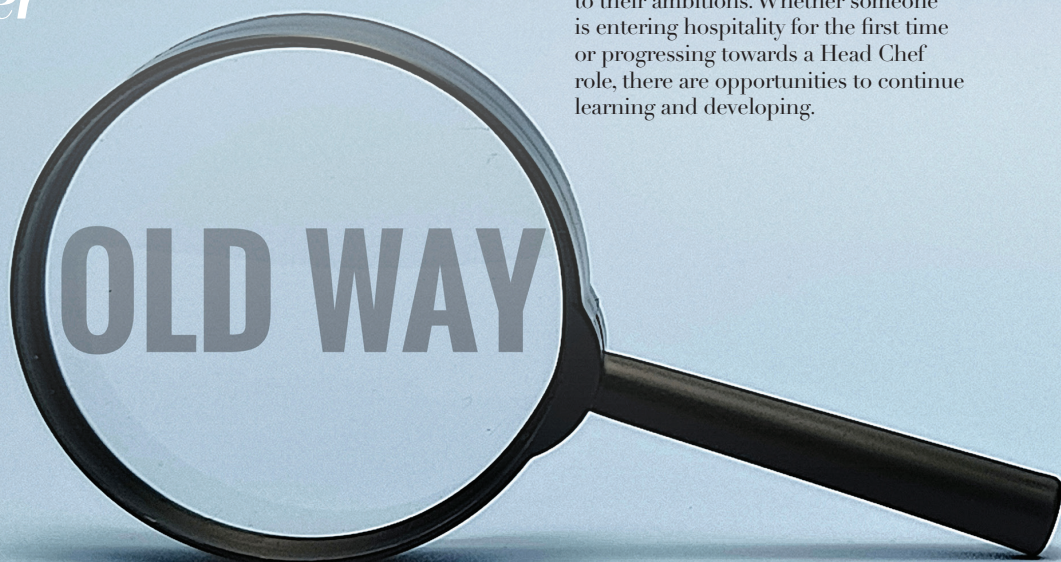
The programme has multiple entry levels to engage colleagues with different levels of experience while leading to consistent outcomes. It aligns with Barchester's brand values and culture and includes leadership and coaching development for more senior team members. Importantly, it is not simply about developing technical hospitality skills. It is about creating meaningful career opportunities and demonstrating that hospitality can be a gateway to wider careers within leadership and operational management.

One of the strengths of our whole-home approach is that hospitality team members interact regularly with residents, patients and their loved ones. Through these interactions, they develop highly transferable skills that are valuable across the wider care sector. They learn how to read people and respond to diverse needs, remain calm in challenging situations, communicate effectively and build trusting relationships.

These are the same skills that underpin effective leadership and management. That is why we have created clear hospitality and leadership pathways that allow colleagues to undertake qualifications and development programmes tailored to their ambitions. Whether someone is entering hospitality for the first time or progressing towards a Head Chef role, there are opportunities to continue learning and developing.



*Hospitality can be a gateway to wider careers within leadership and management.*



Our leadership pathway includes development opportunities for every stage of leadership experience, from those completely new to leadership through to experienced senior leaders via our Steps leadership programmes. Alongside formal qualifications, colleagues can access a broad range of learning opportunities, including bite-sized learning, webinars, e-learning, workshops, apprenticeships and access to RCNi and CMI learning resources.

Career progression should never feel unclear or inaccessible. We have designed pathways that support progression from entry-level roles through to leadership positions, offering qualifications at Levels 2, 3, 5 and 7 across hospitality and leadership. These pathways help colleagues build the skills they need for both their current role and future opportunities.

Broadening career pathways is also about recognising the contribution that non-clinical roles make to care quality.

Within our homes and hospitals, every team member plays a role in supporting residents and patients. We operate a whole-home approach, meaning colleagues support where needed regardless of their specialism. Every member of the team contributes to creating a welcoming and respectful environment, supporting emotional wellbeing, maintaining comfort and safety, improving communication and reinforcing trust.

Hospitality, in particular, brings a strong service mindset that aligns naturally with person-centred care. Attention to detail, adaptability, communication and customer service are all essential skills within hospitality and equally important within care settings. These skills help ensure residents are treated with dignity, respect and individuality while building trust with families and supporting positive outcomes.

We measure the impact of our learning and development programmes through our annual Tell Barchester resident survey, CQC outcomes and regular resident and relative feedback meetings. These measures help us understand how investment in people translates into improved experiences for those who live and receive care within our services.

Broadening career pathways also has an important role to play in changing perceptions of social care as a career. By creating structured development opportunities and clear progression routes, we can show colleagues that hospitality and other non-clinical roles offer long-term careers rather than simply jobs. Through apprenticeships, peer learning and professional development, individuals can see tangible opportunities for growth and advancement.

There is also a wider lesson for the sector. If we want to create a sustainable workforce for the future, we need to think creatively about progression. Leadership development should begin early. Career frameworks should recognise different strengths and ambitions. Most importantly, opportunities should exist for everyone, not only those following traditional routes into care.

The future of workforce development lies in recognising that there are many ways to build a successful career in social care. By broadening pathways beyond traditional roles, we can create a more diverse, skilled and resilient workforce while ensuring more people can find a career path that suits them and enables them to thrive.

As a sector, we should be bold, creative and ambitious. When people can see clear opportunities to learn, grow and progress, everybody benefits – our colleagues, our organisations and, most importantly, the people we support.

 [barchester.com](https://www.barchester.com)



*The future of workforce development lies in recognising many routes into care.*



# How Fast Is Too Fast?



Impact  
Futures  
Group

**Gareth Reichers**

DIRECTOR OF GROWTH & PARTNERSHIPS  
IMPACT FUTURES GROUP

As social care looks to build its future workforce, developing the next generation of leaders has never been more important. Gareth Reichers, Director of Growth & Partnerships at Impact Futures, a provider of workplace training and apprenticeships, explores how organisations can unlock talent, accelerate progression and equip emerging leaders with the skills they need to succeed.



*Speed was never the problem. Doing it on its own is.*



I have seen people promoted before they were ready, handed responsibility without support and watched them struggle. I have also seen talented carers progress quickly into leadership and transform a service. Speed was never the problem. Doing it on its own is.

Social care is under enormous pressure. Workforce shortages, high staff turnover and increasing complexity of care mean providers cannot simply recruit experienced managers whenever they need one. They have to grow them. At the same time, people entering the profession want to see a career, not just a job. If the sector cannot demonstrate opportunities to progress, it risks losing talented people before they ever reach their potential.

The question is not whether we should accelerate progression. It is whether we can do it responsibly.

So what does “ready to lead” actually look like? Leadership in adult social care is about far more than managing a rota or passing an inspection.

Someone who is truly ready to lead can balance people, quality and compliance while never losing sight of the individual receiving care. They are accountable, resilient and emotionally intelligent enough to support colleagues through difficult situations while making sound decisions under pressure.

Many outstanding carers naturally assume management is simply the next step. In reality, it is a different role altogether. Caring for people and leading people require different skills.

Qualifications teach theory, legislation and best practice. Confidence and judgement come from experience, mentoring and reflection. That is why “fast track” should never mean “shortcut”.

Structured pathways create confident leaders because they provide a visible route forward. Instead of hoping opportunities appear, individuals can see a pathway that takes them from frontline care into leadership.

A well designed progression route might include Level 2 and 3 adult care worker apprenticeship programmes that build strong foundations, followed by Level 5 Leader in Care apprenticeship qualification that develop operational, financial and people management skills. Alongside these sits mentoring, coaching and continuing professional development that turns knowledge into practical judgement.

Every stage prepares the learner for the next rather than expecting them to leap from one role to another. Progression becomes a staircase instead of a cliff edge.

Who walks alongside you matters too. Many coaches at Tend® have worked in care themselves. When the person supporting you has stood where you are, perhaps dealing with difficult shifts at three in the morning, you listen differently.

Leadership cannot be built in a classroom alone, and one learner’s journey demonstrates the difference structured support can make.

Gabriel Olodude, a Senior Care Assistant at White Rose Care Home, completed a Level 3 Team Leader apprenticeship while working nights and raising a family. With guidance from his coach, Danielle, Gabriel developed the confidence to manage his time, lead colleagues and communicate more effectively. Today he mentors others within his team, creating a positive impact beyond his own development.

As Gabriel says:

*“It is not just about the certificate, it is about improving yourself and getting better.”*

That is exactly what leadership development should achieve.

Employers and learning providers must work together to create the strongest leadership pathways.

It often starts with a training needs analysis, identifying the skills already within the organisation, the gaps that exist and the people with the potential to progress. From there, a structured development pathway can be mapped so both the employee and employer understand what success looks like.

Career pathways aligned with organisational goals create stronger succession planning while giving individuals confidence that their future is being invested in.

Learning must also fit around people's lives rather than expecting people's lives to fit around learning. Flexible delivery, supportive coaching and accessible programmes help unlock talent across a diverse workforce, including colleagues balancing demanding shift patterns and family commitments.

Better progression also means better retention. We often talk about leadership development as an investment in an individual, when in reality it is an investment in an entire organisation.

People do not always leave because of pay. Many leave because they cannot see a future. Showing someone a structured pathway from care worker to senior leader demonstrates that social care offers genuine long term career opportunities.

Developing managers internally reduces recruitment costs, strengthens organisational culture and improves workforce stability. You are never really developing one future manager. You are strengthening the team around them and giving the next ambitious colleague a reason to stay.

The wider sector can take an important lesson from this. Leadership is not a destination reached through promotion alone. It is a continuous journey built on learning, practical experience, mentoring and shared values.

Fast tracking someone into management becomes a risk only when we mistake speed for readiness. When progression is supported by structured development, coaching and real workplace experience, it becomes one of the most powerful ways to strengthen the social care workforce.

Investing in people does more than create future managers. It builds resilient organisations, improves retention

 [impactfuturesgroup.com](https://www.impactfuturesgroup.com)



*Progression  
becomes a  
staircase instead of  
a cliff edge.*



# Building Careers, Not Just Pathways



**Karolina Gerlich**  
CHIEF EXECUTIVE  
THE CARE WORKERS' CHARITY

**The Care Workforce Pathway is a welcome step forward, but a career framework alone will not solve social care's workforce challenges. Karolina Gerlich, Chief Executive of The Care Workers' Charity, argues that progression must be matched by fair pay, recognition and wellbeing if it is to mean anything to care workers.**



***A framework, however well drawn, is only a map.***



Care work is one of the most skilled, demanding and quietly extraordinary jobs there is. It calls for patience, judgement and real expertise. And it shapes people's lives in ways few other professions ever do. That is where any honest conversation about careers in care has to begin. The Care Workforce Pathway, developed by the Department of Health and Social Care with Skills for Care, is a genuine attempt to map what those careers can look like across the sector's different roles. It is a welcome start. But it is only a start, and it has real ground to make up before it matches the reality of the work or properly rewards the people doing it.

A framework, however well drawn, is only a map. So the questions care workers keep asking are fair ones: we have built the pathways, but where do they actually lead, and why would anyone want to climb them if what waits at the top looks so much like the bottom?

Our 2025 Impact Report offers an answer. Drawn from the voices of more than 2,000 care workers, it describes a workforce that is deeply committed and quietly struggling. 87 percent told us they feel they make a real difference to the people they support. At the same time, 72 percent do not feel financially secure, 81 percent have been hit directly by the cost-of-living crisis, and almost 25 percent have used a food bank. These are not people on the margins of the workforce. They are the workforce, and this is a problem felt keenly by all.

There is a lot to be proud of here. More people are finding their way into care, drawn to work that genuinely matters, and the sector is right to celebrate that. Routes in are slowly becoming clearer and more welcoming. The difficulty is what happens next. The pathway sits on top of a pay structure that has not moved with it. You can map progression in as much detail as you like, but if moving up a level brings more responsibility and barely any more money, the route stops being a route and becomes a risk of additional responsibility without reward. And the gap really is that small. Skills for Care's own figures show a care worker with five years behind them earning, on average, barely 5 pence an hour more than someone who started last week. You cannot ask people to train, specialise and shoulder more for a difference they would struggle to find in their pay packet. Routes up, the ones that genuinely change someone's life, remain blocked by the problem that has shadowed this sector for decades: pay that does not reflect the skill.

There is another issue tangled up in this. Too often, the only recognised way to progress is to step away from care itself and into administration or management. That suits some people. But many of our most experienced care workers want to grow as practitioners, to become subject experts in dementia, in complex needs, in end-of-life care, without leaving the work they love or the people they know. A pathway worth the name has to reward depth of practice, not just movement into an office.

The risk, if we get this wrong, is that we keep asking care workers to take on more while offering them less. The same report found that 42 percent have felt unhappy or depressed, and over a third say the job is harming their mental health. You cannot build a career on that foundation, and you certainly cannot retain people on it. We talk constantly about recruitment, about the hundreds of thousands of posts the sector will need in the years ahead. You do not fix a leaking bucket by pouring in more water. Retention has to come first, and it rests on whether the work pays, sustains and respects the person doing it.

None of this is unsolvable. The Fair Pay Agreement, now moving forward through the Employment Rights Act, is the most viable attempt in a generation to set pay and conditions across the sector. If it is funded properly and shaped with care workers rather than around them, it could give the Care Workforce Pathway the thing it currently lacks: real pay differentials that make progression mean something. Pay differentials that are attractive for progression and not simply 5 pence more. For that to happen, the pathway cannot remain a voluntary aspiration adopted by the best providers while everyone else carries on as before. It needs to be statutory, adaptable to the realities of different services, and far quicker to implement than it has been so far. Every care worker deserves the opportunity it promises, not only those who happen to work for a good employer.

We have had these conversations before. The roundtables a couple of years ago, the work towards a National Care Service, all pointed the same way. What is missing is not insight but follow-through. A genuine national career structure, recognised in both title and pay, is also how we make care a real choice for younger people deciding where to spend their working lives. They will not choose a sector that offers a ladder with no rungs. And this is where it stops being a policy debate. The people who care for our most vulnerable are not a political question to be passed back and forth between governments and budgets. When we fail to build sustainable careers in care, the cost falls on the people who depend on a stable, skilled and committed workforce being there tomorrow as surely as it is today.

At The Care Workers' Charity, we will keep doing both halves of this work. We support care workers directly when financial pressure tips into crisis, and we carry their voices into the rooms where decisions are made, as we did when our Advisory Board and Champions members took the wellbeing findings to Parliament. Pathways are a real step forward. Now we have to make sure they lead somewhere worth going.

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



*Pathways are a real step forward. Now we have to make sure they lead somewhere worth going.*



# When Progression Doesn't Feel Like Progress



**Steve Davies**  
HEAD OF TALENT ACQUISITION  
TRINITY HOMECARE

Social care has made significant progress in creating clearer career pathways, but are those pathways delivering the financial security, recognition and long-term opportunities that care professionals expect? Steve Davies, Head of Talent Acquisition at Trinity Homecare, explores what meaningful progression really looks like.



*It's not enough for people to see a route up.*



Social care has made significant progress in creating clearer career pathways. From recognised qualifications and structured training programmes to specialist and leadership roles, there is a genuine effort across the sector to demonstrate that care is a profession with opportunities to develop and progress.

But there is an important question we need to ask ourselves: are progression pathways delivering the outcomes people actually expect?

For many carers, progression has traditionally meant gaining qualifications, taking on more responsibility or moving into a more senior role. These opportunities matter and should be celebrated. Yet increasingly, progression is being measured against a different set of expectations: financial security, work-life balance, wellbeing and long-term career sustainability. In other words, it's not enough for people to see a route up if they're not convinced it leads somewhere worthwhile.

This challenge is particularly relevant in homecare and live-in care, where career pathways are often less visible than in larger institutional settings. Frontline carers work independently, managing complex needs and building trusted relationships with the people they support. The skills required are significant, but career development doesn't always follow a traditional hierarchy.

At Trinity Homecare, we believe progression should be visible from day one. Whether someone is entering care for the first time or bringing years of experience, they should be able to see how their skills can grow, where development opportunities exist and how they can build a long-term career within the sector.

However, visibility is only part of the equation.

Across social care, progression does not always translate into the outcomes people expect. Greater responsibility is often clear. Carers may take on more complex cases, mentor colleagues, develop specialist expertise or assume greater decision-making responsibilities. Yet the financial uplift can feel disproportionately small compared to the additional expectations placed upon them.

The emotional labour involved in care adds another dimension. Supporting people through illness, frailty and significant life changes requires resilience, empathy and professional judgement. As carers progress, those demands often increase. When greater responsibility and emotional investment are not matched by meaningful reward, progression can begin to feel symbolic rather than transformational.

That presents a challenge for the entire sector. If talented people conclude that progression brings more pressure than opportunity, retention becomes harder and recruitment becomes even more challenging. At a time when workforce shortages remain one of social care's biggest concerns, we cannot afford for career development to lose its value.

So what does meaningful progression look like? At Trinity Homecare, we believe it goes beyond titles and qualifications. Progression should build confidence, autonomy and professional fulfilment. It should create opportunities for people to specialise, develop expertise and shape careers around their strengths. Just as importantly, it should be supported by mentoring, wellbeing initiatives and strong leadership that help people navigate the emotional realities of care.

We've seen first-hand that when people feel invested in, they stay. Opportunities to develop specialist skills, move into mentoring or leadership positions, and access ongoing support contribute not only to career growth but also to stronger wellbeing and retention.

However, employers cannot solve this challenge alone. If progression is to remain credible, the wider system must better recognise the increasing complexity and professionalism of care roles. Fairer funding, greater consistency in commissioning and stronger recognition of advanced care skills are all needed to ensure progression can be rewarded in meaningful ways.

Ultimately, the question isn't whether social care has progression pathways; it's whether those pathways deliver the financial security, professional recognition and long-term opportunities that people need to build lasting careers.

Routes into care matter, but routes upwards matter even more. If we want to attract and retain the talented people our sector depends on, progression must feel real, rewarding and sustainable. Otherwise, we risk creating pathways that people can see, but no longer choose to follow.

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



*Progression must  
feel real, rewarding  
and sustainable.*



# New Country, New Career, New Purpose



The story of two international graduates who built new lives in the UK and found unexpected careers at Autism at Kingwood, supporting autistic adults to live more independently.



Whatever your hands find to do, do it with all your might.



Autism at Kingwood is a charity and social care provider supporting autistic adults to live independently across Oxfordshire and Berkshire.

In 2023, the charity joined the UK government sponsorship licence scheme, enabling it to employ support staff from outside the EU, all of whom were already living in the UK. Since then, the scheme has helped strengthen the workforce, bringing a wealth of talent, experience and fresh perspectives. Many sponsored colleagues have gone on to build long-term careers in social care, with several progressing into senior support worker roles.

Among them are Jennifer Oburoh and Adedotun Adebisi, who were shortlisted in the Newcomer category at the National Learning Disabilities and Autism Awards. Their manager nominated them for the exceptional support they provide to five autistic men with learning disabilities and complex needs.

Both Jennifer and Adedotun came to the UK to complete master's degrees and chose to stay after graduating, looking for meaningful work and new opportunities.

Jennifer, 42, was a nurse in Nigeria before moving to the UK.

*"Working for Autism at Kingwood has been both a pleasure and an opportunity for me because I have a love for care," she says. "Back home I did a lot of one-to-one bedside care, so I seized the opportunity to use my knowledge and skills to support vulnerable people here in the UK. Kingwood has given me the room to grow in this field."*

Jennifer credits ongoing specialist training and support from her manager for helping her develop and says it has increased her confidence and strengthened her ability to deliver personalised support. She has seen first-hand how the right encouragement can help people learn new skills and gain greater independence. One example is James, a wheelchair user who is non-verbal.

*"A few weeks ago, he spilt some water," Jennifer explains. "I got the mop and suggested he mop the floor with my support. And he did it! I messaged his mum afterwards and she replied, 'Please tell him to come over to my home and start mopping!'"*

Adedotun's route into social care was less expected. Originally from Nigeria, he completed a master's degree in finance before discovering a passion for supporting others.

*"When I started working in social care, I felt I was making a difference to people's lives," he says. "I felt fulfilled. I discovered an inbuilt compassion to support people who were vulnerable, and a desire to support them in a way that would improve their lives."*

Like Jennifer, Adedotun believes investment in training and development has been key to his success. He is committed to progressing his career and is currently undertaking NVQ qualifications to further develop his skills and future opportunities within the sector.

Both Jennifer and Adedotun describe the UK as a welcoming place to live and work, while recognising the resilience required to build a new life in another country.

*"Coming to the UK to study and then finding work in a completely new sector takes a lot of work," says Adedotun.*

He lives by the Nigerian philosophy *"whatever your hands find to do, do it with all your might"*, where hard work and purpose are seen as a way of honouring one's community. He believes this principle has helped him bring focus, commitment and compassion to every shift he works.

Autism at Kingwood is proud of Jennifer, Adedotun and its sponsored colleagues, and the contribution they make every day. The scheme has helped the charity build a stable and committed workforce, improve continuity of support and achieve better outcomes for the people it supports. It has also reduced agency staffing to just 6%, demonstrating the positive impact investing in people can have for individuals, staff and services alike.

*"Whatever your hands find to do, do it with all your might."*

# When Four Grandparents Changed Two Young Lives



CREATIVE HEARTS

**Vivienne Fullerton  
Alexander Fullerton**

FOUNDERS  
CREATIVE HEARTS



After watching all four of their grandparents live with dementia, teenage siblings Vivienne and Alexander Fullerton set out to create moments of connection, creativity and joy for others facing the same journey.



“  
*We couldn't change our grandparents' diagnosis, but we could create joy.*  
”

For people living with dementia, memories may fade and words can become harder to find. But one form of expression often remains: creativity.

That belief is at the heart of Creative HeARTS, a San Diego non-profit organisation using intergenerational art programmes to support people living with dementia. Through group workshops, family sessions and community art exhibitions, the organisation helps people reconnect with themselves, their loved ones and the world around them.

Creative HeARTS was founded in 2024 by then 14-year-old Vivienne Fullerton and her brother Alexander. The idea grew from something deeply personal. Over 15 years, all four of their grandparents were affected by different forms of dementia. Watching the conditions change the lives of people they loved inspired the siblings to create meaningful moments of connection for others facing similar challenges.

Vivienne combined her personal experience with academic research into neuroscience, cognition and emotional wellbeing. The result was a programme built around a simple but powerful idea: focus on what remains possible, rather than what has been lost.

In memory care settings across Southern California, Creative HeARTS has worked with older people at different stages of dementia. Its approach is grounded in research highlighting the benefits of creative engagement in enhancing quality of life and encouraging social interaction.

Every participant is encouraged to engage at their own pace, with the emphasis placed on enjoyment and self-expression rather than artistic skill. The resulting artwork often becomes a visible reminder that people living with dementia continue to possess creativity, personality and individuality.

What makes Creative HeARTS particularly special is its intergenerational approach. Young volunteers work alongside older adults, creating friendships and connections that benefit both generations.

For residents, these interactions help reduce loneliness and provide a renewed sense of purpose. For young people, they challenge misconceptions about ageing and dementia while fostering empathy, understanding and respect.

For families, the impact can be equally significant. Caring for a loved one with dementia can be emotionally demanding and isolating. Creative HeARTS creates welcoming spaces where family members can participate alongside their relatives, building positive memories while finding ways to connect when traditional forms of communication have become difficult.

As care providers continue to explore new ways of supporting people living with dementia, Creative HeARTS offers an important reminder: meaningful engagement does not always require complex interventions or expensive technology.

Despite being led by teenagers, Creative HeARTS has already attracted international recognition. In 2026, it became the only teen-led organisation to receive the Ginny Gives® Award from the Dementia Society of America and was named a finalist in the UK's Care Talk Dementia Care Awards.

Inspired by the universal challenges families face when navigating dementia, the team hopes to expand internationally by establishing partnerships with young volunteers and community organisations to launch Creative HeARTS chapters in Europe.

In a world where dementia affects millions of families, creativity has the power to speak when words cannot. That simple truth is what continues to guide the work of Creative HeARTS today — and what may soon bring its approach across the Atlantic to the UK.

[CreativeHeARTSArtTherapy.org](https://CreativeHeARTSArtTherapy.org)

If you are a teen or part of an organisation interested in creating a chapter or partnership in Europe, please contact Creative HeARTS at: [CreativeHeARTSNonprofit@gmail.com](mailto:CreativeHeARTSNonprofit@gmail.com).

# What Keeps Me Awake at Night

bluebird  
care®

**Joe Whibley**

CHIEF OPERATING OFFICER UK  
BLUEBIRD CARE

Joe Whibley, Managing Director of Bluebird Care, reflects on the challenges of maintaining consistency across a growing franchise network, supporting local care providers to succeed, and ensuring families receive high-quality, personalised care when they need it most.



**Consistency is everything. It is not about getting it right once.**



People often assume that what keeps leaders awake at night are the big external challenges facing social care: workforce shortages, increasing demand, regulatory pressures or funding constraints. Those issues are certainly significant, but what occupies my thoughts most often is something much closer to home: how we give our franchise partners the right support to deliver consistently excellent care.

Bluebird Care has a broad range of franchise partners, from those operating multiple territories to owner-operators running a single local business. What unites them is the huge sense of ownership they take in delivering high-quality care within their communities. That local accountability is one of the sector's greatest strengths, but it also means support cannot be one-size-fits-all.

As a franchisor, our role is to ensure partners have the right tools, guidance and infrastructure to succeed. I am also constantly thinking about how we equip our national support team to show up brilliantly for franchise partners. There is a real sense of responsibility to help partners and their teams succeed. Like many people in social care, I often find myself thinking about solutions at all hours, which is why there is always a pen and paper by the bed for those middle-of-the-night eureka moments.

As I step into this role, the issue that probably weighs most heavily on my mind is consistency.

Consistency of care delivery. Consistency of brand standards. Consistency of partner support. And ultimately, consistency in helping all franchise partners achieve their ambitions.

In a fragmented social care landscape, maintaining that consistency across a large network is both critical and challenging. There is a responsibility to ensure that everyone, both franchise partners and the national support team, understands what great care looks like in practice.

Premium care is not simply about charging more. It has to be about delivering demonstrably better outcomes, experiences and continuity of care. Families should feel the difference. Care professionals should feel the difference. Most importantly, the people receiving support should experience the difference.

At the same time, we need to allow flexibility for partners to respond to local community needs, workforce dynamics and commissioning environments. Striking that balance between consistency and local autonomy is one of the biggest leadership challenges in any franchise network.

Workforce pressures remain one of the biggest issues facing the sector, with a direct impact on quality and continuity of care.

The right mix of customers allows providers to build sustainable business models where care professionals are valued, better rewarded and able to spend meaningful time with people. That directly impacts continuity of care, which we know is critical for outcomes, particularly for people living with complex or long-term conditions.

This is why investment in training, career pathways and culture matters so much. People stay where they feel valued, supported and developed.

My career has spanned both healthcare and retail, and there are lessons social care can learn from both.

One is that sales should not be viewed as a dirty word. The work our care professionals do is incredible, and we should be louder and prouder about it. Every enquiry represents an opportunity to change someone's life.

Customer experience matters. When done properly, a premium strategy allows more time, flexibility and personalisation, leading to better outcomes and stronger word-of-mouth referrals.

The details matter. As James Clear says, *"Anything you do is a reflection of everything you do."* In care, that means being on time, prepared, professional and truly knowing the individual: their preferences, routines and what matters to them.

Consistency is everything. It is not about getting it right once; it is about getting it right every time.

Communication matters too. Families are often navigating uncertainty, anxiety or crisis. Proactive, transparent communication builds trust and resilience when challenges arise.

When I think about families' experiences of care, particularly during moments of crisis or transition, I often ask myself a simple question: do we have the right people, trained in the right way, with the right support, making the right decisions in those critical moments?

Hospital discharge, sudden deterioration and end-of-life care are when families need us most. The difference between transactional care and truly compassionate care can be profound.

My personal experience of care is relatively limited, but I watched my parents care for my grandmother for several years. Their dedication was extraordinary, but it also meant my mum stopped being a daughter.

High-quality home care allows families to return to being sons, daughters, husbands and wives, rather than becoming full-time care professionals. Since joining the sector, hearing the stories of how Bluebird Care professionals make a difference has been incredibly humbling and motivating.

As a leader, my priorities remain simple: look after your people and they will look after your customers.

Looking ahead, what gives me confidence is what I see happening across Bluebird Care every day. There are still significant challenges ahead, particularly around workforce pressures and integration with health services. But there is also enormous opportunity.

And perhaps that is what keeps me awake at night most of all—not the challenges themselves, but making sure we are doing everything possible to help our partners, care professionals and families succeed in meeting them.

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



*High-quality home care allows families to be sons and daughters again.*



## The TOUGH Question...

# Do We Still Need Qualifications to Care?



**Virginia Perkins**  
CHIEF EXECUTIVE  
HESLEY GROUP

Virginia Perkins, Chief Executive of Hesley Group, reflects on the balance between values and qualifications, and why professionalising care should create pathways for progression rather than barriers to entry.



**You can train someone in clinical protocols. It is far harder to train someone to care.**



It is a question that comes up time and again in social care and perhaps now more than ever: do we still need qualifications to care?

At Hesley Group, the honest answer is yes—but not in the way people might think.

Care and support has always been, at its heart, about people. Compassion, patience, resilience and kindness are not things you can simply teach in a classroom. They are often shaped by lived experience, values and the kind of person someone chooses to be.

We have seen time and again that some of the most impactful colleagues in our services have come from non-traditional backgrounds: retail, hospitality, construction and even people who have their own lived experience of care or supporting family members.

If we over-professionalise the entry point into care, we are vulnerable to closing the door on exactly those people.

But—and this is crucial—if we fail to professionalise what happens next, we risk something far more serious: inconsistency, risk and ultimately a failure to deliver the quality of care that the people we support both need and deserve.

The sector has always relied heavily on values-based recruitment. At Hesley, we actively look for people who demonstrate empathy, curiosity and a genuine desire to support others to live meaningful lives.

**You can train someone in clinical protocols. It is far harder to train someone to care.**

However, this cannot be where the journey ends.

In specialist services, supporting individuals with intensive support needs, behaviours of concern or significant health requirements is highly skilled work. It requires an understanding of safeguarding, positive behaviour support, communication strategies and, increasingly, partnership working with clinical teams.

This is not unskilled work. It is deeply skilled work, and it should be recognised and developed as such.

At Hesley Group, we invest in all Support Workers by supporting them to achieve their Level 2 qualification, with further qualifications available following a successful probationary period. This forms part of a structured progression pathway that recognises development and enhances skills as colleagues advance within the organisation.

There is a risk in the narrative that care should remain “open to all” that we inadvertently diminish the expertise required to do it well.

**Professionalisation is not about creating barriers. It is about creating pathways.**

When we talk about professionalising the workforce, we are not talking about insisting someone arrives on day one with a qualification. We are talking about making a clear commitment that entering care is the start of a career, not just a job. We are talking about ensuring that learning is structured, continuous and valued, that skills are recognised, accredited and transferable, and that development leads to progression, whether clinically, operationally or into leadership.

This matters for three reasons.

Firstly, safeguarding. In specialist care, the margin for error is small. Understanding how to recognise, respond to and escalate concerns is not optional. It requires training, reinforcement and accountability.

Secondly, quality. Consistent, high-quality care does not happen by chance. It is the result of shared frameworks, evidence-based approaches and continuous professional development.

Thirdly, retention. One of the biggest challenges facing our sector is not simply recruitment—it is keeping great people.

If care roles are seen as low-skilled, low-paid and offering limited progression, people will leave. If they are seen as professions with status, development and opportunity, people will stay.

We need to be far more intentional about the journeys people can take.

At Hesley Group, we have seen the power of structured training and mentoring in action. Colleagues who joined with no formal qualifications have progressed into senior roles—not despite the lack of qualifications, but because they were given the opportunity to gain them alongside real-world experience.

This is where the balance lies: open the door wide to people with the right values, invest heavily in developing their skills and provide clear and supported progression routes.

Programmes such as apprenticeships and partnerships with education providers help bridge this gap. They allow people to earn and learn while removing financial and practical barriers to development.

There is also a wider context that we cannot ignore.

As automation and AI continue to reshape the labour market, many roles will evolve or disappear over time. Social care, however, remains inherently human.

This presents a significant opportunity. We can position care not as a last-resort job, but as a meaningful, future-proof career. One where human connection, judgement and emotional intelligence are not just valued—they are essential.

But to do that, we must elevate the role. Professionalisation helps us say: **this is skilled work. This is important work.**

So, do we still need qualifications to care?

We need them—but not as gatekeepers.

We need them as enablers of excellence.

We should not turn away someone with compassion because they lack a certificate. Equally, we should not leave them unsupported in developing the skills required to do the role safely and well.

The balance is this: values get you in, development takes you forward and professionalism sustains quality.

At Hesley Group, that is what we are striving for—a workforce that is both inclusive and highly skilled, where people can build long-term careers and where those we support receive the consistent, safe and person-centred care they deserve.

Because ultimately, this is not just about the workforce.

It is about the people whose lives depend on it.



*Professionalisation is not about creating barriers. It is about creating pathways.*



# Have *Your* Say!



**Monika Harris**  
REGISTERED MANAGER  
MUMBY'S LIVE IN CARE

## *3 Wishes*

If I had a magic wand, my first wish would be to see greater value and respect given to the social care profession. Care work is often overlooked, yet it requires compassion, resilience, and skill. It should be recognised as a meaningful and stable career path, not just a temporary role. By improving public perception and professional recognition, we can attract and retain dedicated individuals who truly make a difference.

My second wish would be for more transparency when people are choosing care. Many individuals and families are not fully aware of the options available to them, such as live-in care, which can be a highly beneficial alternative to other settings. Clear, accessible information would empower people to make informed decisions that best suit their needs and preferences.

Finally, I would wish for increased funding for the social care sector. It is an essential part of our society, supporting some of the most vulnerable people, yet it is often underfunded and undervalued. As a society, we must recognise that we will all, at some point, rely on care services. Investing in this sector is not optional—it is necessary for a compassionate and sustainable future.

## *In The Spotlight*

### Historic Hendon Hall brings 1966 World Cup story to life during Care Home Open Week

Residents at Signature at Hendon Hall, the former hotel where England's 1966 World Cup squad stayed, welcomed guests for a special screening event celebrating England's historic victory as part of Care Home Open Week.

Held in the home's '66 Bar, the event brought together residents, relatives and local football fans to relive the iconic World Cup final through personal stories, memorabilia and match highlights. The celebration formed part of Care Home Open Week, the national initiative led by Championing Social Care that encourages care homes across the UK to engage with their local communities.

A highlight of the afternoon was resident Edward Cohen sharing his memories of attending the 1966 World Cup final at Wembley. Positioned just 12 rows from the front, Edward vividly recalled the excitement and atmosphere as England secured their famous victory over West Germany.

Guests enjoyed a screening of match highlights, a World Cup-themed quiz, resident storytelling and a filmed contribution from former England ball boy Neil Rioch. The full match was also shown in the home's cinema room.

Stephanie Bowie, Director of Sales & Marketing at Signature Senior Lifestyle, said the event perfectly reflected the warmth, connection and community spirit that define life at Signature, while showcasing the important role care homes play in creating meaningful shared experiences.



# Movers & Shakers

## LifeCare Residences Appoints Alexandra Albu as Head of Care for The Albert Suites and Battersea Place

LifeCare Residences is delighted to announce the appointment of Alexandra Albu as Head of Care, overseeing clinical excellence and personalised care services at both The Albert Suites, London's luxury care home, and Battersea Place, London's pioneering luxury retirement village overlooking Battersea Park.

Alexandra brings extensive experience in nursing and social care leadership. Originally from Romania, where she studied Nursing and Tourism Management, she moved to London in 2016. Although she initially aspired to work in Accident & Emergency medicine, her experience in social care inspired a passion for building meaningful, long-term relationships with residents.

Most recently a Home Manager with HC-One, Alexandra is recognised for her compassionate, person-centred approach and commitment to delivering outstanding care. She believes that excellence begins with listening and is dedicated to creating an open, transparent environment for residents, families, and colleagues.

Speaking about her appointment, Alexandra said she was honoured to join LifeCare Residences and remains committed to providing the highest standards of care while making a positive difference in residents' lives.

Welcoming Alexandra to the team, General Manager Liam Stack highlighted her strong clinical expertise and dedication to resident wellbeing, expressing confidence that her leadership will further enhance the exceptional care experience offered across the Battersea residences.



**Alexandra Albu**  
HEAD OF CARE  
THE ALBERT SUITES  
AND BATTERSEA PLACE  
LIFECARE

# Lightbulb Moment

## People support what they help create

At Spellman Care, we believe the future of care is truly person-led—where every decision, every interaction, and every environment is shaped by the individual. Creating this kind of culture takes far more than policies and procedures; it requires a shared vision, genuine belief, and meaningful engagement at every level of the organisation.

As one of the early adopters of Person Led Care in England, we knew lasting change would only happen if our people felt part of the journey from the start. Rather than introducing another traditional training programme, we set out to spark curiosity, inspire conversation, and create collective ownership.

It began with a simple but powerful idea. A mysterious new emblem appeared across our homes—on posters, digital screens, and email signatures—without explanation. Almost immediately, it captured attention and generated excitement. Teams were invited to share their interpretations, take part in a guessing competition, and join a dedicated WhatsApp community where anticipation continued to build.

By the time we officially unveil this next evolution of care, it will feel less like a new initiative and more like something our teams have helped to create. They will already see themselves in it, understand its purpose, and feel invested in its success.

For us, Person Led Care is about empowering both residents and colleagues. When people feel valued, heard, and connected to a shared purpose, they become the driving force behind meaningful, lasting change.



**Philippa Young**  
GROUP OPERATIONS MANAGER  
SPELLMAN CARE



## 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](mailto:chloe.markey@care-awards.co.uk) for the opportunity to appear in upcoming editions.

## Ask the Experts

# Which Care Pathways Still Work?



As the social care sector continues to face workforce shortages and rising demand, attention is increasingly turning to how people enter and progress within care careers.

While traditional recruitment pathways have helped attract new talent, there is growing debate around which routes remain effective and which may no longer meet the needs of a modern workforce. Providers are also exploring new approaches that widen access, improve retention and create clearer opportunities for development.

Against this backdrop, we asked a group of sector leaders, *“What’s one route into care we should scrap—and one we should invest in?”*



**Carol Boys OBE**  
CHIEF EXECUTIVE  
DOWN'S SYNDROME ASSOCIATION (DSA)

*“Support should be designed around the person, not the placement.”*

Too often, people who have Down's syndrome are steered into housing because a vacancy exists or because shared provision is wrongly assumed to be best. Decisions made for convenience rather than individual need can limit opportunities for work, relationships and participation.

Good housing and support should help people have privacy, choice, friendships and a real sense of home. That means scrapping a 'placement first' route into care and investing in a system which designs support around the person. One which combines focused planning, personalised housing options, flexible support, Direct Payments, Individual Service Funds, and much stronger links with employment, volunteering and community contribution.

Programmes such as DSA WorkFit show what becomes possible when we start from people's skills and aspirations, rather than from assumptions about dependency, risk or low expectations about what can be achieved. Housing provision should follow the same principle, helping people live well, not simply live in care.



**Dr Judith Ish-Horwicz MBE**  
CO-FOUNDER & AMBASSADOR  
AHN EDUCATION AND TRAINING

*“The future of care starts before a crisis occurs.”*

One route we should move away from is the idea that care homes are only for times of crisis. Too often, people enter care when their needs have already escalated, making the transition more difficult for both individuals and families.

Instead, we should invest in earlier, planned transitions that enable people to build relationships, settle into their surroundings and remain connected to their communities. Care environments should be places where people can continue to learn, contribute and thrive, not simply somewhere they move to when all other options have been exhausted.

This approach is particularly powerful when care homes work closely with schools, early years settings and community organisations, creating opportunities for meaningful intergenerational connections. To make this shift possible, we must also invest in workforce development, ensuring care professionals have the skills and confidence to support people through positive, person-centred transitions into later life.



**Di Newton**  
CO-FOUNDER & OPERATIONS MANAGER  
AHN EDUCATION AND TRAINING

*“Care is skilled, complex work – not a low-skilled last resort.”*

One route into care we should scrap is the outdated notion that care is a low-skilled, last-resort profession. This narrative continues to undermine recruitment, retention, and public understanding of what high-quality care truly involves. Care is skilled, relational, and complex work requiring empathy, communication, adaptability, and professional expertise.

One route we should invest in is intergenerational and relationship-centred learning. By creating opportunities for people of all ages to learn with and from one another, we can help future professionals experience care as purposeful, rewarding, and deeply human. Meaningful intergenerational experiences challenge stereotypes, build confidence, and showcase the diverse skills required to support people well.

Through our work at AHNEd, we have seen how Intergenerational Practice can inspire new perspectives on care and ageing. When students, communities, and professionals connect across generations, we do more than strengthen the future workforce, we help build a culture that values care, relationships, and human connection.



**Dr Muhammad Qureshi**  
HEAD OF COMPLIANCE & SAFEGUARDING  
COMFORT CARE SERVICES (UK) LTD

*“Fifteen-minute visits reduce care to tasks and risk losing human connection.”*

If there is one route into care we should finally scrap, it is the commissioning of 15-minute domiciliary care visits. These rushed visits often reduce care to a task list, place pressure on an already stretched workforce and risk overlooking what matters most: the human connection. Care should be shaped around individual needs, not arbitrary time slots.

The route we should invest in is research-informed social care. Through partnerships with the National Institute for Health and Care Research (NIHR) and London universities, I have seen how powerful frontline insight can be. Care and support workers understand the realities of people's lives better than anyone. We should equip them with the skills to co-design research, gather evidence and shape solutions.

This aligns with the NHS 10-Year Health Plan's focus on innovation, prevention and neighbourhood-based care. When frontline staff help create the evidence, we build services that are more effective, responsive, compassionate and sustainable.



**Laura Wayman**  
FOUNDER  
THE DEMENTIA WHISPERER

*“Traditional care training is no longer enough for dementia care.”*

Traditional care training is no longer enough to meet the growing needs of people living with dementia. Specialised dementia-aware training provides caregivers with the skills to understand cognitive decline, communicate effectively, and respond to challenging behaviours with empathy. This approach improves the quality of care while promoting dignity and well-being for individuals with dementia symptoms.

Dementia training also benefits care staff by increasing confidence, reducing stress, and improving job satisfaction, which can help reduce staff turnover. By involving all employees, regardless of their role, organisations can create a consistent and competent care. Understanding not only how to provide care but also why certain strategies are effective encourages greater engagement and professional growth.

Beyond care settings, dementia awareness can positively influence local communities by helping people recognise symptoms and interact compassionately with those affected. Investing in specialised dementia training ultimately leads to better outcomes for residents, families, caregivers, and society.

# Coming Up...

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

## ***Social Care Top 30 Awards 2026***

13th October 2026 Marriott Grosvenor Square, London

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

22nd October 2026 ICC, Birmingham

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## ***The Neurological & Complex Awards 2026***

27th October 2026 Hilton Bankside London

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## ***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 2026 North East – Grand Hotel, Gosforth Park, Newcastle

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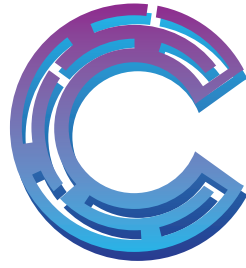
## ***Women Achieving Greatness in Social Care (WAGS) Awards 2026***

1st December 2026 Hilton Bankside London

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

# THE NEUROLOGICAL & COMPLEX CARE AWARDS

Celebrating Excellence in  
Neurological and Complex Care



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S U P P O R T E D B Y



27TH OCTOBER 2026 • HILTON BANKSIDE LONDON

## A w a r d C a t e g o r i e s

- ★ THE BEST NEUROLOGICAL CARE PROVIDER AWARD ★
- ★ THE OUTSTANDING COMPLEX CARE PROVIDER AWARD ★
- ★ THE CARE AND SUPPORT WORKER OF THE YEAR AWARD ★
- ★ THE MANAGER OF THE YEAR AWARD ★
- ★ THE EXCELLENCE IN OCCUPATIONAL THERAPY AWARD ★
- ★ THE TOP PHYSIOTHERAPIST OF THE YEAR AWARD ★
- ★ THE OUTSTANDING SPEECH AND LANGUAGE THERAPIST AWARD ★
- ★ THE CLINICIAN OF THE YEAR AWARD ★
- ★ THE BEST PSYCHOLOGICAL SUPPORT SERVICE AWARD ★
- ★ THE EXCEPTIONAL CASE MANAGER AWARD ★
- ★ THE UNPAID CARER AWARD ★ THE ACTIVITY ORGANISER AWARD ★
- ★ THE INNOVATIVE NEURO REHABILITATION PROGRAM AWARD ★
- ★ THE OUTSTANDING PATIENT AND FAMILY SUPPORT AWARD ★
- ★ THE BEST MULTIDISCIPLINARY TEAM AWARD ★
- ★ THE EXCELLENCE IN NEUROLOGICAL RESEARCH AWARD ★
- ★ THE TOP ADVANCED PRACTITIONER AWARD ★
- ★ THE BEST USE OF TECHNOLOGY IN CARE ★
- ★ THE EXCEPTIONAL TRAINING AND DEVELOPMENT PROGRAM AWARD ★
- ★ THE MOST COMPASSIONATE CARE PROVIDER AWARD ★
- ★ THE BEST COMMUNITY OUTREACH INITIATIVE AWARD ★
- ★ THE LIFETIME ACHIEVEMENT IN NEUROLOGICAL AND COMPLEX CARE AWARD ★
- ★ THE ADVOCACY AND CARER SUPPORT AWARD ★

CLOSING  
DATE FOR  
NOMINATIONS:  
**28th  
AUGUST  
2026**

N O M I N A T I O N S N O W A T :

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

## Leading the Way in Social Care

# Always Active, Always Connected



**Gina Jones**  
FOUNDER  
ALWAYS ACTIVE

As innovation in dementia care increasingly focuses on technology, Gina Jones, Founder of Always Active, argues that exercise, social interaction, cognitive stimulation and human connection remain some of the most powerful tools for supporting people living with dementia.



“  
**Technology works best when it complements — rather than replaces — human connection.**  
”

When people think about “cutting-edge” or sector-leading dementia support, technology-based innovations often come to mind—home monitoring systems, interactive AI tools and other digital solutions. At Always Active, however, we focus on more traditional approaches: regular exercise, social interaction and cognitive stimulation. While these methods may not rely on technology, they are deeply person-centred and, in our experience, highly effective.

I initially started Always Active to support my late father-in-law. Following the death of his wife and the progression of his blindness, he became increasingly isolated, with very limited opportunities to socialise independently. It soon became apparent that many of the people attending our groups were experiencing similar isolation as a result of dementia. Many had lost confidence, felt embarrassed by their condition or experienced significant anxiety in social situations. With this in mind, we structured our service to support, empower and reconnect those individuals.

Our groups focus on friendship, belonging and connection—both within the group itself and with the wider community. Many of the people who attend our groups have reduced their social outings because of a loss of confidence, so we have developed partnerships with local schools and day nurseries to create meaningful intergenerational connections. We design activities that are inclusive, engaging and enjoyable for everyone involved.

Despite the progressive nature of dementia, we have repeatedly seen people regain skills and confidence through participation in our activities. Individuals who once struggled with number recognition and required support are now able to play cards and dominoes independently. People who were once withdrawn and shy now contribute to conversations and actively engage with others.

Our work also supports carers. Many carers are able to take a break from their role and enjoy valuable time for themselves. Often, carers feel guilty about accessing support services, but knowing that their loved one is safe, happy and genuinely enjoying themselves helps to ease that burden. The experience becomes positive for everyone involved.

During the Covid-19 pandemic, we initially closed our doors and instead provided weekly phone calls and activity packs. However, it quickly became clear that this was not enough. Many caring relationships were under immense strain and close to breaking down during lockdown. The local authority recognised our role as an essential service, and we were able to reopen with modified arrangements and strict infection-control measures in place. Most of our regular attendees continued to attend and, remarkably, we remained infection-free throughout. On a personal level, I moved out of my family home for several months while continuing to work in groups in order to protect an immunocompromised family member.

Looking ahead, I believe technological advances in dementia care have an important role to play. Innovations such as home-monitoring systems, assistive technology and interactive digital tools can help people remain safer, more independent and better connected to support. These developments have the potential to greatly improve quality of life for both people living with dementia and their carers.

However, my experience over the last ten years has shown me that technology works best when it complements—rather than replaces—personal interaction and human connection. Meaningful shared experiences, friendship and compassionate support are what truly make people feel included, valued and cared for.

At Always Active, we have seen first-hand that compassion, community and connection remain among the most powerful forms of support available to people living with dementia—and to those who care for them.

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

“

*Compassion, community and connection remain among the most powerful forms of support.*

”



# The Care Workforce Pathway in Action



**Natalie Spinks**  
PROGRAMME HEAD  
CARE WORKFORCE PATHWAY  
SKILLS FOR CARE

Natalie Spinks, Programme Head – Care Workforce Pathway at Skills for Care, explains how the Care Workforce Pathway is helping to create clearer career routes, support workforce development and strengthen professional progression across adult social care.



*The Care Workforce Pathway is the first universal career structure for adult social care.*



Adult social care continues to evolve, adapting to changing demand and increasing complexity. One of the long-standing challenges within the sector, however, has been how to clearly define and support careers - showing not only how people can enter social care, but how they can build a long, fulfilling career within it. That's exactly why the Care Workforce Pathway is so important.

The Care Workforce Pathway is the first universal career structure for adult social care. It provides a clear, consistent framework that spans eight role categories, from entry-level positions through to registered managers. For a sector as diverse and complex as ours, this represents a significant step forward.

It brings clarity where previously there

may have been confusion, and consistency where there may have been fragmentation.

What is particularly encouraging is how the Pathway has continued to develop since its initial launch. It has expanded to better reflect the breadth of roles across adult social care, including enhanced care roles, as well as leadership and management positions. Importantly, this is not a static framework. Further role categories are already in development, with new additions planned for 2026, ensuring that the Pathway continues to reflect the realities of the sector.

One of the most powerful things the Pathway does is make careers in social care more visible and easier to understand. For someone considering their first role in the sector, the Pathway clearly sets out what's expected at each stage, including the knowledge, skills and behaviours needed. This helps individuals understand not only where they might start, but where they could go.

By mapping out clear progression routes from entry-level roles into enhanced practice, specialist areas, and leadership positions, the Pathway positions care as a recognised profession with meaningful long-term opportunities. That shift in perception is critical if we are to attract and retain the workforce we need.

Another key strength of the Pathway is how it supports progression and mobility. It makes it easier for people to identify transferable skills and move not only within social care, but across the wider health and care system. New resources have been developed to highlight routes and progression opportunities into professions such as nursing, occupational therapy and social work. This is an important step in demonstrating how a career in care can open doors to a wide range of opportunities.



The Pathway is here to help provide employers with the tools they need to nurture and develop their workforce, with a support programme and other resources available to help organisations adopt and embed the Pathway in a way that works for them.

This includes step-by-step guidance, tools and templates, and a range of learning opportunities such as workshops, webinars and peer learning.

Our “Adopting the Care Workforce Pathway – the how-to guide” is a useful starting point for organisations looking to implement the Pathway. It breaks down the process into manageable steps and provides practical examples of how the Pathway can be implemented.

As well as supporting employers, Skills for Care is also supporting system partners such as local authorities and integrated care systems to align workforce strategies at a local level. This more joined-up approach is key to creating consistency across the sector.

The Care Workforce Pathway has been integrated into the Adult Social Care Workforce Data Set (ASC-WDS) and employers can assign staff to specific Pathway role categories when recording workforce data. This is a significant development because it allows organisations to see how their roles align with the Pathway, and to assess the impact of adopting it – on key workforce metrics such as staff turnover. At a sector level, it also provides valuable insight into how widely the Pathway is being used and where further support may be needed.

Increased use of the Pathway across organisations and the wider sector will help to strengthen leadership standards and support wider workforce reform. It also means that individuals moving between roles and settings are more likely to encounter familiar expectations and development pathways.

As the Pathway continues to be tested, refined and expanded, the focus remains on ensuring it is practical, relevant and responsive to the needs of the sector. Ongoing engagement with employers, practitioners and partners is central to this, helping to ensure it reflects real-world practice.

Ultimately, the Care Workforce Pathway is about creating a clearer, more compelling future for adult social care. It gives people the confidence to start a career in the sector; the support to develop within it, and the opportunity to progress as far as their ambitions take them.

When career journeys are supported effectively, the benefits are felt across the whole system, strengthening the workforce and improving the quality of care and support people receive.

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



#### Further reading

- [Care Workforce Pathway](#)
- [Adopting the Care Workforce Pathway: The How-To Guide](#)
- [Care Workforce Pathway Support Programme](#)
- [Adult Social Care Workforce Data Set \(ASC-WDS\)](#)
- [Career Progression Routes in Adult Social Care](#)

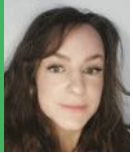
[skillsforcare.org.uk/care-workforce-pathway](https://skillsforcare.org.uk/care-workforce-pathway)

# NEW JOB

*A career in care  
can open doors to  
a wide range of  
opportunities.*

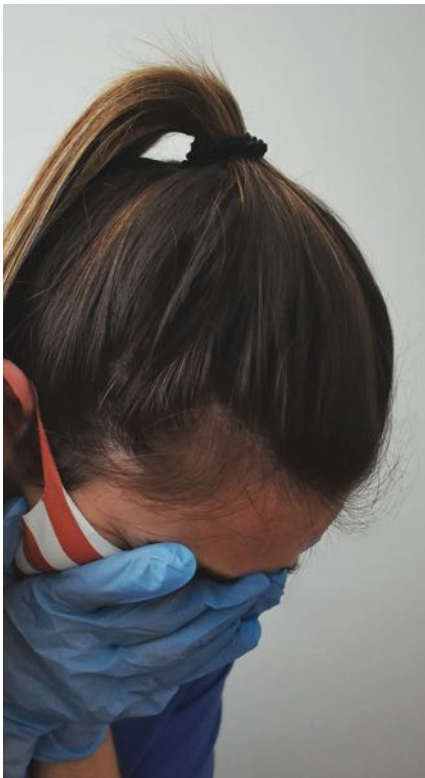


# Who Cares For The Carers?



**Jadie Tranter**

CHIEF CLINICAL CONSULTANT  
OUTCOMES CONSULTING



*Workforce wellbeing is not simply a people issue; it is a quality issue.*



Compassion sits at the heart of health and social care, but compassion is not an inexhaustible resource. Jadie Tranter, Chief Clinical Consultant at Outcomes Consulting, explores the growing impact of compassion fatigue, secondary trauma and burnout—and why workforce wellbeing must become a strategic priority.

## Compassion Fatigue, Secondary Trauma and the Workforce Retention Challenge in Health and Social Care

Over the course of my 25-year nursing career, I have had the privilege of working alongside some of the most dedicated professionals in health and social care. From frontline nursing and safeguarding roles to executive leadership, quality improvement and service transformation, one thing has remained constant: the unwavering commitment of our workforce to support some of the most vulnerable individuals in society.

Yet behind that commitment lies a question that leaders, commissioners and regulators can no longer afford to ignore.

### Who cares for the carers?

Across health and social care, workforce retention remains one of the greatest challenges facing providers. While much attention is rightly given to recruitment campaigns, vacancy rates and workforce growth, less attention is often paid to the emotional impact of caring.

Recent workforce data paints a complex picture. Turnover rates in adult social care have improved significantly, but almost one in four workers still leave their role each year. Vacancy rates across children's social care remain high, while mental health has become the leading cause of sickness absence within the NHS. These figures tell an important story. Recruitment matters, but retention matters more. To retain our workforce, we must first understand the emotional cost of caring.

### When Caring Comes at a Cost

Compassion sits at the heart of health and social care practice and is embedded within the Nursing and Midwifery Council Code, which requires registrants to prioritise people, practise effectively, preserve safety and promote professionalism and trust.

However, compassion is not an inexhaustible resource.

Professionals working across health and social care are routinely exposed to trauma, safeguarding concerns, abuse, neglect, mental health crises, end-of-life care and behavioural distress. While supporting others through these experiences is often rewarding, repeated exposure can come at a personal cost.

One of the realities we still do not talk about enough is the emotional impact of caring. The very qualities that make people exceptional practitioners—empathy, compassion and commitment—can also leave them vulnerable to compassion fatigue, secondary trauma and emotional exhaustion.

Compassion fatigue can develop when staff continue to give emotionally without sufficient opportunities to reflect, recover and replenish their own wellbeing. Alongside this, repeated exposure to the experiences of others can result in secondary or vicarious trauma, affecting confidence, resilience and ultimately a person's ability to remain in the profession.

In my experience supporting services across children's services, adult social care and specialist care environments, I have seen dedicated professionals continue to give everything to those they support whilst quietly struggling themselves.

### Burnout: More Than a Workforce Challenge

The World Health Organization recognises burnout as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed. Burnout rarely develops overnight. More often, it emerges gradually through sustained operational pressures, staffing shortages, increasing complexity of need and limited opportunities for recovery and reflection.

The pressures facing our workforce have never been greater. More than 83,000 children are currently looked after by local authorities in England, representing an increase of more than 20% over the past decade. Demand for children's services

continues to grow while workforce pressures remain significant.

At the same time, NHS organisations continue to report record levels of mental health-related sickness absence. In a single month during 2025, NHS staff lost more than 600,000 working days due to anxiety, stress, depression and other psychiatric illnesses.

Over the years, I have seen highly skilled professionals begin to lose confidence, withdraw from colleagues and question whether they can continue in roles they once found deeply rewarding. Rarely is this because they no longer care. More often, it is because they have cared for others for so long without receiving the support they need themselves.

Through our work at Outcomes Consulting, we regularly support providers experiencing the impact of workforce fatigue and emotional exhaustion. What begins as pressure on individual staff members can quickly become evident at an organisational level through increased sickness absence, reduced engagement, difficulties retaining experienced staff and challenges in maintaining continuity of care.

This is why workforce wellbeing should never be viewed separately from quality assurance, governance or service performance. They are intrinsically linked.

When staff are supported, services are more resilient, continuity of care improves and outcomes for the people being supported are stronger. Workforce wellbeing is not simply a people issue; it is a quality issue.

## Creating Cultures Where People Thrive

Throughout my career, I have learned that people perform at their best when they feel safe, valued and able to speak openly.

Psychological safety is about creating environments where staff can raise concerns, ask for help and share challenges without fear of blame or judgement. The healthiest organisations are not those without problems; they are those where people feel confident enough to talk about them.

Alongside this, reflective practice remains one of the most valuable tools available to leaders. More than a requirement for professional revalidation, effective reflection provides staff with the opportunity to process difficult experiences, learn from practice and build resilience.

When organisations invest in psychological safety, reflective supervision and compassionate leadership, they are not only supporting their workforce; they are strengthening the foundations upon which safe, effective and person-centred care is delivered.

## Leadership Matters

After more than two decades in leadership, one observation remains consistently true:

**People rarely leave because they stop caring.**

**More often, they leave because they have cared for too long without feeling cared for themselves.**

Compassionate leadership plays a critical role in workforce retention. Effective leaders recognise the signs of emotional exhaustion, encourage reflective practice, create psychologically safe environments and support staff wellbeing proactively rather than reactively.

Encouragingly, national workforce data demonstrates that retention can improve when organisations invest in their people. Recent reductions in turnover and vacancy rates across health and social care show that workforce stability is achievable. However, sustainable improvement requires continued investment in wellbeing, leadership, culture and professional development.

The future sustainability of our sector depends not only on recruiting new staff but on retaining the experienced professionals we already have.

At Outcomes Consulting, we understand that sustainable services require sustainable people. Through leadership development, workforce support, reflective practice and organisational improvement, we work alongside providers to build resilient services capable of delivering positive outcomes for both the people they support and the workforce that supports them.

## Looking Forward

Compassion fatigue, secondary trauma and burnout are not new challenges. However, their impact on workforce retention has never been more significant.

As a sector, we have become increasingly skilled at measuring outcomes for the people we support. We now need to place the same emphasis on understanding, protecting and investing in the wellbeing of those delivering that support.



*People rarely leave because they stop caring; they leave uncared for.*



After 25 years in nursing and leadership, one thing remains clear to me: the quality of care experienced by the people we support will always be influenced by how well we care for the people providing it.

If we are serious about improving retention, strengthening services and delivering high-quality care, workforce wellbeing can no longer be viewed as an optional extra. It must be recognised as a strategic priority for the future of health and social care.

**Who cares for the carers?** The answer to that question may determine the future sustainability of our sector.

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



# Prevention in Practice: From Aspiration to Reality



**Professor Martin Green OBE**  
CHIEF EXECUTIVE  
CARE ENGLAND

This is a non-promotional article developed in partnership with GSK. The views expressed in this article are those of the author (Prof. Martin Green).

GSK is a global biopharma company with a purpose to unite science, technology, and talent to get ahead of disease together.



## Further reading

ECDC – Impact of Vaccination on COVID 19 and Influenza Hospitalisation in Older Adults  
Health and Social Care Committee  
– Prevention in Health and Social Care: Vaccination  
House of Commons  
– Capacity Pressures in Health and Social Care  
NHS England – Shaping the Future Delivery of NHS Vaccination Services  
Office of Health Economics  
– Vaccines: From Burden to Benefit  
The Importance of Immunization as a Public Health Instrument  
UKHSA – Immunisation Equity Strategy 2025–2030  
WHO – Vaccines and Immunization

## Introduction

Prevention has become familiar language in health and social care. It sits comfortably in policy statements, long term plans, and workforce strategies. Vaccination, in particular, is rightly described as one of our most powerful tools, protecting individuals, reducing avoidable illness, and relieving pressure on already stretched services. And yet, when we look carefully at how prevention operates for older adults, a difficult question emerges: *are we turning intent into action quickly and fairly enough to match the reality of people's lives?*

## When Evidence Outpaces Delivery

A recurring challenge in prevention policy is the gap between expert guidance following vaccine approval and what is delivered on the ground, highlighting the potential for opportunities in the period between approval and administration. Independent clinical advice and expert recommendations continue to evolve, yet eligibility criteria, funding decisions and delivery models often move at a slower pace. For older adults, particularly those living with frailty, multiple long term conditions or compromised immunity, these delays are not abstract. Risk shifts in real time, while systems take longer to respond, resulting in avoidable exposure not because prevention tools do not exist, but because implementation has not kept pace with evidence. If prevention is to be meaningful, it must be capable of translating insight into access without unnecessary delay.

## Prevention as Long-Term Investment

Prevention should be understood as a long term investment rather than a short term cost. There is strong and consistent evidence that adult immunisation delivers sustained value over time, reducing avoidable illness, hospitalisation and pressure across health and care services. When prevention is delayed or fragmented, costs are not avoided; they are simply deferred and often increased. Taking a longer term view allows systems to invest earlier, protect capacity and support healthier ageing.

## Vaccination Cannot Sit in Isolation

Vaccination is still too often treated as a standalone intervention rather than an integral part of everyday care. Older people do not experience their health through organisational silos, and prevention works best when vaccination is embedded within routine contact, linked to regular reviews, and supported by trusted professionals. This matters because later life is shaped by inequality. Socioeconomic status, ethnicity, and age all influence access, confidence, and support, meaning a universal offer does not always result in a fair outcome.

Social care has a critical role in addressing this. Care workers understand daily routines, communication needs and concerns that may not surface in clinical settings. Many fellow professionals share the belief that having social care involved may allow for more personal care and potentially better chances of success.

## From Rhetoric to Responsibility

The health and social care committee are clear about what supports effective prevention: timely access, consistent information, trusted relationships, and systems that do not expect individuals to navigate complexity alone. Listening, however, must go beyond consultation. It requires programme design that reflects lived experience and the willingness to change approach when delivery is not working. When uptake is lower than expected, it should prompt reflection on system design rather than assumptions about reluctance or resistance. Meaningful prevention requires sustained investment, long term planning, and a clearer commitment to reducing inequalities in access. Without this, the ambition of prevention will continue to fall short of the realities faced by older people.

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

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

“

*Prevention should be understood as a long-term investment rather than a short-term cost.*

”



# The Legal Bit

# Life After Cheshire West

## A Practical Guide for Providers Navigating the AGNI Ruling



**rwk  
goodman**

**Anna Fee**

SENIOR ASSOCIATE, HEALTH & SOCIAL CARE  
RWK GOODMAN

The Supreme Court's AGNI judgment (A Reference by the Attorney General for Northern Ireland), is the biggest change to deprivation of liberty law in more than a decade. As providers adapt to a new, more nuanced legal test, Anna Fee, Senior Associate in RWK Goodman's Health & Social Care team, outlines the practical implications for care services and the steps organisations should be taking now to remain compliant and protect the people they support.



**AGNI offers greater flexibility, but providers must evidence decisions more carefully.**



The Supreme Court's *AGNI* judgment, handed down in June 2026, marks the most significant shift in deprivation of liberty law since *Cheshire West*. While the legal test has changed, what matters most for providers is understanding what this means in day to day practice: how to recognise borderline cases, how to record consent, and how to keep people safe in line with DHSC interim guidance.

### What has changed in practical terms?

*Cheshire West* gave providers a simple but blunt, "acid test": continuous supervision and control, and not free to leave. *AGNI* moves away from that simplicity. The Court has reintroduced a multifactorial assessment, meaning providers must now consider the nature, degree, duration and impact of restrictions, as well as whether the person objects and whether arrangements feel relatively normal for the individual.

*AGNI* also places emphasis on the concept of valid consent. This is not the same as having capacity under the Mental Capacity Act. Instead, it asks whether the person shows a basic awareness of their circumstances and communicates that acceptance — verbally, non verbally or behaviourally. Their agreement may mean that they are not deprived of their liberty.

For providers, this creates both flexibility and uncertainty. The challenge now is applying these principles consistently and safely.

### Recognising Borderline Cases

*AGNI* makes clear that passive acceptance is not consent. Providers should be cautious where:

- a person appears settled but cannot explain why
- behaviour fluctuates
- there is a history of objection
- family members express concern
- restrictions have increased over time

### What Providers Should Do Now

Providers should review the DHSC's interim guidance (dated 15 June 2026) to understand what constitutes a deprivation of liberty.

To ensure that care arrangements remain lawful, proportionate and well evidenced, providers should do the following:

#### 1. Review existing DoLS authorisations

Check whether restrictions remain necessary and proportionate. Record whether the person appears content, unsettled or actively objects. Where the person is no longer deprived of their liberty but has a DoLS authorisation in place, their cases should be reviewed as soon as practicable by the local authority. However, leaving the authorisation in place in the meantime does not mean the person is being unlawfully deprived of their liberty.

#### 2. Apply the multifactorial approach to new cases

Look beyond supervision and freedom to leave. Consider the whole picture including the impact, duration, purpose and how typical the arrangements are for someone with similar needs.

#### 3. Strengthen documentation

Clear records of wishes, feelings, presentation and interactions will be essential. Note any signs of acceptance or objection, however subtle.

#### 4. Support access to advocacy

Advocacy remains a key safeguard, particularly where consent is unclear or contested.

#### 5. Prepare staff teams

Frontline staff will often be the first to notice changes in behaviour or presentation. Brief them on:

- what valid consent looks like
- how to record observations
- when to escalate concerns

### 7. Communicate with families

Families may have questions about what *AGNI* means. Reassure them that the principles of the MCA still apply and that decisions continue to be made in the person's best interests.

### A measured approach while awaiting further guidance

*AGNI* offers greater nuance but also places a heavier burden on providers to show why arrangements are lawful. The safest course is a steady, well documented approach: continue established MCA processes, incorporate the new *AGNI* principles, and ensure that every decision is supported by clear reasoning and contemporaneous records.

RWK Goodman's Health & Social Care team works closely with providers across the sector and will continue to monitor developments as further guidance emerges.

[rwkgoodman.com/sector/health-social-care/](http://rwkgoodman.com/sector/health-social-care/)



*Passive acceptance is not consent, and providers should proceed with caution.*



## This Month We Meet:

# Caretopia World



CARETOPIA  
WORLD

**Nathan Davies-Pugh**  
FOUNDER  
CARETOPIA WORLD

### What inspired the creation of Caretopia World, and what gap in the care sector were you aiming to address?

If a family is looking for a care home, home care, or day nursery, there are two things I can guarantee. First, they are unlikely to know much about the processes involved, and second, they are under a significant amount of stress and worry.

We created Caretopia World to properly support families through that journey and make it easier to find the right care provider. Whilst other online care directories simply search by postcode and offer very little guidance, our website engages Fliss, our AI-powered assistant who “talks” to those looking for care, understands their needs, answers their questions, signposts them to organisations that offer support and advice, and only then creates a shortlist of providers that offer the best fit for them. Better, more immersive, and offering the support families deserve.

### How does Caretopia World support care providers in delivering truly person-centred care?

We believe person-centred care should begin before the care starts, from that first interaction a family has during their initial search.

Care providers create detailed profiles that showcase not only the services they offer, but also the values, environments, and specialist support that make them unique. The more information providers include, the better Fliss can match them with families seeking the right kind of care.

Each month we meet key stakeholders and business leaders shaping the future of social care. This month we meet Nathan Davies-Pugh, Founder of Caretopia World, a platform dedicated to connecting care providers with talent, innovation and opportunities across the sector. Through Caretopia World, Nathan is helping to raise the profile of care careers, support workforce development and create stronger connections between people, providers and the wider care community.

### Recruitment and retention remain major challenges in social care. How does Caretopia World help?

We have developed AI tools that help candidates improve their CVs and cover letters, search for relevant opportunities more easily, and connect with employers across the sector. We also support care providers by offering unlimited job advertising on our platform, helping them reach the right candidates more effectively.

More broadly, I believe the key to attracting and retaining high-quality care professionals is making people feel valued. Competitive pay is important, but so are opportunities for progression, ongoing training, wellbeing support, and creating workplace cultures where staff genuinely feel appreciated for the work they do.



*We believe person-centred care should begin before the care starts.*



### How does Caretopia World encourage innovation while still maintaining compassion and human connection in care delivery?

Our innovation comes from bringing AI into the care journey in a way that enhances, rather than replaces, human connection.

By supporting families from the very first step of their search, AI can help make the process feel more accessible and personal. We designed Fliss to communicate in a warm and supportive way, because technology should still feel human. Even something as simple as asking someone how they are feeling at the end of a conversation can make a real difference and help people feel valued and supported during what is often a difficult time.

### Looking ahead over the next five years, what do you think will be the biggest opportunities and challenges facing the care sector?

One of the biggest opportunities for the care sector is embracing AI and digital innovation in a practical and positive way. We need to move away from seeing it as something intimidating, and instead recognise its potential to support providers, families, and care professionals alike. Used correctly, AI could help address some of the sector’s biggest challenges, including recruitment, accessibility of information, and operational efficiency.

There is also the challenge of fragmentation. Too often, organisations operate in silos rather than as part of a wider care community. We want to change that. Instead of seeing 16,500 individual care homes across the UK, we should start seeing one connected care community with 16,500 locations. The same applies to nurseries and home care providers.

We are called Caretopia World for a reason. Our mission is to bring the whole care family together into one connected world. It may sound ambitious, but we believe collaboration across the sector will be essential for the future of care.

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

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NOMINATIONS:  
31ST JULY  
2026**

**CLOSING  
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AWARDS  
NOMINATIONS:  
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2026**

Small things  
make a  
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22nd October 2026 The ICC, Birmingham

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- ★ THE EMPLOYER AWARD ★ THE NEWCOMER AWARD ★ THE SUPPORT WORKER AWARD ★
- ★ THE KEY WORKER AWARD ★ THE CHILDREN'S HOME MANAGER AWARD ★
- ★ THE CHILDREN'S HOME TEAM AWARD ★ THE FOSTER CARER AWARD ★
- ★ THE FOSTERING & ADOPTION AWARD ★ THE WELLBEING AWARD ★ THE BIGGEST IMPACT AWARD ★
- ★ THE CHILDREN & FAMILIES SOCIAL WORKER AWARD ★ THE CHILDREN WITH DISABILITIES AWARD ★
- ★ THE PROTECTION OF CHILDREN AWARD ★ THE LEAVING CARE AWARD ★
- ★ THE PARTNERSHIP WORKING AWARD ★ THE CHILDREN'S CHAMPION AWARD
- ★ THE YOUNG CARER AWARD ★ THE OUTSTANDING CONTRIBUTION AWARD ★
- ★ THE SUPPORTED ACCOMODATION AWARD ★

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- Regulation & oversight in children's services
- Safeguarding in unregulated settings
- Local authority commissioning & accountability
- County Lines & community-based safety
- Best practice in regulated residential care
- Data, innovation & the future workforce

## WHO WILL BE ATTENDING?

Professionals working to support or commission services for children and young people, including:

- Directors of Children's Services
- Social Workers & Youth Engagement Specialists
- Commissioners & Safeguarding Leads
- Voluntary Sector, Lived Experience
- Residential & Community Providers
- & Advocacy Leaders
- Ofsted & Local Authority Teams
- Policymakers, Think Tanks & Researchers

**SPEAKERS TO BE ANNOUNCED SOON!**

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2026



# THE REGIONAL AWARDS

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7th November  
2026

**WEST  
MIDLANDS**

ICC  
Birmingham

11th November  
2026

**WALES**

Cardiff  
Holland House  
Hotel

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  
2026

**NORTH EAST**

Grand Hotel  
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28th AUGUST  
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\*Dates and venues subject to change

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