

Narratives of Care

WHAT'S
YOUR STORY?

STARRING: SOCIAL CARE

DATE: SEPT '26

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In This Issue:

PUTTING ANTI-RACIST CO-PRODUCTION INTO PRACTICE

Isaac Samuels Partner, Co-Production Collective

BEYOND THE STATISTICS IN END OF LIFE CARE

Julie Armstrong-Wilson Chief Operational Officer, The Gold Standards Framework Centre CIO

WHAT KEEPS ME AWAKE AT NIGHT

Rachael Shimmin Chief Executive, Anchor

THE TOUGH QUESTION

Amrit Dhaliwal Chief Executive and Founder, Walfinch Home Care



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04 EDITOR'S NOTE

IN MY OPINION

- 06 Professor Martin Green OBE

TALKING:
NARRATIVES OF CARE

- 08 Who Controls the Story of Social Care?
10 Listening to the People Behind Closed Doors
12 The Stories Care Workers Carry
14 The Journey to Co-Production
16 Changing the Story
18 Why Organisational Culture Shapes Better Care
20 The Certificate Proves Nothing
22 How Do We Measure a Good Death?

REAL LIVES

- 26 Making Sure Nobody Slips Through the Cracks
28 What Is the Behaviour Trying to Tell Us?
29 Supporting the Living Before They Become the Dying

CHAT

- 30 *What Keeps Me Awake at Night:*
Rachael Shimmin
32 *The Tough Question:*
"Is It Time for Social Care to Stop Asking for Permission?"
34 *Have Your Say!*
36 *Ask The Experts:*
Five Minutes with the Prime Minister

CARE TALK ON THE ROAD

- 38 Coming Up...

SOCIAL CARE'S GOT TALENT

- 40 *Leading the Way in Social Care:*
What If It Goes Right?

LET'S LEARN

- 42 More Than a Vocation
44 Reflections from Both Sides of the Children's Care System

BUSINESS BANTER

- 46 *This Month We Meet:*
GSK



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Do keep your articles, news and views coming!

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Editor's Note

Welcome to the September issue of *Care Talk*.

I hope you've had a lovely summer and managed to find at least a little time to switch off. September always feels like something of a reset to me – holidays are over, routines return and suddenly Christmas doesn't seem quite as far away as it should!

Our theme this month is *Narratives of Care*. We all tell stories about social care. Some are uplifting, some are difficult and others can be incredibly frustrating. But whether they come from people drawing on care, families, care workers, providers or policymakers, they all help shape how people see the sector.

We've probably all read a headline about social care and thought, "that's not the whole story." We hear a lot about crisis, cost and pressure and, while those challenges are very real, there is so much more to care and support than that.

So this month, we're asking who gets to tell the story, whose voices we listen to and whether we hear enough from the people who experience care every day. Our contributors explore everything from lived experience and co-production to workforce perceptions, training and the language we use.

With the new Prime Minister now settling into the role, perhaps there's also some renewed hope for social care. We've heard promises of reform before, but a new administration brings another opportunity to make the case for the sector. In *Ask the Experts*, we give five social care leaders a hypothetical five minutes with the new PM and ask what one commitment they would want from him. There's certainly no shortage of ideas about where he could start!

As ever, I hope you enjoy the issue.

Till next time,
Lisa

@lisa_caretalk

COMING UP IN THE OCTOBER 2026 ISSUE:
Care Without Walls: Rethinking Community, Connection & Place



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www.nationalcareforum.org.uk/care-technologist-training-project/

Narratives of Care



Professor Martin Green OBE

CHIEF EXECUTIVE
CARE ENGLAND

Professor Martin Green OBE, Chief Executive of Care England, introduces this issue's theme, exploring why personal stories and lived experience must play a central role in shaping social care policy, practice and reform.



Personal stories empower people to advocate for themselves and their communities.



Personal stories must play a critical role in shaping social care policy and service development because they provide essential evidence of what people actually experience. They are powerful tools for advocacy, ensuring that the voices of people who use services sit at the centre of reform. These narratives do more than humanise statistics: they reveal where systems succeed, where they fail and how services can deliver better outcomes. Any social care system that does not centre on the needs and experiences of the people it supports risks losing sight of its purpose.

One of the primary reasons personal stories are vital in social care is their ability to humanise policy discussions. Statistics and data can feel abstract when detached from the realities of people's lives, while personal stories show how decisions affect individuals, families and communities. A family caring for an older relative, for example, may expose gaps in respite support, discharge planning or continuity of care that headline figures alone cannot explain. These accounts help policymakers see the direct consequences of their decisions and identify when systems waste resources that could be used to support people in living better lives.

Personal stories also empower people to advocate for themselves and their communities. Those with firsthand experience of social care can identify what works, what creates barriers and what must change. A disabled person describing inaccessible assessments, fragmented support or delayed adaptations can point decision-makers towards practical reforms that make services more inclusive and effective.

Organisations and advocacy groups often use personal stories to build campaigns around specific reforms grounded in real experience. This can influence public opinion and increase support for changes that may otherwise seem remote or unfeasible. When people understand the tangible effects of policy on individual lives, they are more likely to engage in debate and support reform.

Incorporating personal experience into policy development can also make social care more responsive and relevant. Qualitative evidence from people's stories complements quantitative research by explaining why services work or fail in practice. In mental health policy, for example, testimony from people who use services can illuminate the support they need, the stigma they face and the extent to which existing provision helps them avoid crisis.

London's recent work to involve people with lived experience in mental health service design illustrates the value of this approach. Direct input from people who have experienced mental health challenges has helped shape services around real needs rather than assumptions. The key test will be whether future data show fewer people entering crisis, better access to support and improved outcomes for individuals and the wider system.

Transparency is also crucial for building trust between people who use services and those who provide them. Personal stories support accountability when organisations show how they have listened to feedback and changed practice in response. This encourages more people to share their experiences, creating a feedback loop that continuously improves social care practice and should ultimately lead to better outcomes for people and providers.

There are, however, important challenges to address. The selection and representation of personal stories must be handled carefully to avoid reinforcing stereotypes, overlooking marginalised voices or allowing only the most visible experiences to shape policy. A credible approach must include a diverse range of perspectives that reflect the complexity of social care needs across different people and communities.

Additionally, there's a risk that personal stories might be used selectively to support predetermined policies, rather than as a genuine attempt to understand and address issues. Policymakers must approach these narratives with an open mind, recognising their role in shaping a holistic and equitable social care system.

The importance of personal stories in shaping social care policy in England cannot be overstated. They provide a unique lens for understanding the impact of policy and designing services that make a real difference in people's lives. As social care reform continues, policymakers, providers and commissioners should treat lived experience, not as an optional supplement to evidence, but as a core test of whether the system is inclusive, accountable and effective.

 careengland.org.uk

“Transparency is crucial for building trust between people who use services and providers.”



Who Controls the Story of Social Care?



conteur

David Huckerby
DIRECTOR AND FOUNDER
CONTEUR

The story of social care has too often been written by politicians, headlines and crises rather than by the people who live and deliver it. David Huckerby, founder of specialist health and social care communications agency Conteur, explores why reclaiming the narrative could be just as important as reforming the system itself.



When you have no founding story of your own, others will write one for you.



Something not many people know about me is that I essentially grew up in a care home. My parents owned and ran one, so my childhood came with a house full of extended grandparents, with time, opinions, mischief and decades of stories worth telling. Long before I heard the words “crisis”, “funding gap” or “workforce shortages”, the story I knew about care was one of human connection and family.

I have spent the rest of my life watching that story evolve. Through my years as a registered manager in home care, leading learning disability services, and now almost two decades in creative communications at Conteur, one question has never left me: *who actually controls the story of social care?*

With the launch of the Big Conversation on Care and renewed political focus on reform, social care is finally being placed at the centre of the national conversation. But as the country debates what it should become, we must also consider who has shaped the public’s understanding of it until now.

Earlier this year, Baroness Casey observed that, unlike the NHS, social care has never had a “creation moment”: no point at which the nation collectively decided what it was for, who it served or what people should expect from it.

When you have no founding story of your own, others will write one for you.

For decades, politicians have framed social care as a cost to be constrained: a pressure on the Treasury, a strain on the NHS and a reform problem kicked into the next parliament. The media has told a story of crisis because scandal and collapse make easy headlines. Regulators evaluate care through a vocabulary of ratings, enforcement and failure.

Each narrative contains part of the truth. Together, they have too often become the whole story. The sector’s response has been largely reactive: rebutting headlines, responding to inspections or lobbying around budgets.

Here is the uncomfortable part. Crisis is not only a story about social care. It is one we have learned to tell ourselves.

Nearly every funding submission, campaign and roundtable leads with collapse because it seems most likely to unlock political attention. But somewhere along the way, crisis stopped being our situation and became our brand.

If we reduce social care to an underfunded, overworked sector in perpetual meltdown, why would an ambitious young person choose it as a career? People do not join care merely to become overworked heroes. They join to make a difference. When those already working in care rarely see their expertise reflected in the public story, it reinforces the sense that their contribution is misunderstood or invisible. Constantly portraying the workforce as exhausted and at breaking point may highlight genuine pressures, but it does little to show why people should build a long-term career in the sector.

Public trust is shaped in similar ways. If the only stories people hear are about failure and crisis, care can appear permanently unsafe or unstable. But polished “good news” is not the answer either. Families know care is complex. Trust is built through honest stories that recognise the pressures while revealing the skill, relationships and judgement that make good care possible.

As long as care is viewed as a leaky bucket rather than essential social infrastructure that enables people to live full lives, funding will be treated as a concession rather than an investment. Funding follows values, and values are shaped by the stories people hear.

Taking back the pen

The Casey Commission has identified 22 major reviews, papers and commissions on social care since 1997, yet lasting reform has remained elusive. Arguments about funding have too often taken place without first building a shared understanding of what social care is, what it provides and why it matters.

The twenty-third has started with a question instead. The Big Conversation on Care is asking people across England what care should be, who it should support and what we should all contribute in return. For the first time, the pen has not been handed solely to politicians, the media or even the sector. It has been handed to the public.

This is not the moment for a glossy campaign. What we have is the truth, and it is far more compelling than anything we could manufacture.

It is the psychological skill involved in de-escalating distress for someone living with dementia. It is the quiet triumph of a person with a learning disability moving into their own home. It is also the planning, professional judgement, trust and consistency behind those outcomes.

Too much care communication stops at the visible activity. A photograph of a gardening session or community visit may capture a positive moment, but the more powerful story is what that moment enabled: renewed confidence, greater independence, connection with others or the return of a memory and identity someone feared they had lost.

Organisations should give their workforce space to speak about their expertise, not only their exhaustion. And that story cannot simply be told about people. It has to be told with them.

People drawing on care should have the platform and authority to speak on their own terms. They should understand how their experiences will be used, have a meaningful say in how their story is presented and retain the right to change their minds. Lived experience should never become an emotional prop in somebody else's campaign.

Social care cannot control every headline, political argument or public judgement. It can, however, take greater responsibility for the language it repeats and the picture it contributes.

Hand the public crisis alone and we already know where the story leads. Hand them the fuller truth, told with the people who live and deliver care, and social care might finally get the creation moment it has never had.

 contour.co.uk



Funding follows values and values are shaped by the stories people hear.



Listening to the People Behind Closed Doors



Rachel Kelso
FOUNDER
HOMECARE VOICES

Homecare workers observe the realities of care every day, yet their voices have rarely shaped the policies that govern the sector. Rachel Kelso, founder of Homecare Voices, a network representing current and former homecare workers, explores why listening to those delivering care is essential to meaningful reform.

Homecare workers know what a difference compassionate, responsive social care can make to people's lives. Yet our voices have rarely shaped 'the system'.

The perspectives that have traditionally shaped narratives around homecare tend to fall into two camps. Care providers emphasise the need for professionalisation of the direct care workforce as the only way to address the sector's chronic recruitment and retention challenges. Those who draw on social care call for improved personalisation of services, fearing that professionalisation may undermine the relational aspect of high-quality social care.

A perspective that has been missing is that of actual, direct homecare workers. Not our managers, nor our employers, but the people who spend their working lives in other people's homes.

Our *Behind Closed Doors* survey, submitted as evidence to the Casey Commission, sought to bring that perspective into the conversation. What we found suggests that policies designed to ensure people lead decent, dignified and respectable working lives may not be reaching homecare workers as intended. Unpaid working time, inadequate mileage rates and a lack of reimbursement for other work-related expenses combine to expose homecare workers to a very real risk of National Minimum Wage underpayment. Meanwhile, only 13% of more than 500 respondents reported receiving the legal minimum of 11 consecutive hours' rest between one working day and the next.

These are not simply employment issues. They are issues that shape the quality of care itself. Homecare workers must be well-rested, financially secure and stable in their own lives if they are to build strong relationships with the people they visit, supporting them through the most intimate, mundane, joyful and ordinary days of their lives.

Unlike many sectors, homecare workers are also uniquely constrained in how we respond to poor treatment. We are unlikely

ever to go on strike because the thought of leaving the people we support in the lurch is, for many, inconceivable. Instead, we either internalise the role of the selfless 'angel' or 'martyr', absorbing pressures through goodwill, or we eventually reach the painful conclusion that enough is enough and leave a vocation we genuinely love.

During a recent conversation, someone observed that many migrant homecare workers have experienced exploitation similar to that faced by overseas fruit-pickers, including being charged illegal recruitment fees to secure employment in the UK. Exploitative practices are unacceptable in any occupation, but I found myself reflecting on an important distinction. One works with fruit; the other with people. Homecare workers' basic pay and employment conditions should reflect the significance of that responsibility.

The speed at which Homecare Voices was engaged by national policymakers indicates that routes to speak meaningfully with homecare workers are otherwise hard to come by, despite there being more than 600,000 of us in England alone. It is essential that everybody involved in the day-to-day practice of care is represented when systems are designed or reformed. Care workers must be in the room alongside those who draw on social care and unpaid carers, so that the frameworks being constructed offer decent lives for every person involved.

Changing this requires action at every level.

Care providers should embrace honest conversations with members of staff, explaining that the pressures within adult social care are far bigger than any single company, making clear that there will be no repercussions should somebody wish to share a challenge they are facing, and sticking to that promise fiercely. Better still, recognise a trade union (like Unison or GMB) that can provide a hands-free and more impactful route to collective advocacy for your staff.



Homecare workers know what a difference compassionate, responsive social care can make.





Commissioners must seek out unmediated contact with care workers at the companies they contract out to, to understand what their working life looks like and where improvements might be possible. Policymakers should be dogged in finding out what's happening 'on the ground', refuse to be put off by the sheer number of care providers and commit to taking social care out of the 'too difficult' box once and for all.

Structural reform alone, however, will not be enough.

Among members of Homecare Voices, one theme comes up time and again: the way society perceives care workers. Based on common experiences of disrespect when at work, and on the fact that our pay and conditions have been neglected for so very long, we suspect that whilst it is never said aloud, many people look down on care workers and view us as fundamentally 'beneath' them.

The consequences of substandard pay and employment conditions on the quality and availability of adult social care have already unfolded. People vote with their feet when it comes to jobs. There is a reason Homecare Voices is a network of both current and former homecare workers.

It does not have to stay this way. Imagine if every homecare worker were paid explicitly for all of their working time—or better still, by the shift—never having to wonder whether they have been illegally underpaid. If mileage were reimbursed at a fair, sector-wide rate comparable to that of the NHS's. If local authorities took a proactive approach to monitoring actual pay and conditions rather than absolving responsibility to HMRC. From a homecare worker's perspective, these are some aspects of social care that might look different if policymakers considered all of the people involved in caring relationships.

A direct care workforce that is treated with fairness, trust and respect is not simply better for workers. It is the foundation upon which decent lives for all those who at some point may need to draw on social care, depends.

 homecarewg.org

“
*This
brilliance
is kept
behind
closed
doors.*
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The Stories Care Workers Carry



Karolina Gerlich

CHIEF EXECUTIVE
THE CARE WORKERS' CHARITY

Every care worker carries stories that never appear in care plans, inspection reports or workforce statistics. Karolina Gerlich, Chief Executive of The Care Workers' Charity, explores why giving those stories a voice is essential not only for recognising the profession, but for protecting the wellbeing and future of the workforce.



The moments that matter most are the ones no report records.



There's a story in social care that almost never gets told, and it belongs to care workers themselves. It's not the story of what care is or who should pay for it. It's the private story each worker carries home: the person who died on their shift, the family they quietly held together, the small moment of connection nobody else saw. Care work leaves a mark on the people who do it, and most of the time there's nowhere to put that mark down.

This matters because those stories don't stay in the past. They shape how someone feels about the work, how they see themselves, whether they can keep going. We talk a lot in this sector about retention, and we're right to. Most of that conversation is about pay and conditions, and it should be, because you can't ask people to stay in work that doesn't pay them enough to live. But there's a quieter factor that gets far less attention: the emotional weight of caring. It's real, and it's constant. When there's no space to put it down, it builds up, and over time it wears good people out. Some leave not because they stopped caring, but because caring, unsupported, became too much to carry.

Care workers understand this better than anyone, and when they're given the space to describe it, they do it with a clarity no policy paper gets close to. One member of our Care Worker Advisory Board and Champions Project wrote about the parts of the job that never make it into any record:

I've seen how the smallest act of kindness can completely change someone's day; a conversation that isn't rushed, a smile at the right moment, or simply taking the time to listen when someone needs to be heard. These moments rarely make it into a care plan or a report, but they're often the difference between someone feeling like a task on a list and someone feeling like a person.

Jon Healey, Advisory Board and Champions Member

Those moments are the heart of the work, and they're exactly the parts that go unrecorded and unrecognised. They're also the parts that anyone paying attention comes to see for themselves. Reflecting in July on the people caring for his own father, the Prime Minister talked about watching them draw out "a moment of his old character" through the way they brought him into conversation, and he called it a talent. Care workers see that same thing every day, and so do the families sat beside them. The moments that matter most are the ones no report records, and recognising them means recognising the people who create them. A care worker holds hundreds of these moments, and carries the hard ones just as closely as the good ones. The same member was honest about what the job asks of the people who do it:

You'll work hard, the hours are long and the challenges are real. But you'll also find a sense of purpose that's difficult to match anywhere else. You become part of people's lives at some of their most vulnerable moments, and that is both a privilege and a responsibility.

Jon Healey, Advisory Board and Champions Member

A privilege and a responsibility, in the same breath. That's the emotional truth of care work, and it's why these stories matter so much to care workers' wellbeing. Being present at the most vulnerable moments of other people's lives, over and over, is a big thing to carry. It can be a source of real meaning, and that's part of why people stay. It can also be a source of strain that, left unspoken, quietly pushes people out. Another member put the unfairness of it plainly, that for all the knowledge and steadiness the role demands, the recognition just doesn't follow:

Despite the responsibility; knowledge and emotional resilience the role requires, care work continues to be underestimated, undervalued and underpaid.

Attiya Malik, Advisory Board and Champions Member

When work this demanding gets treated like anyone could do it, the message care workers receive is that what they carry doesn't count. That message costs the sector dearly, because it costs us people we can't afford to lose. Giving care workers space to tell their own stories, to be heard rather than just counted, isn't a soft extra on top of the real business of workforce planning. It's part of keeping people well enough, and valued enough, to stay.

As a former care worker myself, I know how much you take home with you, and how rarely anyone asks about it. Much of what we do at the Care Workers Charity exists because that weight is real, and because too many care workers have carried it with no support at all. The other stories in this sector, about who holds power over the narrative and who gets to tell it, matter enormously. But there's one we shouldn't overlook: the story each care worker carries in themselves. Making room for those stories isn't sentiment. It's how we protect the wellbeing, the identity and the future of the workforce this country depends on.

 thecareworkerscharity.org.uk

*You become part
of people's lives at
some of their most
vulnerable moments.*



The Journey to Co-Production



Nikki Jones

SENIOR INVOLVEMENT AND
CO-PRODUCTION MANAGER
UNITED RESPONSE

Nikki Jones, Senior Involvement and Co-production Manager at United Response, explores how co-production can move beyond involvement to recognise what everyone has to offer – creating stronger communities and fuller lives.



Better lives and stronger communities are created when everyone's contribution is recognised and valued.



Further reading

Big Lives – United Response
unitedresponse.org.uk/about/big-lives/

Over my career in social care there have been many attempts to embed co-production into everyday support within the boundaries of funding and ever-changing processes and procedures.

The Timms report and the Casey Commission are recent examples of government proposals that draw on co-production to inform policy and shape the future of social care. Alongside this, the new president of the Association of Directors of Adult Social Services (ADASS) has spoken about wanting to “put the social back into social care”. There is clearly a growing recognition that the future of social care is about more than services alone. But this raises a simple question: what does co-production actually mean?

Often we think about people with lived experience sitting on forums, joining working groups, attending meetings, helping shape policies or contributing to organisational decisions.

Those things matter, but they are not the heart of co-production.

Edgar Cahn, who reframed the concept in the 1990s, challenged us to begin from a different assumption: that every person has gifts, strengths and something to contribute. Rather than seeing people through the lens of need or the labels they carry, co-production recognises that better lives and stronger communities are created when everyone's contribution is recognised and valued.

That shifts the question from “how do we involve people?” to “how do we create the conditions for everyone to contribute what only they can?”

As part of United Response's new strategy, **Big Lives**, we have an ambition to become the most co-produced charity in the UK. The more we examine what this means, the more I find myself using the phrase “working together” instead.

When people hear “working together”, they tend to think about relationships. Partnership. Shared purpose. People bringing their different experiences, strengths, skills and perspectives to solve problems together. That feels much closer to what we're trying to achieve.

A Different Story for Social Care

One of the learnings we are shaping is the importance of language as a way to frame social care. The words we use shape how we think. How we think shapes how we act. And how we act shapes the lives and opportunities people experience as their reality.

If co-production was truly integrated across health and social care, then in ten years' time there would be tailored support and truly integrated communities. One major change would be in public perception. The authenticity of the narrative around people who draw on social care would tell a new story – one framed not around cost and loss, but around what we have to gain. It would seem unthinkable that people with learning disabilities and autism were only supported to have opportunities for friendship and belonging within segregated services, rather than as valued members of their local communities. Nor would their support simply be considered in the context of supporting and saving the NHS.

Our understanding of quality would change too. Safety and compliance would always remain essential, but we would also ask different questions. Do people have people who love them? Are they connected to their communities? Do they have purpose? Friendships? Opportunities to contribute? Are they able to pursue the ambitions that matter to them? Because that is how we all judge the quality of our own lives.

Perhaps the biggest challenge is not ‘how we do co-production’. It's learning how to see people differently. Once we recognise that everyone has something to offer – not simply needs to be met – working together becomes the obvious way forward.

Social care is no longer something that is done to or for people; it becomes something we create together. And in doing so, adult social care becomes not an end, a final destination, but a pathway to a full life filled with the same hopes, relationships and opportunities for everyone.



unitedresponse.org.uk

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*We have an ambition to become the most
co-produced charity in the UK.*

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Changing the Story

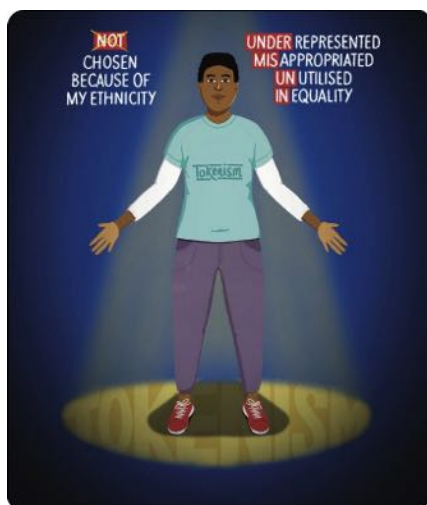
Putting Anti-Racist Co-Production into Practice



Isaac Samuels

PARTNER
CO-PRODUCTION COLLECTIVE

Isaac Samuels, Partner at Co-Production Collective, explores how anti-racist co-production can challenge power, centre lived experience and create meaningful change across health and social care.



Karen Cox

It is not our differences that divide us. It is our inability to recognise, accept, and celebrate those differences.

Audre Lorde

Social care has a storytelling problem. Not because it lacks stories — quite the opposite. The sector is full of them. But too often, the stories being told about communities, about need, and about who counts as an expert are shaped by systems and structures that have historically excluded the very people they claim to serve.

If we want to change how care is understood, delivered, and governed, we have to change who gets to hold the pen.

That is what anti-racist co-production is about.

Where This Work Began

In October 2023, Co-Production Collective launched a project in partnership with People's Voice Media to understand the experiences of individuals from racialised backgrounds and global majority communities within co-production spaces. It emerged from a simple but urgent concern: that racialised people were experiencing harm in rooms that were supposed to be safe, equitable, and collaborative.

Over the course of a year, myself and Samantha-Jane Ofoegbu gathered more than 37 personal stories. We ran sense-making workshops and held two “Conversations of Change,” where people responded to our initial findings and pushed us further.

What emerged was not a dry audit. It was a portrait of systemic exclusion playing out in rooms full of people who believed they were doing good work.

One comment from those conversations has stayed with me ever since:

“You can’t do co-production without talking about racism.”

What the Stories Revealed

The racism documented in this work is not always loud or intentional. It lives in who speaks first and who waits until the door is nearly closed. It lives in whose discomfort gets centred when race is raised, and whose expertise is treated as anecdotal rather than authoritative.

People spoke of tokenism — of being the only Black or Brown person in a room while discussions about “equality and diversity” circled around everything except race. Of the exhausting double burden of contributing lived experience while also managing the weight of making the room feel safe for everyone else.

Participants shared a common belief: that co-production spaces often maintain hierarchies and retain power imbalances — the very hierarchies these spaces were designed to dismantle.

If co-production is the mechanism by which we are meant to correct these inequities, then it must itself be anti-racist. Otherwise, we are simply replicating the problem in a different room.

From Stories to Action

Informed by the stories and sense-making work, four core recommendations emerged.

Centre the voices of racialised individuals. Their perspectives must be integral to the process, not an afterthought.

Create spaces for open dialogue about race. Conversations around racism and power dynamics should not be avoided or glossed over. Organisations need to create environments where these discussions are welcomed, even when uncomfortable.

Commit to anti-racism as an ongoing process. Anti-racism work is not a one-off event. It is a continuous commitment.

Empower Global Majority leadership. People from the global majority should not only be included but empowered in leadership roles — not as consultees, but as architects.

You can’t do co-production without talking about racism.

From Involvement to Leadership

Lived experience brings something that no policy document, audit, or consultation exercise can replicate: the knowledge of what it actually feels like to need, use, or be failed by a care service.

But lived experience leadership has to mean leadership — not just involvement. Not a seat at the table where the agenda has already been set, but genuine power to influence what gets discussed, what gets resourced, and what gets changed.

The most common mistake is treating inclusion as a communications challenge rather than a power challenge. Organisations diversify their imagery, add a lived experience advisory group, use the right language in their strategies — and assume the job is done. But representation without redistribution of power is performance, not progress.

Genuine inclusion requires psychological safety. It requires flexibility. It requires payment. And it requires accountability.

Turning Words into Action

Since the report was published in February 2025, a Global Majority-led Anti-Racism Working Group has been established — made up of racialised co-producers, white allies, staff members, and academic partners at UCL. This was a deliberate shift in power: decisions about anti-racist practice should be led by those most affected by racism, not designed on their behalf.

Community Commitments and Collective Safety Tips followed. These are not abstract value statements. They are tools for accountability, used in real sessions and refined through ongoing feedback.

The Amplifying Voices Programme, launched in 2025 in partnership with People's Voice Media and funded by the National Lottery, was designed for individuals from global majority communities who want to develop skills, deepen expertise, and make real impact. It is not a tokenistic involvement exercise. It is an investment in leadership.

This Work Is Never Finished

Individual organisations doing better is necessary but not sufficient. The narrative of social care will only genuinely shift when lived experience — in all its diversity — shapes policy at a system level.

That means commissioners and policymakers actively seeking out leadership from racialised communities, not just consultation at the end of a process. It means research frameworks that treat lived experience as evidence, not illustration. And it means sector leaders asking whose voices are shaping decisions, and who is still missing.

Anti-racism is not a training day or a strategy document. It is a sustained commitment to examine power, challenge assumptions, and keep asking whether the people most affected are the people with the most influence.



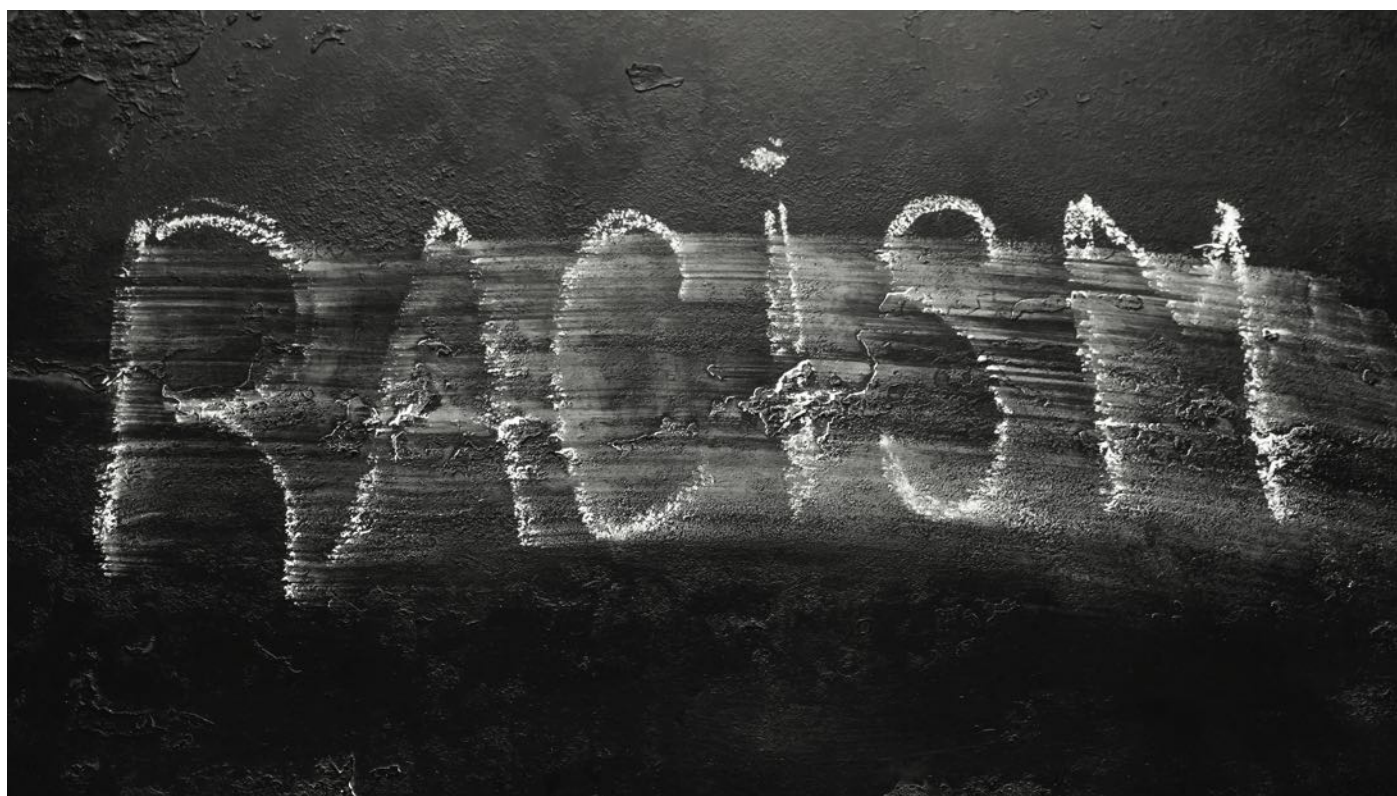
Representation without redistribution of power is performance, not progress.



The story social care tells about itself is changing. Anti-racist co-production, grounded in lived experience leadership, is one of the most powerful ways to shape what that story becomes.

 coproductioncollective.co.uk

Explore the full insight report and video stories at coproductioncollective.co.uk. For anti-racism training for your organisation, contact coproduction@ucl.ac.uk



Why Organisational Culture Shapes Better Care



Liz Jones

DEPUTY CHIEF EXECUTIVE
AND POLICY DIRECTOR
NATIONAL CARE FORUM (NCF)



Reena Devi

ASSOCIATE PROFESSOR IN APPLIED
HEALTH AND CARE RESEARCH
UNIVERSITY OF LEEDS

Liz Jones, Deputy Chief Executive and Policy Director at the National Care Forum, explores how strong leadership and an investment in staff can strengthen recruitment, retention and care, drawing on insights from Reena Devi, Chief Investigator of the REACH Study.



NCF members were integral to the research, from the design stage through to participating in the testing of the findings.



Our not-for-profit members tell us consistently that leadership matters in their organisations and that this comes from the top down, informing every area of operation and care delivery, particularly in terms of the recruitment and retention of care and support staff. Intrinsic to the not-for-profit model is an important ethos – to invest in, reward and recognise staff. Baking this into organisational culture not only creates better quality care but also reduces the high cost and resource burden of constant staff churn.

Looking across the wider not-for-profit provider market, available research studies and surveys in the UK and abroad indicate that not-for-profit care and support settings are more likely to have improved staffing levels, and staff terms and conditions. These may include access to beneficial training opportunities, increased overall staffing levels and favourable contract terms.

More favourable terms and conditions in not-for-profit settings also appear to be sustainable in the context of economic pressure and challenge. During the first year of the Covid-19 pandemic, frontline care staff reported better pay, terms and conditions when working in not-for-profit care organisations. Staff were more satisfied with their sick pay, experienced smaller increases in their workloads and hours, and were more satisfied with the support they received from their manager.

In addition, the 2025 Personnel Survey Report, produced as part of our Social Care Reward survey, showed that among NCF members the average rate of staff employed on zero-hours contracts was 13%. This compares favourably with the wider sector, where, according to Skills for Care, 29% of the adult social care workforce – or 330,000 filled posts – were employed on a zero-hours contract.

The REACH study (REcruiting and REtaining nurses, and carers in Care Homes: what works, for which staff, under what circumstances, and at what cost), in which the NCF were co-investigators, sets out strategies that can help employers be more successful with recruitment and retention. NCF members were integral to the research, from the design stage through to participating in the testing of the findings.

What Works in Practice

The study identified five practical and evidence-based ways of improving staff recruitment and retention strategies, summarised by its Chief Investigator, Reena Devi, Associate Professor in Applied Health and Care Research at the University of Leeds:

Effective job interviews which involve assessing applicants' suitability, their values and motivations, and setting realistic expectations around what the job involves.

Providing staff with career opportunities. This starts with comprehensive inductions for new starters, continued formal and on-the-job learning for early career staff, and, for experienced staff, opportunities to mentor early career staff and courses to refresh competencies or advance learning on specific topics.

Rewarding and recognising staff through being relational – for example, positive feedback and encouraging staff – supporting staff wellbeing, and providing financial incentives such as paid time off, perks and salary increases.

Promoting work-life balance through offering flexible working options to help accommodate personal circumstances, such as caring responsibilities outside of work.

Supporting staff with caring conversations through regular informal conversations between managers and frontline staff to share concerns and seek support, with managers in turn responding to and acting on feedback.

These strategies work together to improve staff recruitment and retention. Retention starts early, at the recruitment stage, while career development opportunities, rewards and recognition, flexible working options and caring conversations help staff feel listened to, respected and valued. This in turn helps to build job satisfaction and a belief in the organisation's culture.

NCF and our members believe culture isn't defined by policies or mission statements, but by the everyday behaviours, standards, values and relationships that shape how care is experienced. For our members, this belief forms an intrinsic part of their everyday operations, which they strive to embed throughout their organisational culture and ultimately shape better care, giving people who draw on their services the best chance to live their lives to the full.

The research findings described in this article are based on a research study called The REACH study, led at the University of Leeds. The REACH study was funded by the National Institute for Health and Care Research, Health Services and Delivery Research (reference NIHR131016). The views expressed here are those of the authors and not necessarily those of the NIHR, NHS or Department of Health and Social Care.

 nationalcareforum.org.uk



Further reading

The REACH Study – Recruitment and retention in care homes
journalslibrary.nihr.ac.uk

Sources: Borsa et al. (2023); Walker et al. (2022a); Walker et al. (2022b); Fotaki et al. (2023).



***Our not-for-profit
members tell us
consistently that
leadership matters in
their organisations.***



The Certificate Proves Nothing

Why Oliver McGowan Training Must Go Beyond Compliance



thehealth&safetygroup

Gemma Warren
DIRECTOR OF TRAINING
THE HEALTH & SAFETY GROUP

Gemma Warren, Director of Training at The Health & Safety Group, explores why the Oliver McGowan Mandatory Training must go beyond completion figures, putting lived experience at the heart of lasting change in care.

“Completion and cultural change are not the same thing.”

A certificate tells you someone sat in a room. It does not tell you whether the care they provide got any better.

I keep coming back to that simple truth. The numbers surrounding the rollout of the Oliver McGowan Mandatory Training on Learning Disability and Autism are extraordinary, but they should not lull the sector into a false sense of security. The Oliver McGowan Training was never designed to be a box-ticking exercise. Completion and cultural change are not the same thing, yet many still treat them as if they are.

As we approach the 10th anniversary of Oliver McGowan's death on 11th November, his legacy must be viewed as more than a completion figure. His story exposed a serious gap in understanding across health and social care. The whole point of the Oliver McGowan Training created in his name is to close that gap in the real world, not on a spreadsheet.

The Power of Personal Narratives

Statistics can show scale, but stories are often what shift behaviour. In feedback after one of the sessions, a delegate admitted they “did not have high expectations” but left with “fundamentally changed perceptions” of how their service should support people with a learning disability and autistic people. They added that they were “determined” to make serious adjustments to their services.

That is the point. The value is not simply that someone found the training useful, but that hearing lived experience made them look again at their own practice, their own service and the changes they could make. No policy document or regulation achieves that level of understanding. First-hand accounts are vital to challenge unconscious bias and encourage reflection on practices delegates may not have previously questioned. When learners hear about the barriers faced directly from autistic co-trainers and co-trainers with a learning disability, it challenges assumptions in a way a textbook never could.

Avoiding the Tokenism Trap

Lived experience is not just a nice touch bolted onto compliance. It is the engine of Oliver McGowan Training. However, lived experience can absolutely become tokenistic. It happens the second an organisation treats it as a box to tick, by bringing someone in to share their story, thanking them, and then carrying on exactly as before.

A meaningful involvement has to look at it from a completely different view. It means the same people who speak in the training room also have a seat at the table when you plan services, review a complaint, or redesign a care plan. The principle of ‘nothing about us, without us’ does not clock off when the training session ends.

Culture Over Compliance

Social care has leaned heavily on compliance to drive change, and I understand why. Compliance is measurable. It gives you a reassuring number for the board. But culture is what actually changes how someone speaks to a frightened patient at 2am, and you can't get that from a certificate. Caregivers get it from empathy, reflection, and honest conversations with the autistic co-trainers and co-trainers with a learning disability.

Many learners do not fully understand before attending how powerful it can be to engage with lived experience. However, delegate feedback repeatedly highlights that this approach is “eye-opening” and “informative,” leaving them better equipped to support people with a learning disability or autistic people.

Creating Safe Spaces

There is a duty of care here, too – one that the sector does not always discuss enough. For many trainers with lived experience, sharing their story can take huge strength. Providers need to have a responsibility to make that environment safe.

Their role is not to deliver a polished corporate presentation, but to help delegates understand what good care and reasonable adjustments mean in real life. Supporting them requires thorough preparation, recognition, and never treating a person's most difficult experiences as easy content. If that is implemented wrong, you will lose the value that makes the Oliver McGowan Training work.



The True Measure of Success

With government funding for the Oliver McGowan Mandatory Training extended to 2027, we have seen demand growing, and providers must use this opportunity to create real impact rather than just attendance.

As an industry, we must change the question asked from “Have our staff completed the training?” to “Can people with a learning disability or autistic people actually tell the difference in the care they receive?”

Answering that requires looking at the evidence already collected but rarely joined up. Patient feedback, compliments and complaints, incidents and frameworks like Ask Listen Do exist precisely to help organisations learn from real experiences. Together, they will tell caregivers whether the learning has reached the person or stopped after the training.

Attendance alone should never be the end goal. The real value comes when delegates leave with a greater understanding, more confidence and a clearer sense of how they can make adjustments to provide better support.

This application and commitment will then ensure the difference Oliver’s story was always meant to make. At The Health & Safety Group, we have seen firsthand how transformative this training can be when delivered with lived experience at the heart, but the Oliver McGowan Mandatory Training is only the start, and it is up to the sector to make the real difference.

 healthandsafetygroup.com

*Statistics can
show scale, but
stories are
often what
shift behaviour.*



Further reading

- [Oliver McGowan Mandatory Training on Learning Disability and Autism](#)
- [Ask Listen Do](#)
- [NHS England – Learning Disability and Autism Programme](#)
- [Oliver’s Campaign](#)



How Do We Measure a Good Death?

Beyond the Statistics in End of Life Care



Julie Armstrong-Wilson

CHIEF OPERATIONAL OFFICER
THE GOLD STANDARDS
FRAMEWORK CENTRE CIO



*A good death
is a good
outcome.*



How do we measure a good death? Julie Armstrong-Wilson argues that meaningful end of life care cannot be judged by statistics alone, and that the experiences, wishes and voices of people and their families are just as important in understanding what quality care really looks like.

End of life care, defined as the final year of life, is something we will all encounter when working in the care sector. However, we know that people's experiences of the care they receive are not always positive.

Improving end of life care is informed by the outcome measures we capture at an individual level. These outcomes include whether a person achieved their preferred place of care and death, and whether there was a reduction in unnecessary hospital admissions, bed days and hospital deaths. This is all quantifiable data and captured easily at system level, but the quality and experience of care are not robustly captured within these systems. This, in turn, fails to recognise that high-quality end of life care requires both statistical and anecdotal evidence to be truly reflective of impact. Supporting people to be cared for at home is reliant on having the relevant support networks in place, and people need to feel listened to and heard. They also need to feel safe and not feel isolated as this can have a negative impact on their experience of care. Compassion, dignity, trust and emotional support cannot always be captured in a statistic, but they are often the aspects of care that individuals and their loved ones remember as being the most important.

Proactive planning for the future gives people the opportunity to explore what matters most to them. Having advance care planning discussions, exploring people's hopes and fears for the future, and documenting these in an advance care plan helps to guide those providing care. It also provides the opportunity to reflect back following a death to see if the care delivered was in alignment with the person's wishes. For example, if a person was concerned about what would happen to their dog after they died, exploring rehoming options with them and ensuring their pet was rehomed according to their wishes is an example of a meaningful quality outcome. Identifying something of importance to the individual and successfully achieving it should be recognised and documented as a positive outcome.

As carers, both formal and informal, we can often assume we know what is important to a person, but unless we ask, how do we really know? Dying at home may have been their preferred place of care and death, but if they did not experience a good death at home, then it is a poor outcome.

Systematically offering advance care planning discussions during the final 12 months of life, alongside gathering feedback through bereavement surveys and bereavement and carer support groups, helps inform the development of compassionate communities, systems, workforces, and care to improve people's experiences and outcomes. At a GSF Accredited care home, advance care planning enabled staff to advocate for a resident's wishes when she experienced a sudden deterioration in her health. As a direct result of her preferences being recorded, the team were able to support her to remain in the care home rather than experience an unwanted hospital admission, with the potential for a long wait in A&E or receiving corridor care. The impact was undeniable. She was able to spend her final days surrounded by familiar people, in the place of her choice.

Giving our workforce the opportunity to reflect on what is important to each individual and celebrate when people have achieved the death they wanted is a measure of success. Capturing people's experiences of care through

qualitative feedback, alongside quality improvement data such as acute admissions, provides a more complete picture of end of life care. Together, these measures can inform local decision making and drive meaningful improvements.

The Gold Standards Framework is a service improvement programme that is focused on organisational change using a systematic approach to end of life care through early identification, advance care planning discussions, supporting people to live well and experience a dignified death in their chosen place, supporting families, carers and staff to identify the dying phase, understand the dying process and provide compassionate bereavement care.

GSF Accreditation enables providers to demonstrate impact through reductions in unnecessary admissions and hospital deaths, and to demonstrate the positive experiences of care, through case studies,

After Death Analysis (what went well and what could be improved upon) and interviews with staff and family members about their experience of care. It empowers staff to continually reflect upon the service they provide and make improvements where needed.

If policymakers understood one thing about the impact of high-quality end of life care, it should be this: a good death is a good outcome, but achieving it requires a skilled generalist workforce whose practice is informed by both statistical evidence and lived experience.

 goldstandardsframework.org.uk

END OF LIFE CARE

“
Compassion, dignity,
trust and emotional
support cannot always
be captured in
a statistic.
”



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- **Kate Garraway** – Broadcaster, Journalist & Author
- **Nadra Ahmed CBE** – Executive Co-Chair, National Care Association
- **Pam Bainbridge** – Managing Director, Strong Life
- **Angela Boxall** – Chief Executive, Majestic Care & Chair, Care England
- **Lucy Corner** – Managing Director, Cornerstone Consultancy
- **Dr Olivia Curno** – Chief Executive, Elizabeth Finn Homes & Care England Policy Board
- **Rachel Hill** – Chief Executive, Friends of the Elderly
- **Hannah Montgomery** – Co-Founder, Grace Cares
- **Raina Summerson** – Chief Executive, Agincare
- **Katie Thorn** – Director of Innovation, Digital Care Hub
- **Dr Jane Townson OBE** – Chief Executive, Homecare Association

Speaker line-up subject to change.

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framework



Making Sure Nobody Slips Through the Cracks



Holly Hunt

 SENIOR MENTAL HEALTH NURSE
 CYGNET CEDARS


How one nurse turned her family's experience of cancer into a pioneering initiative helping people with learning disabilities recognise changes in their health and speak up sooner.



Holly and Aunt Michelle



Sometimes it's the small conversations that make all the difference.



For Holly Hunt, Senior Mental Health Nurse at Cygnet Cedars, tackling health inequalities for people with learning disabilities is more than a professional passion. It is deeply personal.

Last year, Holly's aunt Michelle, who has learning disabilities, was diagnosed with breast cancer after symptoms had gone unnoticed for months.

Michelle had struggled to communicate that something was wrong and had been covering a wound with plasters without telling anyone. It was only when a support worker noticed the issue and raised concerns that further investigations began.

By the time Michelle received treatment, she required major surgery.

Doctors discovered large tumours measuring 8.5cm and 5cm. Initial biopsies came back as non-cancerous, bringing huge relief to Holly and her family, who shared the positive news with Michelle.

However, because of the size of the tumours, doctors recommended a precautionary mastectomy. Further testing following surgery revealed that the tumours were, in fact, cancerous. Michelle then needed further surgery to remove lymph nodes, followed by radiotherapy.

For Holly and her family, the experience was devastating. It also brought home just how easily signs and symptoms can be missed when someone finds it difficult to recognise or communicate changes in their health.

Holly said: *"Michelle is one of the most independent, kind and joyful people you could ever meet. Watching someone you love go through something like that was incredibly difficult."*

"It made me realise that it didn't have to get to the point where she needed such extensive treatment. Earlier intervention could have made such a difference."

That experience strengthened Holly's determination to improve cancer awareness and access to screening for the people she supports.

At Cygnet Cedars, a complex care service for men with learning disabilities, Holly recognised that some people may struggle to identify changes in their bodies or explain when something does not feel right.

Working alongside colleagues, she helped develop accessible, easy-read cancer awareness and screening tools to help people better understand their bodies and recognise symptoms or changes that may need medical attention.

The initiative forms part of Cygnet Group's wider Cancer Awareness and Prevention Campaign and has already made a tangible difference.

After using the resources, two people supported at the service came forward with concerns after discovering lumps. Both were able to access GP support quickly and receive treatment.

Thankfully, neither case was cancer-related, but for Holly, the fact that they felt able to recognise a change and speak up demonstrated exactly why the work matters.

She said: *"If someone doesn't understand what they're being asked, how can we expect them to answer honestly?"*

"We've already seen the impact these tools can have. Two people spoke up, they were listened to, and something that could potentially have been missed wasn't."

"That's what nursing is all about, helping people feel heard and making sure nobody slips through the cracks."

Holly's work, alongside colleague Nimo Nuur, led to the pair being shortlisted in the Learning Disability Nurse Award category at the National Learning Disabilities and Autism Awards.

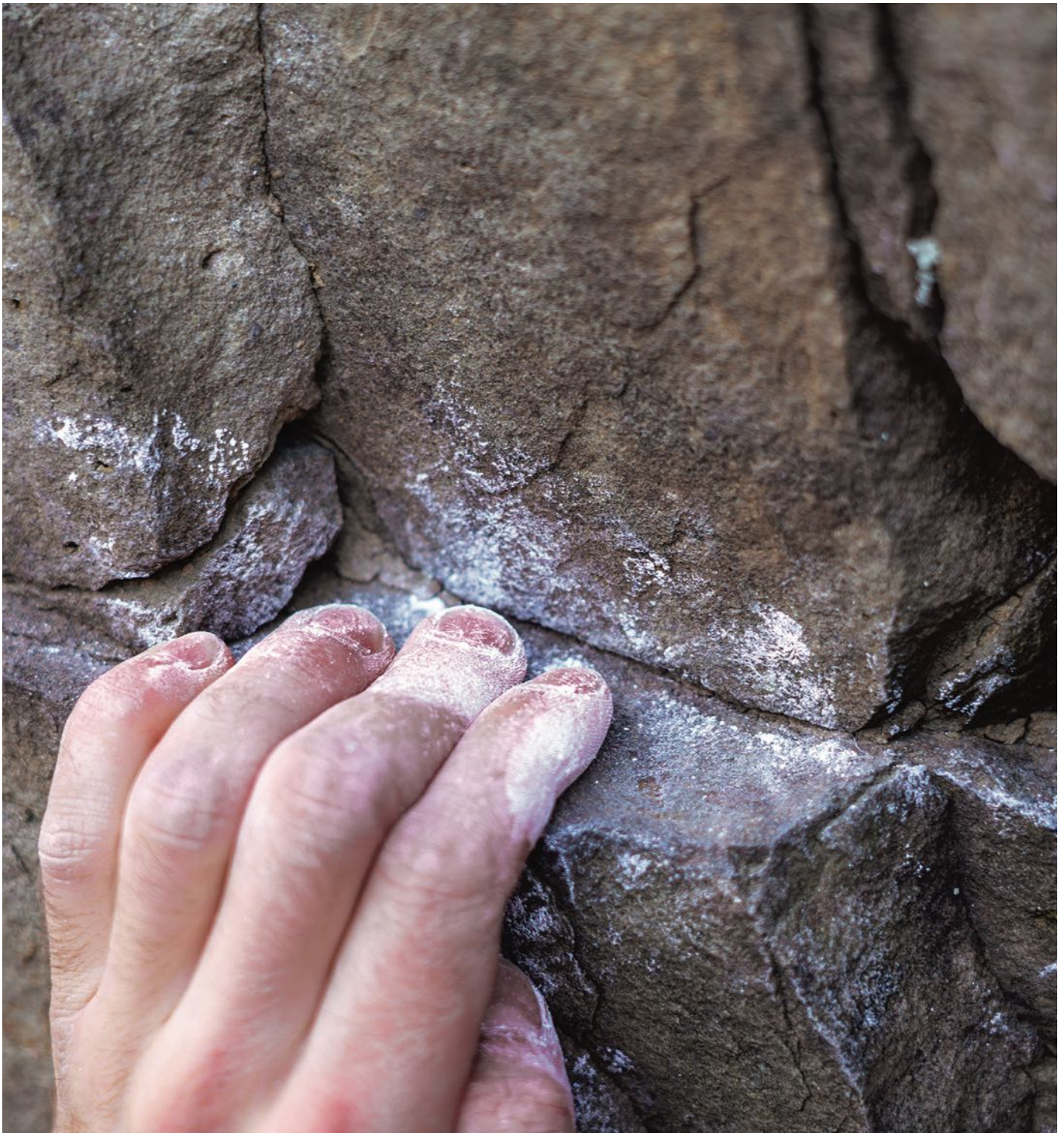
But the real measure of success is what happens beyond awards and recognition: people becoming more confident in understanding their own health and feeling able to tell someone when something is wrong.

Holly hopes the work will continue to reduce health inequalities and improve outcomes for people with learning disabilities. For her, accessible information and the right conversation at the right time can make an enormous difference – and could ultimately save a life.

“Sometimes it’s the small conversations that make all the difference,” she said.

 cygnetsgroup.com

If someone doesn’t understand what they’re being asked, how can we expect them to answer honestly?



What Is the Behaviour Trying to Tell Us?



Salina Sabur

CLINICAL OPERATIONS SUPPORT
LANGDALE CARE HOMES

How one nurse is helping care teams look beyond behaviours that challenge and understand what the people they support may really be trying to tell them.



What may initially seem difficult to understand often begins to make sense.



A resident who was once sociable suddenly stops joining activities. Another becomes resistant to care. Someone becomes distressed by a routine they previously accepted.

It can be easy to focus on the behaviour. But what if the behaviour isn't the problem at all?

It may be communicating something deeper: fear, pain, a memory, loss of independence, an unmet need or an emotion the person can no longer express in the way they once did.

For Salina Sabur, Clinical Operations Support at Langdale Care Homes, understanding what sits behind these responses is an increasingly important part of delivering good care.

A dual-registered Adult and Mental Health Nurse with a First-Class MSc in Nursing, Salina works alongside care teams to strengthen their understanding of how mental health, emotional wellbeing and communication influence the way people respond to care.

Her approach starts with a simple question: rather than asking how we stop a behaviour, should we first be asking what the person is trying to tell us?

This approach has encouraged teams to think differently about the people they support. Rather than viewing actions in isolation, staff are supported to consider an individual's life experiences, routines, preferences, emotional wellbeing, communication needs, cognitive abilities and environmental influences.

For many residents living with dementia and other cognitive conditions, responses that may appear challenging are often linked to difficulties processing information, expressing needs, understanding their surroundings or coping with situations that may feel confusing, unfamiliar or distressing. When viewed through this lens, what may initially seem difficult to understand often begins to make sense.

The benefits extend far beyond clinical practice. When staff feel confident in understanding the reasons behind a person's responses, they are better equipped to provide reassurance, reduce distress and develop support strategies that are both compassionate and effective. Residents benefit from more personalised care, families gain greater confidence in the support being provided and care teams develop stronger professional confidence.

Across the sector, there is growing recognition that mental health should not be viewed separately from physical health. Emotional wellbeing influences how people communicate, engage with others, respond to care and experience daily life.

For residents living with dementia, anxiety, depression, trauma or other mental health conditions, these responses are often a form of communication rather than deliberate actions. Due to changes in cognition, memory, perception and understanding, individuals may express fear, frustration, discomfort, confusion or unmet needs in ways that others find difficult to interpret.

This is why education and professional development remain such important parts of improving care quality. Through mentoring, guidance and collaborative working, professionals like Salina are helping to equip care teams with the knowledge and confidence needed to respond to increasingly complex needs.

The future of social care will not be defined solely by new technologies, improved systems or changing regulations. It will also be shaped by our ability to understand the people we support more fully.

Behind every expression of distress, uncertainty, frustration or unmet need is an individual with a unique history, a lifetime of experiences and a story that continues to matter. The more effectively we understand those stories, the better positioned we are to deliver care that is not only clinically effective, but genuinely compassionate.

Supporting the Living Before They Become the Dying



Julie McAvoy and Ruth Naylor-Thomas

COMMUNITY NURSE AND PARAMEDIC
UNITY PEOLC



The story of two healthcare professionals who turned their shared frustrations with end-of-life care into a service helping people live meaningfully until the very end.



*Dying matters.
But helping people
live until the very
end matters even
more.*



Unity PEOLC was never created as a business idea. It was born from years of witnessing the same heartbreaking situations unfold.

Julie McAvoy, a Community Nurse with 11 years' experience, and Ruth Naylor-Thomas, a Paramedic with over 20 years' experience, came together by chance but quickly realised they shared the same frustrations. Although they worked in different professions, they were seeing the very same gaps in end-of-life care.

Again and again, they found themselves asking: "Surely we can do better than this?"

Patients nearing the end of their lives could be left upstairs because there was no safe way to move them downstairs to a bed where they could spend precious time more comfortably. Community teams often relied on ambulance crews or the Fire and Rescue Service to help move someone safely, despite specialist evacuation equipment already existing within ambulance services. Families were left waiting, often distressed, while healthcare professionals did everything they could within the limitations of the services available.

As a Community Nurse, Julie questioned why community teams did not have access to specialist equipment, such as evacuation chairs, to help people remain comfortable at home and fulfil their wishes safely. As a Paramedic, Ruth questioned why frontline ambulance clinicians received so little specialist education in palliative and end-of-life care, and why avoidable hospital admissions still occurred for people who had clearly expressed a wish to remain at home.

Rather than accepting these challenges as "just the way things are", Julie and Ruth decided to become part of the solution.

Combining their clinical knowledge, personal experiences and shared passion, they created Unity PEOLC – an organisation dedicated to bridging gaps in end-of-life care, supporting families and working alongside existing services.

The defining moment came when they were asked to help fulfil the final wish of a lady nearing the end of her life. Her dream was to attend her son's wedding.

Following comprehensive nursing and paramedic assessments, careful planning, risk assessment and consent, they safely enabled her to attend.

Not long afterwards, she died peacefully.

Before her death, she thanked Julie and Ruth for giving her something that nobody else could. Those words have remained with them ever since because, in many ways, she was right. There was no service designed to make moments like this possible.

That experience became the foundation of Unity PEOLC.

Julie and Ruth believe healthcare should not only focus on helping people die well, but on helping them continue to live meaningfully for whatever time remains. Their vision is to support the living before they become the dying, giving people dignity, choice, compassion and the opportunity to create lasting memories.

They often reflect that we live in a world capable of extraordinary medical advances, yet too many people still spend their final days in environments that cannot offer the privacy, comfort and dignity they deserve. They believe everyone should have access to specialist support that helps them remain where they choose, surrounded by the people who matter most.

Today, Unity PEOLC continues to grow, with a vision of transforming end-of-life care through innovation, education, collaboration and compassion. Their ambition is not to replace existing services but to work alongside them, filling the gaps families experience every day.

For Julie and Ruth, one belief sits at the heart of everything they do:

"Dying matters. But helping people live until the very end matters even more."

What Keeps Me Awake at Night



Rachael Shimmin

CHIEF EXECUTIVE
ANCHOR

Rachael Shimmin, Chief Executive of Anchor, reflects on the responsibility of helping older people live well – and why the future of housing and care demands long-term thinking.



What I don't want for older people is the experience that happened to my Nanna.



Other than my early career as a social worker in children's services, I have to say that I am rarely kept awake at night. If I reframe the question though to consider what is most on my mind as a CEO, the answer to that is very simple: that we are doing all we can as an organisation to give our residents the very best we can, whether that relates to housing or residential care.

Day in and day out, thousands of older people rely on us and other providers of housing and care for a safe home and high-quality care and support that helps them live well. That is an enormous responsibility. It is also what gives our work its meaning. Every strategic discussion about policy, funding, recruitment or innovation has at its heart a person who needs to feel safe, valued, independent, and connected.

That is why consistency and quality matter. We want every resident to have confidence that they will receive consistently high standards of care, support and service, regardless of where they live or which service they use.

The challenge for us and all providers is that we are trying to deliver services in an environment that continues to be complex, fragmented, and confusing, with an as-yet unresolved national approach to adult social care. And yet the needs of residents are here and now, regardless of what is happening around us.

Our leadership task is to balance our thinking about how we deliver great services with consideration of how we plan the service delivery of the future. That means investing in our homes, our technology and our people, and considering both current models of housing and care alongside what might need to be different in the future. It means being clear about what we can control: excellent services, listening carefully, improving continuously and keeping residents at the centre of every decision.

Despite our challenges, I remain optimistic. Having lived through many governments suggesting that they will 'solve' adult social care, we should once again lean into this debate and help with the thinking at a national level based on our experience of providing those services. A new Prime Minister with a track record and lived experience of the social care system, and the Casey Commission's Big Conversation, mean that we have tangible opportunities to rethink how housing, care and support work together.

Older people do not experience life in separate categories of housing, health, and care. They are part of communities and want and need joined-up support that helps them stay independent, healthy, and connected to their communities. Supported housing contributes directly to wellbeing and quality of life. Care and support should help people maintain independence for as long as possible and provide confidence when more help is needed.

Let's think more widely as a country and as a society about the role that housing and care can provide: for example by using specialist residential care to help people avoid admission to hospital or encourage early discharge either as a residential based re-ablement service or as discharge to assess provision. Let's consider extra care as a step along the way in helping people regain their independence before returning to their own homes.

What I don't want for older people is the experience that happened to my Nanna, a profoundly deaf woman who co-parented me for much of my childhood. Following a fall in her 80s there was no attempt at re-ablement or confidence building, no review of medication or consideration of need. A proud member of the deaf community, she ended her years in a residential environment in which not a single member of staff learned to sign, no one had any regard for whether she wore her own clothes or not and where people referred to her without using the first name that she had adopted from birth.

Any plan for a different version of social care can only succeed if we think about what people actually need to maintain as much independence and control as they can. Alongside that, workforce is clearly a huge consideration because no matter how grand our ambitions, or how carefully we think through new models of care, they can only work if we have great people to deliver services. That requires strong leadership and management, a positive culture, and a workplace where people feel valued, heard, and supported.

In Anchor we are determined to do more to listen not only to our residents but to our colleagues. None of us have a monopoly on wisdom, no matter what our job titles or how much we are paid. The people closest to residents often understand most clearly where we are making a difference and where we need to improve.

My experience in transforming and improving services has taught me a number of important lessons about co-creation and design. Successful transformation is ultimately about people. Systems and structures matter, but lasting change comes from engagement both within and outside organisations, developing trust and clearly focussing on outcomes.

If I could change one thing tomorrow, it would be to establish a long-term national commitment to the future of ageing, housing and care - and, critically, rolling out solutions that we can implement quickly and at scale with residential based re-ablement and more imaginative uses of extra care housing among them. The needs of an ageing population are not temporary. They require sustained attention, long-term planning, and investment in prevention as well as care.

Our work really matters in this space, let's make our time in it count.

 anchor.org.uk

“
*None of us have
a monopoly on
wisdom, no matter
what our job titles.*
”



The TOUGH Question...

Is It Time for Social Care to Stop Asking for Permission?



Amrit Dhaliwal

CHIEF EXECUTIVE AND FOUNDER
WALFINCH HOME CARE

A new Prime Minister is now in office, but after decades of promises and delayed reform, has social care spent too long waiting for government to act? Amrit Dhaliwal, Chief Executive and Founder of Walfinch Home Care, argues that the sector's future will be shaped not in Westminster but by the providers, carers and entrepreneurs already driving change.



Nobody was going to hand social care its future.



Whether it is that sits at Downing Street, they make the same promise to 'save' social care. Since Andrew Dilnot's landmark review in 2011, successive governments have pledged reform, and yet providers find themselves no better off. Fifteen years is a long time to wait for permission to fix something almost everyone agrees is broken.

So, what if the sector stopped waiting? While Westminster deliberates, providers, carers and entrepreneurs across the country have simply got on with building the sector's future without a green light from anyone. My own view, which I have never kept quiet about, is that government expects us to fix this ourselves. If done correctly, we can find success, stability, and make a meaningful impact in the lives of people who rely upon the social care sector.

Take home care, for example. Local authority budgets have been squeezed for well over a decade, and state funding was never designed to reach everyone who needs support at home. Into that gap has stepped private investment and entrepreneurship: franchised care businesses that combine local ownership with national standards, expanding capacity in towns and villages councils cannot fully fund alone.

Franchise owners live in the communities they serve. They can respond to a local shortage in weeks, not the years a national strategy takes to consult on, draft and fund. At Walfinch, that model now supports more than 500 active carers working from over 35 offices across the country, as of June 2026, many in communities where demand for home care outstrips what public funding alone could ever deliver. This growth was not commissioned by government but had happened because entrepreneurs decided home care mattered enough to build a business around it.

Every carer in post is means a person can stay in their own home rather than move into residential care they neither want nor, often, need. Every new office is a local decision maker who understands the area, not a national body working from a spreadsheet that can barely put faces to names.

The same logic applies to the workforce crisis, arguably the sector's most urgent problem. In 2023, Skills for Care estimated more than 152,000 vacancies across adult social care in England alone, a gap no single policy announcement is going to close. But there is a mindset shift entirely within our control, right now: how we talk about the carer's role. For too long, caring has been treated as low-skilled, entry-level work, something people fall into rather than choose.

That framing is not just wrong; it is actively pushing people away from a career the country desperately needs filled. A carer manages complex medication, notices the subtle signs of decline long before a GP appointment, and holds together someone's independence and dignity. Carers transform lives. That is a skilled and rewarding profession, not a job of last resort, and it is the sector's job to say so, clearly and often. The sooner a caring career sits on a par with nursing or teaching in people's minds, rather than a stopgap job, the sooner recruitment stops being a crisis.

None of this means reform does not matter, or that government has no role to play. But too many providers, worn down by fee negotiations, staffing pressure and compliance demands, have had little energy left to shape how the sector is seen or regulated. Social care has been in survival mode for decades, and it shows. If we want different assumptions about care, from families, commissioners and future carers alike, we have to be the ones who challenge them, in public, consistently and as one voice.

In ten years, I suspect people will look back and wonder why it took a whole generation of providers this long to say the plainest thing of this decade: nobody was going to hand social care its future. We were always going to have to build it ourselves, one provider, one carer and one career at a time. The sooner more of us stop waiting for permission, the sooner we stop calling this survival, and start calling it what it actually is: a revolution, already under way.

 walfinchfranchising.com

“

Social care has been in survival mode for decades, and it shows.

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Have *Your* Say!



Bibiana Correa
FIELD CARE SUPERVISOR
& TRAINER
BLUEBIRD CARE ELMBRIDGE,
RUNNYMEDE & SPELTHORNE

3 Wishes

Here are my three wishes for social care

1. My first wish is recognition. I want care to be seen as a real career – a profession people are proud to choose for their future. Every day, carers give their heart to this work, often quietly, and they deserve to be valued and supported to progress, just as much as in any other profession.
2. My second wish is understanding. Cheap care is not the same as good care. The quality of the support someone receives can completely change the life they are able to lead. With the right care, many of our customers live long, comfortable lives at home, safe and supported by people who truly know them. We need to recognise value, not simply price.
3. My third wish is for people to see the real value of care at home. It is not just a service. It brings happiness, security and comfort that nothing else can replace. For as long as it is possible, there is no substitute for being able to stay in the place you love the most – and call home.

If we can achieve these three things, I believe social care can make an even greater difference in our communities.

In The Spotlight

Brother and Sister Reunite at Castlemead Court Care Home After 10 Years Apart

There wasn't a dry eye in the room when siblings Marian and Lenny were reunited at Castlemead Court Care Home after ten years apart. Having always shared a close bond, the siblings spent the day reminiscing about their childhood, sharing stories, laughter and treasured memories.

One favourite memory was from their school days, when their mum gave them bus fare each morning. As the big sister, Marian would persuade Lenny to walk instead so they could spend the money on sweets.

Their emotional reunion was made even more special by the presence of family and the Castlemead Court team, who were honoured to witness the siblings reconnect after so many years.

Following their time together at the home, Marian and Lenny enjoyed a family pub lunch, continuing their conversations and creating new memories.

The heartwarming occasion was a reminder of the enduring power of family relationships and the importance of creating opportunities for loved ones to reconnect. For Marian and Lenny, their special day showed that some bonds remain strong, no matter how much time has passed.



Movers & Shakers

Care Sector Administration Specialist Joins Popular Care, Solehawk and Intobeige in New Group Role

Popular Care, Solehawk and Intobeige have appointed Catherine Murray as Group Administration Manager, a new role supporting home managers and administration teams across the three care groups.

Catherine will provide guidance across home administration, including financial processes and audits, HR support, compliance and training. She will also offer one-to-one support to managers and administrators, with the role evolving to meet the groups' changing needs and priorities.

She joins from HC-One, where she most recently worked as a Financial Risk Analyst after progressing from Senior Home Administrator. With almost a decade of experience in the care sector, Catherine has supported care homes with financial audits, compliance, recruitment, staff training and mentoring.

Steve Massey, Operations Manager for Popular Care, Solehawk and Intobeige, said Catherine's experience would provide valuable support to managers and administrators while strengthening governance, compliance and team development across the groups. Catherine said she was excited to join the organisation and looked forward to building strong relationships with homes, improving processes and providing practical support to administration teams.



Catherine Murray
GROUP ADMINISTRATION MANAGER
POPULAR CARE, SOLEHAWK
AND INTOBEIGE

Lightbulb Moment

Michelle Wakefield, Support Worker, The Wilf Ward Family Trust

Who doesn't love a day trip to your favourite place? It would be easy to say that sharing these events with people we support is the most rewarding, but for me, it's the small things that make everyday lives a little bit easier.

I remember a time when a lady said she couldn't make sandwiches because she found buttering bread difficult. I started to help by holding the knife and her hand. By assisting her, she said it helped, and I realised her dexterity was preventing her from doing the task independently.

After a quick search online, I found some ergonomic butter knives. I asked if she would like to get one and she said, "I'll give it a try."

When we next made sandwiches, the difference was amazing. I gave prompts for her to turn the bread to help spread the butter evenly. The look on her face when she realised she had made a sandwich was priceless – she looked so proud.

This also led to her making other meals and feeling proud when she told her sisters what she had achieved.

It taught me that asking questions, listening and responding can help others lead a more fulfilled daily life. What's not to love about that?



Michelle Wakefield
SUPPORT WORKER
THE WILF WARD FAMILY TRUST



Now Have Your Say!

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

Ask the Experts

Five Minutes with the Prime Minister

As adult social care faces increasing demand, workforce pressures and long-standing funding challenges, attention is turning to what meaningful political action could look like. With the new Prime Minister shaping the government's priorities, sector leaders have an opportunity to influence the direction of reform and highlight the changes needed most urgently.

Against this backdrop, we asked social care leaders:

"If you had five minutes with the new Prime Minister, what is the one commitment you would ask him to make to adult social care and why?"



Nadra Ahmed CBE
CO-CHAIRMAN
NATIONAL CARE ASSOCIATION

"I would ask that he ensures there is real, sustainable investment in social care."

I would ask that he ensures there is real, sustainable investment in social care which reflects the reality of what social care delivers.

With rising acuity levels in those we support, we are responding to the crisis in the NHS, taking on healthcare tasks to stop it becoming overwhelmed. This has only been possible through investment into our sector from private providers, who are innovating and upskilling the workforce to meet the needs of those we support with increasing healthcare needs.

The transition in social care over the past five decades has been transformational, and yet recognition of this is overshadowed by a negative narrative.

I welcome the Prime Minister's early commitment to social care and would urge some early solutions which will start the much-needed rebuilding of trust, giving those we support greater confidence that they can envisage a more certain future.



Andrea Egan
GENERAL SECRETARY
UNISON

"Prioritise the creation of a National Care Service."

Prioritise the creation of a National Care Service and start by funding the Fair Pay Agreement properly, because £500m isn't enough to fix a multi-billion-pound problem.

The Fair Pay Agreement should provide the stepping stone towards an ambitious National Care Service, with national standards at its core and a clear focus on providing quality care for everyone who needs it. Properly funding the workforce must be an essential part of that ambition.

Currently, most social care in England is commissioned by local government and delivered by private companies. It is a system that has been run down by huge funding cuts and profit extraction, and one that now needs meaningful reform.

Addressing this requires a bold approach and ambitious change to create a system that prioritises world-class social care and the people who rely on it, rather than delivering profits for shareholders.

Getting social care right would also have huge positive impacts beyond the sector, particularly on our other public services, including the NHS.



Dr Clenton Farquharson CBE
ASSOCIATE DIRECTOR
THINK LOCAL ACT PERSONAL

“Social care reform will only work when people have real power.”

If I had five minutes with the Prime Minister, I would ask for one commitment: share your power with people with lived experience. Adult social care is the infrastructure that enables people to live, work, care, belong and contribute. Yet too often, decisions are still made for people, not with them.

That must change. People who draw on care and support, family and friend carers, frontline staff and communities should share power from the beginning – shaping policy, funding priorities, delivery and how success is measured.

Social care reform will only work when people have real power. This will lead to better decisions, wiser use of public money and services people can trust.

The commitment I would ask for is clear: share power, shift funding towards prevention and independent living, and measure what matters – dignity, choice, relationships, purpose and ordinary life.



Maria Mills
CHIEF EXECUTIVE OFFICER
ACTIVE PROSPECTS

“Deliver a sustainable, long-term funding settlement for adult social care.”

If I had five minutes with the Prime Minister, I would ask for one commitment: deliver a sustainable, long-term funding settlement for adult social care that matches the actual cost of providing high-quality support.

That means urgent ring-fenced funding for local authorities now, followed by a fair national funding and commissioning framework that values people properly, rather than focusing on hours of care delivered.

In particular, targeted investment in the VCSE sector is vital to get those with learning disabilities and autistic people out of hospitals and into accommodation where they can live independently and with dignity.

Without this foundation, ambitions around workforce pay, prevention, neighbourhood health and better outcomes for people will remain out of reach.

Taking social care seriously is essential to creating a healthier and fairer public service for everyone, and I would urge the Prime Minister to back up his words around social care with action.



Dr Jane Townson
CHIEF EXECUTIVE
HOMECARE ASSOCIATION

“Treat homecare as an opportunity and align the whole of government behind it.”

Treat homecare as an opportunity and align the whole of government behind it.

Homecare is essential national infrastructure and an engine of growth in every postcode. Social care contributes £77.8 billion to England's economy, employs a growing workforce larger than the NHS, and underpins the 10-Year Health Plan's shift from hospital to community, treatment to prevention, and analogue to digital.

It delivers what people want: to live well, safely and independently at home, with choice and control, as the Care Act 2014 promised, and reduces pressure on the NHS.

Yet multiple departments, authorities and regulators pull in different directions – on funding, commissioning, tax, employment and regulation. The unintended consequence is a race to the bottom, with inadequate regulatory oversight, poor quality and outcomes, and limited consumer agency.

So, one cross-government plan – coherent national policy on funding, pay and regulation – enabling consumer-directed care and effective local delivery, advancing wealth, health and fairness together.

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

The Children & Young People Awards 2026

22nd October 2026 ICC, Birmingham

The Neurological & Complex Awards 2026

27th October 2026 Hilton Bankside London

Great British Care Awards Regionals 2026

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

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

7th November 2026 West Midlands – ICC, Birmingham

11th November 2026 Wales – Holland House Hotel, Cardiff

14th November 2026 North West – Kimpton, Manchester

16th November 2026 Scotland – Voco Grand Central Glasgow by IHG

19th November 2026 South West – Ashton Gate, Bristol

20th November 2026 South East – Double Tree, Brighton

21st November 2026 London – Hilton, Bankside

23rd November 2026 East Midlands – EMCC, Nottingham

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

Women Achieving Greatness in Social Care (WAGS) Awards 2026

1st December 2026 Hilton Bankside London

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

CareTalk Business

Sharing business excellence in social care

Care Talk Business is a new and exciting Business2Business news resource aimed at key decision-makers within social care provision, which include care and nursing home operators, home care and day centres.



As a partner of established **Care Talk** magazine, **The Great British Care Awards**, **The Learning Disabilities & Autism Awards** and **The Children & Young People Awards**, we have access to customers that reach the **WHOLE** of the social care sector, giving you maximum exposure to key industry decision makers.

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Leading the Way in Social Care

What If It Goes Right?



Karen Neil

FOUNDER AND DIRECTOR
CARDEA HEALTHCARE

After building Cardea Healthcare around a commitment to truly person-centred care, founder Karen Neil is opening the door for others to build care businesses of their own through a franchise model that keeps Cardea's values at its heart.



*I get to take my
child to school
every day and
pick her up.*



Karen's career in social care began in 2004 and has taken her through larger home care companies and specialist live-in care services, alongside personal experiences of care within her own family. Not all of those experiences were positive, and seeing this first hand gave her a clear ambition: to create an organisation with care truly at its heart.

That ambition became Cardea Healthcare. Following the success of her Berkshire office, Karen began thinking about how others could have the same opportunity to build something of their own. Developing Cardea through a franchise model offered a way to do that – giving people the chance to establish their own care businesses, build their own legacies and have something to be proud of.

There was a personal motivation too. Business ownership has allowed Karen to be more present as a parent while maintaining a rewarding career. Life, as she says, is often lived “in the fast lane”, and having the freedom to run her own business has given her the best of both worlds.

But growing Cardea in this way comes with an important responsibility. Creating opportunities for new business owners cannot mean losing the values and person-centred approach on which the organisation was founded.

That starts with choosing the right people. Franchisees joining the Cardea family are expected to share the values at the heart of its services: empathy, growth, integrity, respect, resilience and person-centred care. Continuous support, training and mentoring then help those values carry through into franchisees' own leadership, their teams, client relationships and the way their businesses operate.

Karen's own approach to leadership is refreshingly simple: “**Passion and integrity – simply and truly.**”

“If you believe in what you do, you can lead others to create and deliver real change in their work,” she says.

That human element has become even more important to her in a world increasingly shaped by technology and AI. Being a good leader is about being “real” – acknowledging mistakes, continuing to grow and helping the people around you become the best they can be.

It is a lesson Karen has learnt through her own leadership journey. Like many people, she once looked at well-known business leaders and saw them as flawless. Look more closely, however, and their mistakes – and what they learnt from them – are part of their success.

Growth and learning therefore sit alongside Cardea's care values. Understanding people as individuals – what motivates them, what they hope to achieve and where they want to go – can help both people and businesses thrive.

For anyone thinking about a career in care, or perhaps taking the bigger step into business ownership, Karen has one question: “**If not now, then when?**”

For those looking for a career offering more than financial reward, she believes care has a great deal to offer. “I don't have a career; I have a hobby that happens to include running a business,” she says. “Who else gets to spend their days visiting the seaside, watching others develop and witnessing lifelong goals being achieved?”

And when it comes to starting a business, she encourages people to turn a familiar fear on its head. It is easy to ask, “**What if it goes wrong?**” But what if it goes right?

For Karen, getting it right has meant being able to take her child to school, pick her up, take her to activities and be present, while continuing to build a career and business she cares deeply about. It still requires hard work, but the rewards far outweigh it.

Her ambitions extend beyond Cardea's growth. Karen also wants to broaden perceptions of what care can be and the people it supports.

“Speak to someone outside the sector and their first thought is often care for older people. While that is a crucial part of the picture, it is only one part” she says.

Every day, care and support services work with children, adults and older people, including people with learning difficulties, mental health concerns and physical disabilities. Support can mean helping someone into employment, enabling them to contribute to their community through volunteering or developing the life skills that increase their independence.

It is this breadth of possibility that continues to excite Karen about the sector – and why she wants more people to become part of it. By developing Cardea through franchising, her aim is not simply to grow a business, but to give others the opportunity to build something of their own and make a positive difference through care.

 cardeahealthcare.co.uk



***I wanted to
give others the
opportunity to
build their
own legacies.***



More Than a Vocation

Recognising the Skills and Careers Behind Social Care



Jane Brightman
DIRECTOR OF
WORKFORCE DEVELOPMENT
SKILLS FOR CARE

Jane Brightman, Director of Workforce Development at Skills for Care, explores how changing the story of social care can showcase its skills, career opportunities and value – helping attract and develop the workforce of the future.



The Care Workforce Pathway is such an important development for the sector.



When people think about adult social care, their perceptions are often shaped by the stories they hear. Those stories influence whether someone considers a career in care, how society values the sector, and ultimately how the workforce is recognised and supported. That's why the narrative surrounding social care matters so much. The stories we tell have the power not only to reflect reality, but to shape it.

For many people, social care is still not fully understood. Yet it is one of England's largest workforces, supporting people to live independently, achieve their goals and lead fulfilling lives. Behind every positive outcome is a dedicated workforce using a wide range of skills, knowledge and expertise. Whether supporting people with complex needs, leading teams, managing services or driving quality improvement, social care professionals play a vital role in helping people live the lives they choose.

We know that public perception can influence career choices. If people only hear about social care in relation to challenges or pressures, they may miss the bigger picture. They may not see the opportunities for learning, progression and leadership that exist across the sector. By sharing a broader range of stories, we can help more people understand the true scope and value of a career in care.

One of the biggest misconceptions about social care is that it offers limited opportunities for progression. In reality, the sector provides a diverse range of career pathways and specialisms. People can build careers in frontline care and support, leadership, quality assurance, workforce development, digital innovation and many other areas. Social care offers opportunities for people to develop professionally, take on new responsibilities and progress throughout their working lives.

This is why the Care Workforce Pathway is such an important development for the sector.

The Care Workforce Pathway provides a clear and consistent framework that sets out the knowledge, skills, values and

behaviours needed across different roles in adult social care. Importantly, it helps people see what progression looks like and how they can develop their careers over time. By creating clearer career routes and expectations, the Pathway helps strengthen professional identity, supports workforce development and raises the profile of social care as a skilled and rewarding profession.

The Pathway also helps showcase the breadth of opportunities available across the sector. Adult social care is far more diverse than many people realise. Alongside direct care and support roles, there are opportunities in supervision, management, learning and development, quality improvement, technology, operational leadership and many other specialist areas. Highlighting this diversity is an important part of creating a more realistic and aspirational picture of careers in care.

The language we use matters too. Social care is often described as a vocation, and compassion will always be central to great care and support. However, compassion alone does not define the profession. Today's workforce requires technical knowledge, critical thinking, communication skills, leadership capability and a commitment to continuous learning. Recognising these skills helps ensure that care work is valued not only for its compassion, but also for its professionalism and expertise.

Skills for Care's workforce intelligence continues to demonstrate both the scale and importance of the sector. There are around 1.6 million filled posts in adult social care across England. The workforce includes people from a wide range of backgrounds, working in diverse settings and roles, all contributing to high-quality care and support.

Alongside the Care Workforce Pathway, the Workforce Strategy for Adult Social Care in England provides a long-term vision for building the workforce needed for the future. Developed by the sector, for the sector, the Strategy focuses on attracting and retaining people, investing in learning and development, and transforming

the way the workforce is supported. It recognises that social care needs enough people with the right skills to provide the best possible care and support, while also ensuring that careers in the sector are valued and understood.

As the sector looks ahead, there is an opportunity to continue reshaping the narrative around social care. We know that people are often drawn to careers where they can make a difference, develop their skills and build a meaningful future. Social care offers all of these things. The more we highlight progression opportunities, celebrate leadership, showcase innovation and share the impact of great care, the more we can challenge outdated perceptions and inspire the next generation of workers.

At its heart, social care is about supporting people to live well, on their own terms. The workforce that delivers this support deserves to be recognised for the skill, professionalism and dedication it demonstrates every day. By telling a more complete story about social care, one that reflects both its purpose and its professionalism, we can help raise the profile of the sector, attract new talent and ensure the workforce is equipped and valued for years to come.

 skillsforcare.org.uk



Further reading

- [Care Workforce Pathway](#)
- [Adult Social Care Workforce Intelligence](#)
- [Workforce Strategy for Adult Social Care in England](#)

skillsforcare.org.uk



***By sharing a
broader range
of stories,
we can help
more people
understand.***



Reflections from Both Sides of the Children's Care System

Are We Commissioning Outcomes or Availability?



Jo Challenger

CHIEF OPERATING OFFICER
OUTCOMES CONSULTING

Jo Challenger, Chief Operating Officer at Outcomes Consulting, draws on her experience of both commissioning and provision to ask whether children's residential care is measuring success by placement availability rather than long-term outcomes for children.

There is an ongoing debate within children's residential care about rising placement costs, provider availability and the increasing complexity of children's needs. Much of the discussion focuses on the pressures faced by local authorities or the financial challenges experienced by providers, often positioning one against the other. Having worked as both a Social Worker, responsible for sourcing placements, and now as a Chief Operating Officer, supporting children's services providers, I have come to believe that the reality is far more complex.

The challenges facing the sector are not simply the result of poor commissioning or poor provision. They stem from a system in which both commissioners and providers are operating under significant pressure, often with competing priorities but a shared objective: achieving the best possible outcomes for children.

The difficulty lies in the fact that the systems surrounding them do not always support that ambition.



Are we genuinely commissioning outcomes, or are we commissioning availability?



When a Social Worker is searching for a placement, the immediate priority is understandably to find somewhere safe for a child. Caseload pressures, court deadlines, safeguarding concerns, family expectations and organisational accountability all create urgency. Decisions frequently need to be made quickly, sometimes within hours, and often with limited placement availability.

From that perspective, the availability of a placement can understandably become the immediate measure of success.

However, from the provider's perspective, the question is often very different.

Rather than asking whether a bed is available, providers must consider whether the child can genuinely thrive within an existing group of children, whether staff possess the appropriate skills and experience, and whether the placement is likely to remain stable over time. Every admission has the potential to alter the dynamics within a home, affecting not only the child being placed but also the children already living there.

These two perspectives are not contradictory; they simply reflect different responsibilities within the same system.

One of the most frequently used terms within commissioning is "matching". In principle, matching should represent a thorough assessment of whether a service can meet a child's needs while maintaining the stability of the home. In practice, however, achieving meaningful matching is often difficult.

Providers are frequently expected to make significant decisions based on incomplete referral information, historic assessments or limited understanding of recent behaviours. Equally, commissioners are often working with the information available to them at the time, while managing multiple competing demands and attempting to secure placements within an increasingly constrained market.

Neither side benefits from incomplete information, yet both are expected to make high-stakes decisions.

This raises an important question.

Are we genuinely commissioning outcomes, or are we commissioning availability?

These are fundamentally different objectives.

A placement secured quickly should not automatically be regarded as a successful commissioning decision if it subsequently breaks down. Equally, a provider declining a placement should not necessarily be viewed as uncooperative if that decision prevents disruption to several other children already living within the service.

Perhaps one of the greatest misconceptions within the sector is the assumption that the most cost-effective placement is the one with the lowest weekly fee.

Residential care should undoubtedly demonstrate value for public money. However, value cannot be measured solely through weekly placement costs. Placement instability carries significant financial consequences through repeated moves, educational disruption, increased mental health interventions, additional policing, agency staffing, property damage and, perhaps most importantly, the emotional cost to children. The true cost of an unsuccessful placement is rarely reflected within procurement exercises.

This is not to suggest that providers are without responsibility. The sector has undoubtedly seen rapid growth over recent years, and with that growth has come variation in quality. Some organisations have expanded before developing the workforce, leadership or therapeutic infrastructure necessary to support increasingly complex children. Others have adopted specialist terminology without making equivalent investment in specialist practice.

High-quality residential care cannot simply be described within a Statement of Purpose; it must be experienced daily by children and demonstrated consistently by staff.

Likewise, commissioning practice deserves reflection. Increasingly sophisticated procurement processes, framework agreements and financial scrutiny have strengthened accountability, yet they have also risked shifting the emphasis towards compliance rather than collaboration. The relationship between commissioners and providers can sometimes become transactional, when in reality it functions best as a partnership built upon openness, trust and shared responsibility.

Perhaps the greatest opportunity for improvement lies not in asking whether commissioners or providers are performing effectively, but in asking whether the system itself is encouraging the right behaviours.

If providers are financially penalised for leaving beds empty while waiting for an appropriate match, occupancy inevitably becomes a commercial pressure.

If commissioners are required to secure placements within increasingly limited timescales and budgets, availability inevitably becomes a commissioning priority.

Neither situation is created by individuals acting in bad faith. Both are predictable responses to the incentives that currently exist within the system.

As a sector, we may therefore need to reconsider how success is defined.

Rather than measuring the speed at which placements are sourced, perhaps greater emphasis should be placed upon placement stability, educational progress, emotional wellbeing, permanence and the views of children themselves.

These outcomes take longer to achieve and are more difficult to measure, but they are ultimately the reason children's residential services exist.

The residential care sector is often characterised as a relationship between commissioners and providers. In reality, both are only part of a much larger picture that includes regulators, education, health services, families and, most importantly, children.

Improving outcomes will require more than changes to procurement processes or inspection frameworks. It will require greater transparency, stronger partnerships and a willingness to move beyond viewing residential care as simply the purchase of a placement.



The true cost of an unsuccessful placement is rarely reflected within procurement exercises.



Perhaps the most important question we should ask is not whether a service has capacity today.

It is whether that service can genuinely change the trajectory of a child's life. Because ultimately, that is what both commissioning and provision should exist to achieve.

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



This Month We Meet:

GSK




Uday Bose
GENERAL MANAGER UK
GSK

Each month we meet key stakeholders and business leaders and healthcare partners in the social care sector. This month we meet Uday Bose, General Manager UK, GSK.

This is a non-promotional article developed in partnership with GSK. GSK is a global biopharma company with a purpose to unite science, technology, and talent to get ahead of disease together.

GSK's purpose is to “get ahead of disease together.” What does that look like in practice?

For me, it means helping people stay healthier for longer and doing more to prevent disease before it affects people's lives. At GSK, we combine science, innovation and evidence to help get ahead of disease together and prepare for the health challenges of tomorrow. But ‘together’ is equally important. Meaningful progress happens when organisations come together around a shared goal. Whether that's working alongside health & care professionals, patient organisations or local communities, the aim is the same, helping people maintain their health, wellbeing and independence for as long as possible.

The NHS continues to face significant pressures. How can organisations like GSK work more closely with the health and care sector?

The challenges facing health & care services are well known. Demand continues to rise, people are living longer, and workforce pressures are significant. No single organisation can solve these issues alone. That is why collaboration is so important. The pharmaceutical industry can play a constructive role by contributing expertise, generating evidence and supporting innovation that helps improve how care is delivered. It starts with listening, understanding the needs of the NHS, social care services and the people they support. Strong partnerships focus on practical solutions and shared priorities. By taking that approach, we can help address challenges facing the wider system.

Prevention is becoming increasingly important. How is GSK supporting this shift?

One of the things I find most encouraging is the growing recognition that prevention is fundamental to both healthier

populations and a more sustainable health & care system. Helping people stay ahead of disease is central to our purpose. Through scientific research, innovation & evidence generation, we are focused on helping to tackle disease earlier and helping to reduce the impact it can have on people's lives. For individuals, effective prevention can mean remaining active, independent and connected to their communities for longer. For health and care services it can help reduce demand, improve productivity and focus support where it is needed most. There's still more to do, but the long-term benefits of getting prevention right are significant.

What role can industry play in addressing health inequalities and improving access to care across the UK?

Health inequalities remain one of the most important challenges facing society today. Where people live, and the services they can access influence health outcomes. Beyond location, inequalities also arise related to age, gender, ethnicity and social background. Addressing this requires action from many different organisations working together.

Industry has a role to play by sharing insights, supporting evidence generation and helping identify where barriers to access exist. We can also support initiatives that reach underserved communities and ensure advances in health and care reach those who would benefit most. For example, we are working to ensure our clinical trials are more representative and include participants from a broad range of backgrounds and communities, helping to generate evidence that better reflects the people who may ultimately benefit from medicines and vaccines. However, lasting progress depends on strong partnerships between national organisations, local systems, health and care providers and communities themselves.

Looking ahead, what excites you most about GSK's future, and what legacy would you like it to leave?

What excites me most is the pace of progress. Advances in science, technology and data are creating opportunities today that simply weren't possible a decade ago. Throughout my career, I have been motivated by the opportunity to improve people's lives, and that's what continues to drive me. Seeing these advances translate into better outcomes for people is what makes this sector so exciting to be part of. When I think about legacy, it is not about what any one organisation achieves on its own. It is about the lasting difference we can make for people and communities. I would like GSK to be recognised as an organisation that consistently helped shift the focus towards prevention, worked in partnership with others to address some of the biggest health challenges facing society and contributed to a more sustainable health and care system. If over time, more people are able to live healthier more independent lives because of advances we helped bring forward, that would be a legacy worth leaving.

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If over time, more people are able to live healthier more independent lives because of advances we helped bring forward, that would be a legacy worth leaving.

No single organisation can solve these issues alone. That is why collaboration is so important.



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2026

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KEY THEMES:

- 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:

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- 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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