CareTalk
The voice of excellence in social care
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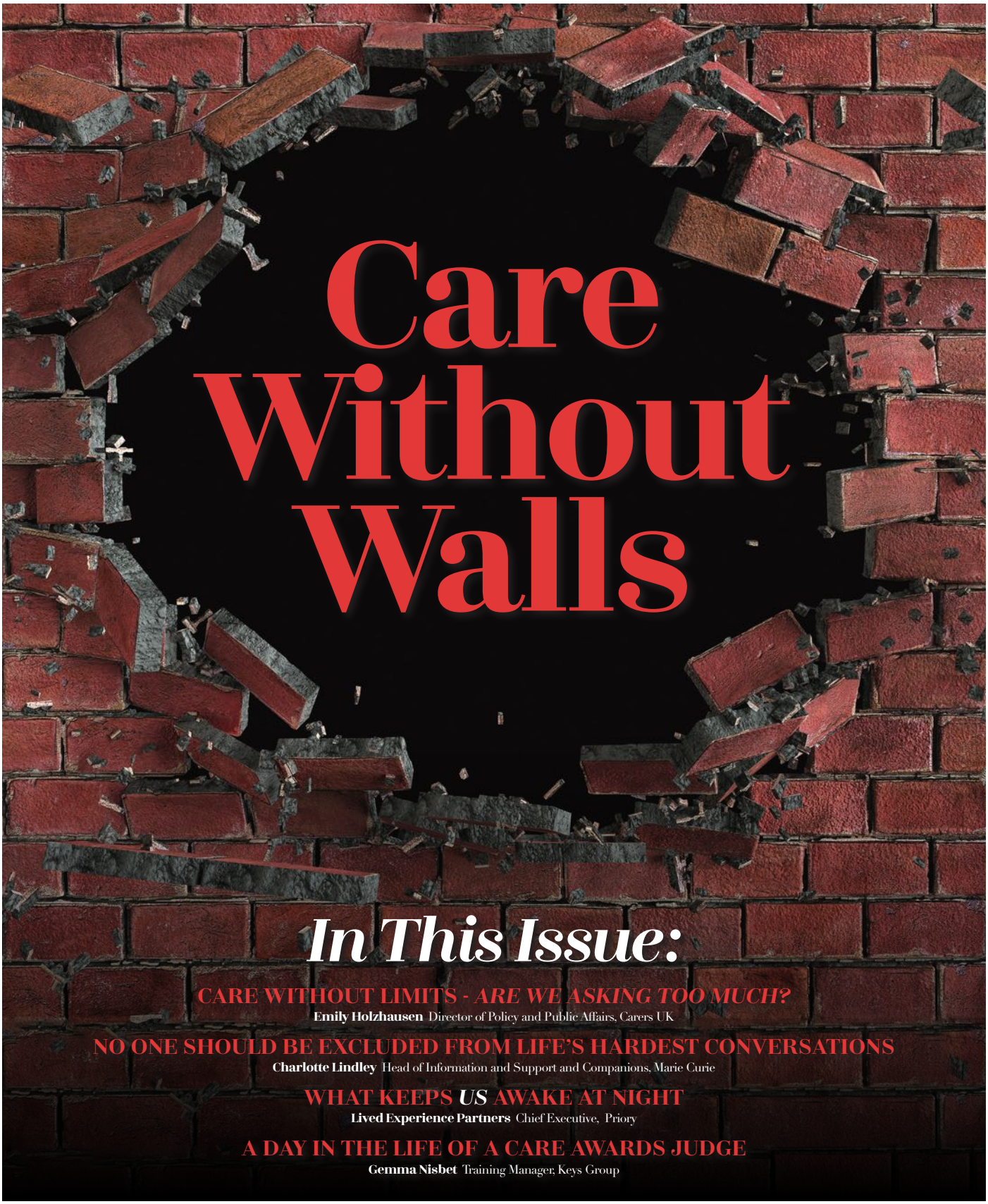

Care Without Walls

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

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Editor's Note

Welcome to the **October** issue of *Care Talk*.

I have to admit, I rather like October. The darker evenings don't seem quite so bad when there's an excuse for cosy nights in, the heating hasn't become too much of an argument yet, and *The Great British Bake Off* is back on our screens.

And perhaps all that talk of home, warmth and togetherness is rather fitting, because our theme this month is ***Care Without Walls*** – exploring what happens when care reaches beyond traditional settings and becomes part of everyday life and the communities around us.

And there's plenty to think about.

Sarina Kiayani from ARCO looks at how housing can help people remain independent, connected and well as they age, while Geoffrey Cox of Southern Healthcare explores why living well with dementia is about far more than services – it's also about continuing to belong.

But care in the community only works if the people making it possible are supported too. Emily Holzhausen from Carers UK asks whether we are expecting too much from unpaid carers, while Karolina Gerlich from The Care Workers' Charity shines a light on something we perhaps don't talk about enough – the loneliness care workers can experience in those spaces between homecare calls.

In *Ask the Experts*, we look ahead to new leadership at the Care Quality Commission and ask five social care leaders what advice they would give incoming Chief Executive Emily Miles. As you might imagine, they have plenty to say!

This issue really brings home that care doesn't begin and end at somebody's front door. It's about people, relationships and feeling part of something.

So, make yourself a cuppa, find a cosy spot and enjoy the issue. Cake optional – but encouraged!

Till next time,
Lisa

@lisa_caretalk

COMING UP IN THE NOVEMBER 2026 ISSUE:
Care Ecosystems: Building Networks, Not Silos
Exploring how housing, health, tech, and voluntary sectors can converge to support care.

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"Women Achieving Greatness in Social Care isn't just a celebration — it's a movement."

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Sameena Ali-Khan featuring Kate Garraway

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- **Kate Garraway** – Broadcaster, Journalist & Author

- **Nadra Ahmed CBE** – Executive Co-Chair, National Care Association
- **Pam Banwait** – Managing Director, Strong Life
- **Angela Boxall** – Chief Executive, Majestic Care & Chair, Care England
- **Lara Bywater** – Managing Director, LDC Care
- **Lucy Corner** – Managing Director, Cornerstone Care Solutions
- **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
- **Rose Thomas-Willis** – Deputy Director, Adult Social Care Pay and Career, Department of Health and Social Care
- **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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Rethinking Community, Connection & Place

CARE ENGLAND

Professor Martin Green OBE
CHIEF EXECUTIVE
CARE ENGLAND

Care homes should be more than places where people receive support – they should be an active part of the communities around them. Professor Martin Green OBE, Chief Executive of Care England, explores how stronger local connections can reduce isolation, bring generations together and improve residents' quality of life.

> ***Community connections foster understanding and empathy, and they dismantle stereotypes about ageing and disability.***

At their best, care homes play a vital role in the fabric of our communities, providing essential services that help people and their families remain safe and connected. As populations age and people live with long-term conditions, the demand for high-quality care homes is increasing, making their integration into the community more crucial than ever.

One of the main advantages of community integration is that it maintains social connections and helps people live a more rounded, less isolated life. Isolation is a significant issue for many people, and it is often one reason people move into care settings. With this in mind, care homes should not become isolated; they should serve as community hubs where residents can interact not only with staff and other residents, but also with local volunteers, families, and the wider community. Activities that involve community members, such as arts and crafts, music events, or intergenerational initiatives, all foster relationships, reduce loneliness, and create a sense of belonging.

Care homes embedded in their communities promote inclusivity. They become places where people of all ages can come together, breaking down barriers between generations. Community connections foster understanding and empathy, and they dismantle stereotypes about ageing and disability. Community members can learn from residents' experiences and stories, enriching their own lives while improving the quality of life for those in care.

Being at the centre of the community allows care homes to facilitate better access to essential resources. Local partnerships can be formed with health services, voluntary organisations, and educational institutions, creating a network of support that benefits residents. For example, local healthcare providers can offer regular check-ups or wellness programs, while nearby schools can engage in volunteer work, enriching the lives of both older and younger people and creating connections and new friendships.

Care homes can also serve as catalysts for broader community engagement initiatives. They can host public events, workshops, and educational programs that encourage participation from residents and other local people. By actively involving the community, care homes can help raise awareness about ageing issues, dementia care, and the importance of mental health, fostering a more informed and compassionate society. Such engagement also helps attract volunteers who can bring diverse skills and experiences to enhance residents' lives.

When care homes are integrated into the community, they can better understand the local population's specific needs. This localised approach enables care providers to develop tailored care solutions that reflect the cultural, social, and health related needs of residents. For instance, a care home in a multicultural area may incorporate diverse dietary options and cultural celebrations, promoting a sense of identity and continuity for residents.

Family involvement is crucial to residents' wellbeing in care homes. When care homes are community-centred, families can more easily engage with their loved ones. Proximity to family members encourages regular visits, which can significantly improve the emotional wellbeing of residents. Care homes that prioritise family connections also tend to receive valuable feedback, allowing for continuous improvement in care practices.

Care services also support the local economy. They can create jobs and opportunities for surrounding businesses, and local shops, restaurants, and service providers can thrive by developing relationships with care homes. Additionally, care homes can host community events that attract visitors.

Integrating care homes into the community improves social connectivity and inclusivity, and promotes a supportive environment for everyone. By becoming community hubs, care homes can improve residents' quality of life, engage families, and contribute to the local economy. As society continues to grapple with an ageing population, putting care at the centre of communities will be crucial for creating a compassionate and sustainable future. A community that cares for its older and disabled people is a community that thrives, reflecting values of empathy, understanding, and shared responsibility.

careengland.org.uk


“A community that cares for its older and disabled people is a community that thrives.”

Belonging Beyond a Dementia Diagnosis

Southern Healthcare

Geoffrey Cox
MANAGING DIRECTOR
SOUTHERN HEALTHCARE

Geoffrey Cox, Managing Director of Devon care provider Southern Healthcare, argues that living well with dementia depends on more than services — it requires connection, understanding and a continued sense of belonging.

> *For the past 13 years, Southern Healthcare has embraced the Butterfly Approach.*

For decades, the response to dementia has largely been built around services, with assessments, memory clinics, care packages, specialist nurses and care providers all playing an important role. Yet despite this seemingly adequate infrastructure, many people living with dementia are not well supported because of limited resources and facilities, alongside a culture that can still be prejudiced against them.

After more than 25 years operating nursing homes across Devon—and specialising in dementia care for 17 of those years—we have seen first-hand that living well with dementia is not determined solely by the quality of services available. It is shaped just as much by relationships, attitudes and the extent to which people remain connected to the communities they call home.

The challenge begins when someone receives a dementia diagnosis. Society often starts to see the condition before the person. For the individual, this can mean expectations change, confidence is lost—both by them and those around them—and social circles begin to shrink. In this way, many people living with dementia become disconnected from the people and places that give their lives meaning long before their condition progresses.

One of the greatest challenges facing dementia care is that responsibility is spread across numerous organisations and individuals: the NHS, local authorities, mental health services, GPs, home care providers, residential care providers and voluntary organisations. The result is a fragmented system that can be difficult to navigate.

Supporting someone to live well with dementia cannot be the responsibility of any single organisation. It should be a shared responsibility between care providers, families and wider society. Only by working together can we build systems that support people to live fulfilling lives, rather than systems that simply manage dementia as though it were a problem. Dementia care is strongest when formal and community support work hand in hand.

For the past 13 years, Southern Healthcare has embraced the Butterfly Approach developed by dementia care specialist David Sheard. Based on the pioneering work of Professor Tom Kitwood, the approach focuses on understanding feelings, relationships and emotional wellbeing, rather than simply responding to clinical needs. Its central principle is straightforward: "feelings matter most"—and they really do.

Qualifications, procedures and assessments are important, but they are not enough on their own. Environments built around positive relationships consistently produce better outcomes than those built solely around routines and tasks. When people feel understood, valued and emotionally secure, they are more likely to remain engaged in life and experience a greater sense of wellbeing.

The same principle extends beyond care settings. Communities that understand dementia and respond with patience, kindness and acceptance enable people to continue participating in everyday life for far longer than many assume possible.

A truly dementia-friendly community is one where people living with dementia continue to be seen, heard and included. It is a place where shopkeepers, neighbours, businesses and public services understand enough about dementia to respond with confidence rather than discomfort. People are not defined by their diagnosis but recognised for their continuing contribution and value.

Unfortunately, many people living with dementia still feel patronised, excluded or treated differently following diagnosis. In some respects, society has become better at talking about dementia, but more needs to be done to ensure we continue to engage meaningfully with those living with the condition.

This requires a cultural shift towards acceptance, empathy and inclusion. Do we listen intently? Do we avoid judgement? Do we treat people living with dementia with trust, love and kindness? Too often, I would argue, we do not support them well enough. We continue to tolerate ageism and dementia-related prejudice, with negative assumptions shaping how people are treated after diagnosis.

Care and nursing homes have a significant role to play in strengthening communities—by inviting communities into our homes as well as supporting residents to remain part of life beyond them. Far too often, care homes are viewed as destinations people move to when community life ends. We believe the opposite should be true. Care homes should act as community assets, bringing people together rather than creating barriers.

At Southern Healthcare, local schools, volunteers, community groups and families regularly spend time with our residents, and everyone benefits. Residents maintain meaningful connections, while those around them develop a greater understanding of dementia. Through events, community outreach and relationships with local people, our nursing homes have become valued parts of the communities in which they are based.

The closer we bring communities and residents together, the more we normalise dementia and challenge the isolation so many people experience. It is about creating environments where people feel respected, valued and loved.

Living well with dementia is not simply about receiving care—it is about continuing to belong.

southernhealthcare.co.uk

Care homes should act as community assets, bringing people together rather than creating barriers.

Care team member Desiree Longley enjoys a drink with resident Ron Letheren at The Old Rectory, Exeter

Parkwood House residents enjoy a pint and some lunch in their local pub with two members of the care team

Julie Yates and Lisa Burge, from the Sefton Hall care team, at the beach in Dawlish with resident Shirley Mapston

Ageing Well Starts at Home

Sarina Kiayani
POLICY AND EXTERNAL AFFAIRS MANAGER
ARCO

Sarina Kiayani, Policy and External Affairs Manager at ARCO, the representative body for UK Integrated Retirement Communities, explains how housing with care can support independence, connection and prevention while easing pressure on health and social care.

> ***Specialist housing should be viewed not as a consequence of ageing, but as part of the solution.***

For decades, we have treated housing and social care as separate entities.

Housing is where we live. Social care comes in as we age.

But for older people, the two can—and should—be intertwined. It has been proven repeatedly that where we live affects our health, independence and social connections, and ultimately whether we need care in the first place.

As more Baby Boomers enter later life, and pressure on the NHS and adult social care continues to mount, it is time to think seriously about the relationship between housing and social care and how bringing the two together could help address the challenges facing both.

Recent research by ARCO and the HomeOwners Alliance found that around half of UK homeowners would consider specialist housing for themselves in later life. More than half of those open to such housing believe there are not enough options available in their local area.

People are not resistant to new housing choices in later life. Current supply simply does not meet demand, particularly when compared with other high-income countries.

The research also found that the most attractive features of later-life housing included on-site support, access to healthcare and wellbeing services, guaranteed care if needed, and operators taking responsibility for maintenance and management.

This demonstrates that successful housing for older people is not really about housing alone. It is about creating places that support wellbeing, social connection and independence over the long term.

Integrated Retirement Communities (IRCs) are a modern form of housing with care, enabling older people to live independently while accessing the support and facilities they may need as they age.

These communities provide self-contained homes alongside communal facilities such as gyms, restaurants, bars and hairdressers, with CQC-registered personal care delivered to individual homes when needed.

Importantly, residents remain homeowners or tenants of their own properties. Too often, discussions about ageing focus on what happens when people become frail or require significant care. Yet most older people want to maintain their independence for as long as possible, which IRCs aim to facilitate.

The IRC model supports ageing well in several ways. Social activities, opportunities to build friendships, attractive communal spaces, exercise facilities and a sense of belonging can all contribute to a healthier and happier later life.

This directly combats loneliness, which has been linked to physical and mental health issues, including dementia. Housing models that actively foster connection, such as IRCs, can therefore play an important preventative role in healthcare.

In New Zealand, around 15% of over-75s now live in retirement villages. Growth was facilitated by specialist legislation, the Retirement Villages Act 2003, which helped double provision over two decades.

ARCO's 2025 Blueprint New Zealand report examined what the UK could learn from that experience. It highlighted the importance of consumer choice, stronger provision and a much more established housing-with-care sector than currently exists in the UK.

Perhaps the biggest lesson from New Zealand's success is that specialist housing should be viewed not as a consequence of ageing, but as part of the solution. Too often, housing and health interventions in older age occur only after someone experiences a fall, develops complex health needs or reaches a crisis point.

A more preventative approach means creating environments that help people remain healthy, connected and independent before problems arise. This benefits individuals and their families, while also supporting health and care

systems that are under increasing strain. It could help reduce hospital stays and delayed discharges, while easing demand on the NHS through the availability of on-site personal care services.

As the population ages and demand for services grows, prevention will become increasingly important. It has repeatedly been identified as a government priority, and IRCs have an essential role to play in that agenda.

When designing housing for later life, it is vital to think about what helps older people age well.

Independence? Community? Access to support? Opportunities to stay active?

These are not exclusively housing issues. Nor are they exclusively health or care issues.

They are fundamentally questions about place.

The challenge for policymakers, providers and developers is therefore not simply to build more homes, but to create environments that enable people to live the lives they want as they grow older.

The conversation about the future of care should not stop at people's existing homes. It must expand outwards to consider how care, support and wellbeing facilities can be wrapped around their front doors.

arcouk.org

> *In New Zealand, around 15% of over-75s now live in retirement villages.*

Care Without Limits

Are We Asking Too Much?

carersUK

Emily Holzhausen CBE
DIRECTOR OF POLICY
AND PUBLIC AFFAIRS
CARERS UK

Emily Holzhausen CBE, Director of Policy and Public Affairs at Carers UK, examines the growing demands placed on unpaid carers—and why community-based care can only succeed if families are given choice, recognition and practical support.

> ***62% of carers told us that they did not have a choice.***

Most of us will care at some point in our lives for a relative, friend or neighbour who is disabled, ill or older and needs support.

Many of us will provide lower-level care—perhaps an hour a week or slightly more. But some people provide much more. Official statistics show that 1.5 million people across England and Wales provide over 50 hours of care a week—far more than a full-time job. Some describe their responsibilities as round-the-clock or 24/7 care, where they are always switched on and alert to the needs of the person they support.

While caring has always been a feature of our society, evidence shows that it is becoming more intensive and the care being provided more complex. Our ageing population—expected to become a super-aged society within three years—combined with social care funding failing to keep pace with need and more healthcare being delivered closer to home, means families are providing more care than ever before.

Some 62% of carers told us they did not have a choice about taking on their caring role. The main reason was a lack of suitable alternatives: other family members were unable to provide care, or appropriate paid care services were unavailable or too expensive.

The impact on carers is clear. More than 600 people leave paid employment every day to care, while 57% of carers say they often or always feel overwhelmed by the intensity of their caring role.

Carers who have shared their experiences with us describe an expectation from services and professionals that families will provide care, particularly at the point of hospital discharge. Carers are not always involved in planning at this stage. They may be new to caring or unfamiliar with the particular situation, and may not fully understand what they are being asked or expected to take on.

Often, the support they are assured they will receive does not materialise. Getting this wrong is not only traumatic for families and the individuals requiring care; it can also result in readmission to hospital when the carer cannot cope. This is a false economy for already overstretched health services.

So, what would make a real difference to families providing care?

First, professionals need a proper understanding of what caring involves. Assuming someone will provide care could mean they have to give up paid work—something most families cannot afford to do.

For many who leave work to care, there is a severe financial penalty. Around 1.2 million carers live in poverty, including 400,000 in deep poverty. Carer's Allowance, the weekly government benefit for those providing at least 35 hours of care, is the lowest benefit of its kind at £86.45 a week.

Carers need to understand the effect intensive caring could have on their finances, health and wellbeing. They must also receive clear advice about the support available to them.

Identifying and recording unpaid carers early can make a significant difference. It can help ensure carers receive the information and advice they need to provide care safely, benefiting both them and the person they support.

Health bodies could do much more to make this work for families. Carers UK wants to see legislative change placing duties on health bodies that mirror those in social care—requiring them to identify carers and provide appropriate support.

Some of the greatest frustrations carers experience involve the coordination and administration of services: completing forms, repeating the same information and joining up services that families reasonably expect to communicate with one another.

The Single Patient Record currently being introduced through legislation could make a considerable difference, particularly if carers can access it with the appropriate permissions from the person receiving care.

Ultimately, community-based care will only be sustainable if it works for carers as well as the people they support.

Further reading

Access supporting research and resources for carers at:
carersuk.org/policy-and-research

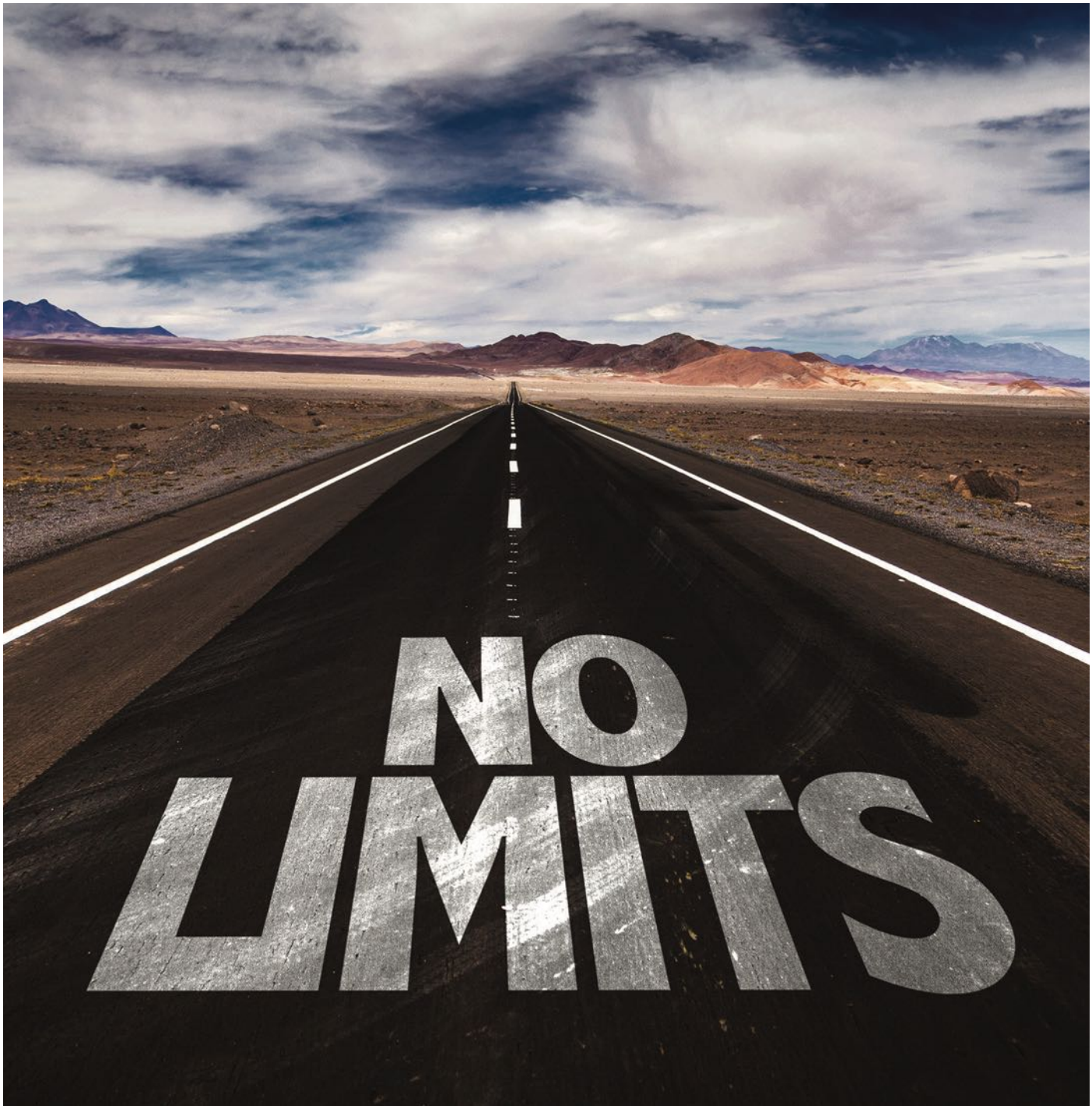
Families should be recognised as equal partners in care planning, but partnership cannot be taken as an assumption that they will provide unlimited, unpaid care. For many, burnout occurs simply because they cannot take a break from their caring role.

Carers need choice, information, respite and timely support. They also need the ability to work, to have a life beyond caring and to know there is a safety net when their caring role is no longer sustainable.

For care to move safely into communities, we must invest in the families who make that care possible.

carersuk.org

> ***Families should be equal partners, not providers of unlimited, unpaid care.***



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The Spaces Between the Calls

Karolina Gerlich
CHIEF EXECUTIVE
THE CARE WORKERS' CHARITY

Homecare can be deeply rewarding, but for the people delivering it, the hours between visits can be lonely. Karolina Gerlich, Chief Executive of The Care Workers' Charity, argues that connection, recognition and meaningful support must be treated as an essential part of the job – not left to chance.

> ***Care workers can find themselves waiting alone at a bus stop, going home in the dark.***

A lot of a day working in homecare happens in the spaces between the calls. The twenty minutes sat on a low wall outside a block of flats because the next person isn't expecting you until 10. The bus stop at the end of the round, sitting alone and waiting to go home in the dark. The break that lands in a residential street with no place to relax and not enough time to get anywhere near one, so you eat what you brought with you in the car with the engine off.

If you drive, you might spend two or three hours a day in a car by yourself. If you don't drive, and plenty of care workers don't, you are on foot and on buses that were never planned with anybody's rota in mind. One care worker who took part in our wellbeing survey described herself as a walker in domiciliary care, and said that being a lone worker is hard, and that you have to look after your own wellbeing. She'd had abuse from a member of the public while in uniform. She had to face this alone.

What comes across most strongly from care workers who work this way isn't unhappiness with the job. Quite the opposite. They talk about the work with real warmth and they talk about the people they support with the quiet pride Care Workers know well. One person put it simply in our Care Worker Wellbeing Survey, *"it's a rewarding role, but it carries a lot of stress, especially when lone working."*

The same care worker who described herself as a walker said something else that has stayed with me – *"It's lovely, she wrote, to hear your clients tell you how much difference you make to their life, even though your own employer doesn't say this to you."* The recognition is there, it's just coming from the people receiving the care rather than from the organisation employing her. That's a gap that can be closed.

The numbers say the same thing. When we asked care workers about the relationships they have with the people they support, 87.51% said those relationships were as good as they wanted them to be. That is a wonderful figure and it belongs to the workforce, not to any employer. On relationships with colleagues, it was 76.56%. Not a poor result by any means, but noticeably further away.

Care workers in homecare also tell us that rest and proper breaks are the first thing to disappear when a round is tight. A break is not only about resting your feet, it's the part of the day where you might have spoken to somebody. When it shrinks to eleven minutes in a lay-by, the rest goes with it.

What people describe to us as wanting is modest. Someone on call who knows the round well enough that a name means something to them, or a voice at the end of the phone after a call that was particularly challenging. Being asked how you are by a person who waits for the answer. Some of that costs nothing but attention: a text on a birthday, a manager who rings for no particular reason, a new care worker paired with someone experienced they can message. Some of it costs money because it costs time, like supervision that's a conversation rather than a checklist, and time with other care workers that sits inside paid hours. Only 52.63% of the care workers we surveyed believed mental health support was available to them at work, so there's a lot of room to build.

As a Charity we offer counselling through our partnership with Red Umbrella, up to 10 sessions with a qualified therapist, and I'm glad we can. What I dream of is for us to be the extra support rather than the first place anyone thinks of.

Plenty of employers already do this well, often quietly, and often in their managers' own hours. Making it stick means treating connection as something we plan, commission and fund rather than something we hope for. We commission homecare in tasks and in minutes, and a human being is neither of those things – whether someone drawing on support and care or the Care Worker themselves.

As a former care worker, what stays with me isn't the hard days. It's who was around afterwards, and how much lighter that made everything. More and more care is going to happen in people's homes, and it can be wonderful work. It just needs the people doing it to feel like part of something, including in the hour they spend getting home.

thecareworkerscharity.org.uk


“Rest and proper breaks are the first thing to disappear when a round is tight.”

Is 'Care Closer to Home' Always the Right Answer?

radis COMMUNITY CARE

Radis Community Care provides community-based social care and support across England and Wales, including visiting and live-in care, extra care housing, supported living and complex care. Here, Radis considers whether 'care closer to home' is always the right answer – and why genuine choice means finding the right combination of care, health and housing for each individual.

> *But should 'closer to home' always mean staying in the same home?*

The phrase 'Care closer to home' has become firmly embedded in conversations about the future of health and social care. And for good reason. Familiar surroundings, established routines and connections to family and local communities can play a pivotal role in a person's health and wellbeing.

But should 'closer to home' always mean staying in the same home?

The priority should surely be providing the **right care,** combining care, housing and health support in the way that is most appropriate to individual needs.

For some people, this may mean support workers visiting them at home, or living with them around the clock. For others, moving into extra care housing may provide greater independence, improved wellbeing and more opportunities for community and connection.

So, what does genuine choice look like?

Ensuring people receive the right care begins with understanding how they want to live their lives. And for real choice to exist, people need to understand what options are available to them, including the advantages and limitations of each. That means looking beyond an individual's immediate care needs. Their routines, relationships, aspirations, cultural preferences, health needs and changing circumstances should all form part of the conversation.

Only then can we begin to determine which combination of care, health and housing support is likely to provide the best outcome.

Yet people and their families can still find themselves navigating separate systems depending on whether their needs relate to health, care or housing. It shouldn't be that complicated.

Health, care, housing and local authority services all have a role to play. Bringing together care providers, housing teams, health professionals and families can help ensure different options are properly explored rather than services operating in isolation.

Someone living in extra care housing, for example, may also receive specialist or nurse-led support in their own home. It is a simple example of different models of care working together rather than competing with one another.

As providers, we need to share information appropriately, communicate effectively and understand what other services can offer. Crucially, those conversations should happen before someone reaches crisis point.

A collaborative approach gives people a greater opportunity to understand their choices and make decisions while they remain in control.

But what happens when someone's needs change?

A person's circumstances and needs do not stand still. This is where the balance between independence, safety and quality of life becomes important.

Being independent does not mean having to do everything alone.

Quality care should enable people to make choices while providing the right level of support to manage and mitigate risks.

Perhaps one of the most important lessons for the sector is that care should be viewed as a journey, not a destination. Someone may initially need only occasional visits before requiring more consistent support. As their needs change, additional services may be introduced, including specialist nurse-led care, allowing support to adapt around the individual.

Changing the way care is delivered should not automatically be viewed as a step backwards. In many cases, adapting support is precisely what enables someone to retain more independence for longer.

So, what should community-based care look like in the future?

It should be flexible. People should be aware of – and have access to – different combinations of care services, supported housing, community services and health support, depending on what they need at different stages of their lives. Ultimately, genuine person-centred care means putting the person at the centre of the decision.

'Care closer to home' can be a valuable ambition. But it should never become an instruction about where somebody ought to live or how their support should look.

Our role should be to create support around people's lives and their potentially ever-changing needs, rather than asking people to adapt their lives to fit the way services happen to be delivered.

That is when choice becomes genuinely meaningful – and when care can truly support people to live the lives they want to lead.

radis.co.uk

> ***Being independent does not mean having to do everything alone.***

CareTalk
The voice of excellence in social care

No One Should Be Excluded From Life's Hardest Conversations

Charlotte Lindley
HEAD OF INFORMATION AND SUPPORT AND COMPANIONS
MARIE CURIE

Charlotte Lindley, Head of Information and Support and Companions at Marie Curie, explains why clear, accessible conversations about dying and bereavement are an essential part of care—and how communities can help ensure nobody is excluded.

> *Clear language, delivered sensitively, helps people to understand what is happening.*

Death, dying and bereavement are universal experiences, yet not everyone is given an equal opportunity to understand, prepare for and take part in the conversations that surround them.

Too often, we assume that protecting someone from difficult news is an act of kindness. But research suggests the opposite can be true.

A recent report from the Parliamentary and Health Service Ombudsman highlighted complaints from bereaved families—not about the care provided, but about communication, or rather the lack of it. It found that patients nearing the end of life, and their families, were too often failed by unclear communication that compromised care and compounded grief. This fuelled despair and anger.

Without clear communication, people can miss opportunities to say goodbye or play a role in decisions. They may also be less equipped to process their feelings. People with learning disabilities are far more likely to be excluded from these conversations, despite feeling their impact just as keenly. That needs to change.

At Marie Curie, supporting conversations around the end of life is an important part of what we do. Through our helpline and companion services, we are there for people who need a conversation, support or information during the most difficult times. For people with learning disabilities, this support can be harder to access, but it is no less important.

We have therefore worked with people with learning disabilities to create accessible resources about terminal illness, death, dying and bereavement. The result is a collection of resources stripped back to include only the most important information. Jargon-free, straightforward language is presented alongside clear pictures and in an order that makes sense to the reader.

We were careful not to use language suggesting that a loved one had "gone to sleep." This could create further confusion or anxiety around sleeping because that is not what happened—they did not go to sleep; they died. We also omitted phrases such as "passed away" or "gone to a better place." Clear language, delivered sensitively, helps people understand what is happening and reduces unnecessary ambiguity.

Accessibility also means recognising that one conversation is rarely enough. When supporting people with learning disabilities, it is important to remember that information may need to be shared gradually and revisited over time, using familiar examples and trusted relationships.

When we think about end-of-life care, we often focus on health and social care services. These services are essential, but they are only one part of the support people need. We can all play a role.

Families, friends, neighbours, community organisations and voluntary groups all contribute to how people experience dying, death and bereavement. Together, they form the networks that help people feel connected, valued and supported during some of life's most difficult moments.

This is particularly important when someone is grieving. People may need opportunities to remember loved ones, share memories, ask questions and adapt to changes in their daily lives long after a death has occurred.

We need to create environments where talking about loss is accepted rather than avoided. Nobody should be excluded because of who they are, how they communicate or the support they need to understand what is happening around them.

The conversations may not always be easy. But they are often among the most important acts of care we can offer.

mariecurie.org.uk

Further reading

Accessible information about terminal illness, dying and bereavement
Marie Curie's free resources include easy-read booklets, videos and the photo book *What Happens When Someone Is Dying?*
mariecurie.org.uk/information/learning-disability
Booklets can also be ordered in hard-copy format.

The conversations may not always be easy. But they are often among the most important acts of care we can offer.

Butterfly Moments

Making Every Day Matter

Your CVS
BUTTERFLY PROJECT
MID NOTTS EOLC ALLIANCE

How the Butterfly Service is helping people like Peter, Marie and Betty find friendship, independence and moments of joy at the end of life – while ensuring families and carers do not have to face the journey alone.

THE PALLIATIVE & END OF LIFE CARE AWARDS
HIGHLY COMMENDED

> *"The Butterfly Friendship Group became the highlight of my week."*

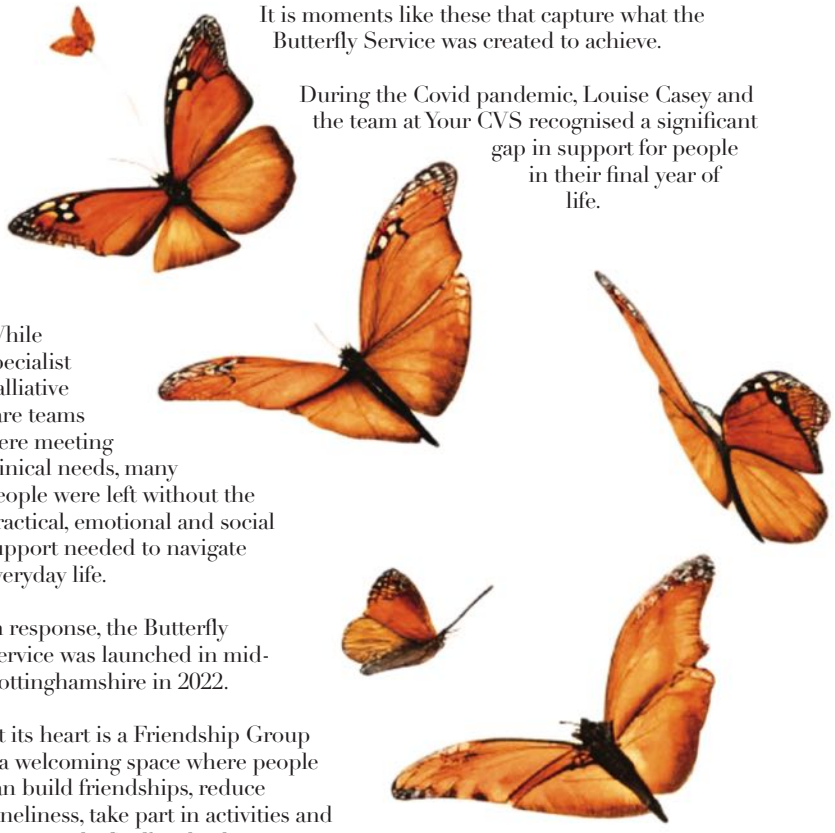
For Betty, it was fish and chips on the beach at Cleethorpes.

Living with chronic obstructive pulmonary disease (COPD) and an end-of-life diagnosis, she had been asked about the things she would still like to experience. A trip to the seaside was on her 'wish list', and with the help of volunteer drivers from the Butterfly Service, it became possible.

Just weeks before she died, Betty was able to sit by the sea and enjoy that simple but meaningful experience.

It is moments like these that capture what the Butterfly Service was created to achieve.

During the Covid pandemic, Louise Casey and the team at Your CVS recognised a significant gap in support for people in their final year of life.



While specialist palliative care teams were meeting clinical needs, many people were left without the practical, emotional and social support needed to navigate everyday life.

In response, the Butterfly Service was launched in mid-Nottinghamshire in 2022.

At its heart is a Friendship Group – a welcoming space where people can build friendships, reduce loneliness, take part in activities and share meals. Staff and volunteers also provide weekly health checks, benefits advice and support with Advance Care Plans, while external agencies offer sessions on everything from financial planning to fraud awareness.

But sometimes what matters most is simply having somewhere to go and people who notice when you arrive.

For Peter, the Friendship Group became "the highlight of my week".

He had been referred by his GP while living alone with advanced COPD. Following the death of his wife, declining health and reduced mobility had left him isolated and unable to drive.

With volunteer support, his world began to open up again. Peter enjoyed outings including a concert at Southwell Minster and a tea dance.

The support went beyond companionship. The Butterfly Service helped improve his safety at home by arranging smoke alarms and a fire escape plan through the Fire Service. He received grief support and, when he became unwell during an activity, a volunteer accompanied him to hospital and continued visiting him.

Before his death, Peter completed an Advance Care Plan with a volunteer, clearly recording his wishes and providing his step-daughter with comfort and reassurance.

For Marie and her husband Neil, the Butterfly Service arrived at another difficult point in life.

The couple were referred by Social Prescribers as isolation, frailty and Neil's dementia placed increasing pressure on Marie as his carer.

Initially, even attending a group was a big step. A Butterfly Liaison Officer helped Marie build the confidence to attend the Friendship Group, while volunteer transport made regular visits possible.

The service also connected the couple with befriending, digital health support, financial guidance and other practical assistance.

Marie described how her world had "become very small". The Friendship Group gave the couple companionship, routine and something they could look forward to together.

"I knew I wasn't on my own anymore," she said.

That support did not disappear when Neil died. The Butterfly Service continued to be there for Marie through bereavement, providing continuity at a time when another important part of her life had changed.

Volunteers are central to making these experiences possible. They provide companionship face-to-face and by telephone, help with shopping and prescriptions, offer practical assistance and drive people to medical appointments. Families and carers can also access practical guidance, emotional support and signposting.

Importantly, relationships do not necessarily end with bereavement. Relatives can continue attending Friendship Groups, maintaining the connections they have built at a time when loneliness can become particularly acute.

> ***I knew I wasn't on my own anymore.***

The Butterfly Service shows that supporting someone towards the end of life is about more than meeting clinical needs.

It can be about helping somebody remain safe and independent at home. Giving a carer somewhere to turn. Making sure a person's wishes are understood. Offering friendship after bereavement.

And sometimes, it can be as simple – and as important – as making sure someone gets their fish and chips by the sea.

yourcvsnotts.org

Care Talk
The voice of excellence in social care

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> **Gemma Nisbet** TRAINING MANAGER KEYS GROUP

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Care Technologist

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A Care Technologist is a new kind of professional in adult social care. They use technology to help people live independently, make choices, and stay connected. Care Technologists will be at the heart of innovation, bridging the gap between human care and modern technology.

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

What Keeps Us Awake at Night

Priory

Darren & Josie
LIVED EXPERIENCE PARTNERS
PRIORY

What keeps people awake at night when they rely on care and support? Darren and Josie know first-hand. Now, as Lived Experience Partners at Priory, they are turning personal experience into practical change – helping services understand what good care really looks and feels like to the people receiving it.

> ***Independence taken away by others doing things for you is very upsetting and traumatic.***

What does good care really look and feel like? At Priory, the UK's largest independent provider of mental health, addiction and adult social care services, that question is increasingly being answered by the people with the greatest expertise: those who have experienced care themselves.

Through Priory's Lived Experience Partnership Working programme, people who use services, former service users and carers are helping shape how care is designed and delivered.

Since the launch of its Healthcare strategy in 2025, people with lived experience have contributed to more than 100 projects, workstreams and service improvements, representing approximately 1,925 hours of partnership working. Priory's Adult Care framework, launched in 2026, is building similar opportunities for residents to influence services and drive improvement.

Lived experience is increasingly influencing governance, service design, quality improvement and strategic decision-making across Priory services.

Two of those partners, Darren and Josie, are among the first Divisional Lived Experience Partners recruited within Adult Care. Both know first-hand the impact that compassionate, person-centred care can have, and why genuinely listening to people matters.

For many people who have used health and social care services, the biggest concerns are not always about treatment itself. Often, they are about something more fundamental: whether they will be understood, respected and genuinely heard.

For Josie, the experiences that 'keep her awake at night' are deeply personal. *"The trauma of being in a coma, being in hospital for a long time, and being in hospital straight after my baby was born meant I missed out on the first few months of his life,"* she explains.

Darren's concerns were different, but equally centred on the experience of receiving care. *"The main thing that kept me awake at night was the worry and anxiety around which staff member or nurse was on the next day, and whether they understood my complex care needs and could deliver my care with compassion and understanding,"* he recalls.

Their experiences highlight an important truth. High-quality care is not only about clinical support. It is also about relationships, trust and the confidence that the people supporting you genuinely understand what you are going through.

One of the biggest challenges for Josie was losing her independence. *"Independence taken away by others doing things for you is very upsetting and traumatic,"* she says.

Darren agrees that empathy can make a significant difference. Reflecting on some of the best support he received, he says: *"They could see the challenges for me and my family from their personal experiences and delivered care in a thoughtful and compassionate way."*

Both believe people should play an active role in shaping their own care and recovery, rather than having decisions made for them.

When visiting services, both Darren and Josie often notice things professionals can overlook. As well as the physical environment, they pay close attention to communication, respect and whether people feel comfortable sharing their views.

The feeling of home is another issue both identify as crucial. For Josie, home is created through personal connections. *"Photographs of family and friends, information about the individual and friendly staff help somewhere feel like home,"* she says.

Darren believes inclusion and choice play an equally important role, from influencing menus for mealtimes to shaping social events. *"The use of Our Voice committees helps patients shape the direction of their stay,"* he explains. *"Simple ideas like movie nights, where patients vote for the film and popcorn is provided, help the setting feel more inclusive and homely."*

"It improves mood and wellbeing and helps people feel valued," says Josie.

This distinction between consultation and genuine partnership sits at the heart of Priory's lived experience approach. The organisation has developed dedicated Healthcare and Adult Care frameworks alongside a Co-production Charter created with people with lived and learnt experience, helping embed partnership working throughout Priory.

Angela Slater, Adult Care Lived Experience Partner Lead, believes lived experience provides insights professionals alone cannot. *"People who use services bring insights that professionals alone cannot provide,"* she says. *"Their observations help us understand what everyday life feels like within services and identify practical changes that can improve people's experiences."*

For Darren, one of the achievements he is proudest of was helping review a self-neglect resource used by staff and patients. *"I was able to use my perspective and insights on the matter and draw from experiences in care to help change the wording and messaging in the document,"* he says. *"Hopefully that will provide a better outcome for staff and patients in the future."*

Josie is particularly proud of helping improve understanding of brain injury across the organisation. *"Helping Priory understand brain injury and deliver the best possible services has been really important,"* she says.

She is also encouraged by the growing role of people with lived experience within the organisation. *"If a service user has contact from a member of staff with lived experience, they will feel more understood,"* Josie says.

Kath Mason, Associate Director of Patient Safety & Experience and lead for Priory's Lived Experience Partnership Working strategy, says this perspective is increasingly shaping culture across the organisation. *"Lived Experience Partners help challenge assumptions, improve safety, strengthen quality and ensure services are designed with the people who use them, not simply for them,"* she says.

Crucially, this is not about asking people to share difficult experiences simply for the sake of consultation. It is about turning those experiences into change. Darren and Josie bring a perspective shaped by knowing what it feels like to depend on others, to lose independence and to wonder whether the person providing support will really understand.

That perspective can reveal the small things that make an enormous difference: how somebody is spoken to, whether choices feel genuine, whether information is clearly explained and whether a service feels like somewhere a person can belong.

For Priory, the ambition is to make that involvement part of everyday practice rather than an occasional exercise. As lived experience becomes more embedded across services, people receiving care have a greater opportunity to influence not only their own support, but how care develops for others too.

Looking ahead, both Darren and Josie share the same hope for the future of care: that organisations continue moving from listening to acting.

Darren says: *"If I could ask every care provider to change one thing, it would be to pay more attention to the voice of the patient."*

Josie's priority is communication. *"Hold regular one-to-one discussions and keep service users informed about what's happening with their care,"* she says.

Their message is simple but powerful. Real partnership begins when people are not only asked for their views, but trusted to help shape the decisions that affect their lives and lead their own recovery. In a sector increasingly focused on community, connection and belonging, that may be one of the most important changes of all.

priorygroup.com

> ***"People who use services bring insights that professionals alone cannot provide."***

Josie

Darren

The TOUGH Question...

What Does 'Home' Really Mean For a Child in Care?

Dean Bennett and Ranjit Singh Bains
CO-FOUNDERS
MENTOR SOFTWARE

Dean Bennett and Ranjit Singh Bains, Co-Founders of Mentor Software, share their perspective on belonging, regulation and what really matters for young people living in children's homes.

> *The aim should be to manage that risk without unnecessarily removing opportunities.*

Have children's homes become too focused on compliance at the expense of creating places where children genuinely feel at home?

Compliance is essential; it creates accountability, protects young people and gives providers clear standards to work towards. We believe it should be the foundation of a good home, not its purpose.

Ask any of us what makes somewhere feel like home and we probably wouldn't mention policies or paperwork. We'd talk about feeling safe, being heard, having choices and feeling comfortable enough to be ourselves. It's the memories created and how people are made to feel. Just think of your own childhood and the memories we carry.

Can a children's home ever truly replace the sense of belonging that comes from family and community?

We don't think it's about trying to 'replace' family. Every young person's circumstances and relationships are different.

What a children's home can do is help create the foundations of good character, confidence and self-esteem that a young person can carry with them into adult life. That starts with feeling safe, valued and known – having adults who believe in them, celebrating their achievements and giving them opportunities to make choices and develop their own identity.

Belonging should also extend beyond the home. Maintaining friendships, pursuing hobbies and building positive connections within the community can help young people develop a wider support network, alongside the confidence to find their place in the world beyond care.

How do we balance safeguarding with giving children the freedom to build ordinary lives?

This is where professional judgement is so important.

In many ways, it's the same judgement we make within our own families. The decisions we make for our children, nieces or nephews will depend on the individual – their age, maturity, personality and the situation.

Safeguarding should consider the individual, their history, strengths and vulnerabilities, and the actual risk involved. The aim should be to manage that risk without unnecessarily removing opportunities.

Going out with friends, travelling independently or getting a first job all carry some degree of risk, but they're also important experiences that help young people develop skills for adulthood.

Are we measuring success by the right outcomes?

Success should be measured by how far a young person has progressed from their own starting point. Every young person enters care with different experiences, strengths, challenges and needs, so success will look different for each of them.

How can technology reduce administration without losing the human element?

Technology should give people time back.

We founded Mentor after seeing how much time professionals were spending completing paperwork, finding information and duplicating records.

If technology can make recording simpler, automate repetitive tasks and bring information together, staff have more time for the things technology cannot do - listen, notice, reassure, encourage and build relationships.

What is the biggest barrier to creating environments where children feel they belong?

There are many barriers, but one of the biggest is a lack of consistency in the relationships around a young person.

The feeling of belonging takes time to build. Having familiar people who know a young person well, understand their routines and remember the things that matter to them creates a sense of stability and trust.

Providers can support this through strong teams, good handovers and consistent key-worker relationships, because it's people who make somewhere feel like home.

If you could challenge one long-held assumption about children's residential care, what would it be?

That a highly regulated environment inevitably has to feel institutional, it doesn't.

Strong regulation, good leadership and effective systems are essential, but the key is for much of that structure to sit quietly in the background. Young people shouldn't feel surrounded by processes, paperwork and compliance – they should experience a home where they feel safe, comfortable and able to live an ordinary life.

What will the best children's homes of the future do differently?

The best homes will know their strengths, understand the young people they support and be clear about the standards they want to maintain. Most importantly, they'll deliver those standards consistently across different staff, shifts and circumstances.

That consistency gives young people stability and helps build trust. Combined with strong leadership and an understanding of each young person's individual needs and ambitions, it creates an environment where they can thrive.

mentorsoftware.co.uk

That consistency gives young people stability and helps build trust.

Ask the Experts

What Advice Would You Give Incoming CQC Chief Executive Emily Miles?

As the Care Quality Commission (CQC) prepares for new leadership under Chief Executive Emily Miles, the future of regulation is under close scrutiny. With providers facing increasing pressures around workforce, funding and rising demand, there is a need for regulation that protects people while also recognising and supporting high-quality care. Against this backdrop, we asked social care leaders:
"What advice would you give incoming CQC Chief Executive Emily Miles on creating regulation that protects people while helping good care thrive?"

Visiting Angels

Dan Archer
CHIEF EXECUTIVE
VISITING ANGELS

> ***"What I cannot entertain is increased cost for what has been a historically poor service."***

The home care provider

My advice to Emily would be to engage with the sector, as the key to CQC's future has to be learning from operational best practice and commercial success. The financial viability of CQC from industry subscription is questionable if nothing changes. For providers like ours, when growth is hampered by time to register and frequency of inspection, I would welcome an honest conversation on where we could pay more for CQC to be better.

What I cannot entertain is increased cost for what has historically been a poor service. We are justifiably critiqued, positively or negatively, by our regulator for the standard of service we deliver. We should expect the same accountability. For what we contribute, inspections should be more frequent and registering a new location should not take months. If CQC wants to discuss the future of care, providers like Visiting Angels, who have thrived in recent years, have knowledge to share.

EQ CARE GROUP

Samantha Crawley
CHIEF EXECUTIVE
EQ CARE

> ***"Regulation should offer genuine value."***

The care home provider

My advice to Emily would be: stay curious, stay connected and never let regulation become more important than the people it exists to protect.

Good providers welcome robust, consistent scrutiny, but great care is not created through paperwork alone. It lives in relationships, culture, leadership and everyday moments that matter.

There are positive foundations to build on, including new ASC leadership that has engaged with the sector from day one. I hope that openness continues, alongside a willingness for CQC to learn lessons, as it expects providers to do.

I hope Emily also focuses on CQC's own people. Inspection and other teams have navigated years of significant challenge and deserve to feel supported, valued and confident.

Regulation should offer genuine value, sharing excellence, supporting improvement and enabling innovation. Protect people from poor care, absolutely, but create the conditions for great care to thrive too. That is regulation at its best.

Think Local Act Personal

Dr Clenton Farquharson CBE

ASSOCIATE DIRECTOR, POLICY INFLUENCE
THINK LOCAL ACT PERSONAL

> ***My advice to Emily Miles is to make regulation feel human, not simply compliant.***

The lived experience advocate

My advice to Emily Miles is to make regulation feel human, not simply compliant. Protecting people and helping good care thrive are not competing aims. Both depend on understanding what a good life looks and feels like to people who draw on care and support.

The crucial test is simple: does regulation help people feel safer, exercise greater control and experience better, more equitable lives?

To meet this test, the Care Quality Commission should co-produce regulation with people, families and frontline staff from the beginning. It must also listen to people between inspections, so people's experiences can reveal emerging risks and changes.

Regulation should combine the usual performance data with "Data with Soul": evidence about dignity, relationships, choice, control, belonging and whether people can live gloriously ordinary lives.

This will enable CQC to act where rights, safety or equity are threatened, while encouraging learning and innovation instead of paper-based compliance.

Flourish

Eammon Price

CHIEF EXECUTIVE
FLOURISH

> ***Strong providers should earn greater freedom.***

The technology provider

In a world of big data, AI and government resource scarcity, I would advise CQC to move towards a model that is genuinely risk based. The opportunity is to stop asking good providers to repeatedly prove they are good through process-heavy inspection and instead use live data to understand where risk is actually emerging.

Workforce stability, engagement, competence, leadership and staff sentiment are often leading indicators of care quality and should play a much bigger role in regulation. This would allow CQC to focus its resources where they can have the greatest impact.

Strong providers should earn greater freedom. If the evidence consistently shows good outcomes, stable leadership and a healthy workforce, regulatory burden should reduce. Conversely, where the data shows deterioration, CQC should intervene earlier and more decisively, protecting people before problems become entrenched.

The goal should not be more regulation. It should be smarter, proportionate, evidence-led regulation that responds to genuine risk.

Care Rights UK

Helen Wildbore

DIRECTOR
CARES RIGHTS UK

> ***People are too afraid to raise concerns about poor care for fear of reprisals like visiting restrictions or eviction.***

The relatives rights advocate

A common theme on our adviceline is fear of speaking out. People are too afraid to raise concerns about poor care for fear of reprisals like visiting restrictions or eviction. Then there are people we don't hear from, who are unable to speak up for themselves and have no family or friends to advocate on their behalf.

To ensure quality care for all, CQC should prioritise crossing the threshold more often, with regular, unannounced inspections to see, hear and smell what a service is like and uncover poor care.

It should connect directly with people relying on care and their representatives, creating safe, private opportunities to share concerns. CQC should also drop the mantra "we don't investigate individual complaints". Reports of poor care must be properly investigated as potential breaches of care regulations.

Emily Miles has an opportunity to rebuild trust and confidence that poor care will be identified and concerns appropriately acted on.

Have *Your* Say!

Marie Greenhalgh
RELATIONSHIPS DIRECTOR
INCLUSION EDUCATION

3 Wishes

"If you had a magic wand, what three wishes would you make for the future of support for children and young people?"

1. If I had a magic wand, my first wish would be that everyone who supports children and young people had the skills, confidence and compassion to talk openly about suicide, mental health, grief and bereavement. Too many people carry these experiences in silence because people are afraid of saying the wrong thing.

2. My second wish would be for a genuinely joined-up system around every child, not one we simply talk about, but one that actually exists in practice. Education, social care, health, mental health services, youth work, community organisations and families would work together as one team around the child. No child should fall through gaps between services.

3. My third wish would be for a society where every child knows, without question, that they matter. A society where every child feels safe, experiences a sense of belonging and can look to the future with hope. Everyone deserves trusted relationships, opportunities to thrive and people who believe in them, especially when they struggle to believe in themselves. Because when children feel connected, valued and hopeful, we do more than improve outcomes. We help them build lives filled with purpose, possibility and the confidence to dream about what comes next.

In The Spotlight

Care home resident achieves lifelong dream of attending Alfie Boe concert with her daughter

An 88-year-old resident at The Chase care home in Huntingdon has had a lifelong dream come true after the team arranged a surprise trip to see her favourite singer, Alfie Boe, perform live at the Cambridge Corn Exchange.

Doreen Cousins had often spoken about her love of Alfie's music and her wish to see him perform. When the team discovered he was appearing just 30 minutes from the home, they contacted the venue and secured an accessible ticket with an excellent view.

The concert was kept a complete surprise, with Doreen believing she was simply going out for a drink with her daughter. After a relaxing bath and makeover, she was presented with the tickets just before leaving – resulting in excitement and happy tears.

Senior Carer Karina, who accompanied Doreen, said: *"It was wonderful to see how excited Doreen was. For me, this is one of the most rewarding parts of working in care – helping people do things they may have thought were no longer possible."*

The team carefully planned the trip, considering accessibility, seating, travel and Doreen's individual needs.

Afterwards, Doreen said: *"I had the best time, so much fun."*

Lauren Mair, General Manager at The Chase, added: *"We were determined to help Doreen experience something that meant so much to her. I'm incredibly proud of the team for going the extra mile to create such a special memory."*

Movers & Shaker

New Manager appointed at Burscough Manor Care Home

Karen McGrady
MANAGER
BURSCOUGH MANOR CARE HOME

Experienced nursing professional Karen McGrady has been appointed manager at Burscough Manor Care Home, bringing extensive experience across health and social care, including elderly care, dementia nursing, learning disabilities and supporting people with complex needs.

A qualified nurse, Karen has developed her career around helping people live safely, independently and with dignity. She brings strong leadership experience and a passion for delivering high-quality, person-centred care.

In her new role, Karen will lead the team at the Sandstone Care Group-operated home, supporting residents and their families while continuing to build on Burscough Manor's welcoming and caring environment.

Karen said: *"I am delighted to be joining Burscough Manor and becoming part of the Sandstone Care Group family. I have always been passionate about ensuring people receive the highest standard of person-centred care and are supported to live fulfilling lives with dignity and respect."*

She has particular interests in safeguarding, end-of-life care and continuous improvement through strong leadership and teamwork.

Lucy Holl, managing director of Sandstone Care Group, said: *"We are delighted to welcome Karen to Burscough Manor. She brings extensive clinical expertise, leadership experience and a genuine passion for delivering exceptional care. We look forward to seeing the positive impact she will make."*

Burscough Manor provides residential, nursing, dementia and respite care in a purpose-built environment supporting residents' wellbeing, independence and quality of life.

Lightbulb Moment

A Small Idea That Made a Lasting Difference

Marie Crouch
ACTIVITIES COORDINATOR
SAINT CATHERINE'S HOPSICE
SCARBOROUGH

Sometimes the smallest ideas have the greatest impact.

My lightbulb moment began with a simple idea: inviting every patient we cared for throughout the year to decorate a Christmas bauble. At first, it seemed like a small festive activity but has since become one of the most meaningful traditions in our hospice.

Each decorated bauble is placed on our Christmas tree, representing a life, a story and the privilege of having cared for that person. At Christmas, families are invited back to a special remembrance service where we celebrate the lives of their loved ones. At the end of the service, they are presented with their loved one's bauble to take home - a treasured keepsake that holds precious memories.

What started as a simple craft activity has grown into something far more significant. It brings comfort to families, creates a lasting connection with the hospice, and reminds us that even after someone has died, they are never forgotten.

This experience has reinforced something I truly believe - it's often the smallest gestures that make the biggest difference. A single decorated bauble has become a symbol of love, remembrance and hope, creating lasting memories for families at a time when they need it most.

Now Have *Your* Say!

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

Coming Up...

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

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.

WAGS

WOMEN ACHIEVING GREATNESS IN SOCIAL CARE

2026

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

"The majority of staff within the sector are women, and the awards is a great way to recognise their significant accomplishments."

Professor Vic Rayner, Chief Executive Officer, National Care Forum

THE CATEGORIES

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

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

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

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

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

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

and many more!

★ CELEBRITY GUEST TO BE ANNOUNCED! ★

IN ASSOCIATION WITH CareTalk

CLOSING DATE FOR NOMINATIONS: 19TH OCTOBER 2026

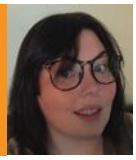
Nominate at: **www.thewags.co.uk**

Leading the Way in Social Care

Forces For Change

Building Community Around Armed Forces Families

Kirsty Northam
DEPUTY CHIEF EXECUTIVE
NEURODIVERSE COMMINITY CIC



Lesley Collier
FOUNDER
NEURODIVERSE COMMINITY CIC

Kirsty Northam, Deputy Chief Executive, and Lesley Collier, Founder of NeuroDiverse Community CIC, explore how their work with Armed Forces families is bringing military life, neurodivergence and social care together – building stronger communities around connection, continuity and belonging.

Social Care LEADERSHIP AWARDS FINALIST

> ***Its work in Catterick and Windsor has also brought NDC increasingly alongside Armed Forces communities.***

The phrase person-centred support is heard frequently across health, education and social care. But being person-centred means more than putting someone's name at the top of a support plan. It means understanding the whole person, the family around them, the community they belong to and the systems they are trying to navigate.

That philosophy has been at the heart of NeuroDiverse Community CIC (NDC) since Lesley Collier founded the organisation in 2019.

Rather than expecting people to fit into predetermined services, Lesley has built NDC by listening to communities, identifying gaps and creating support around what people actually need. Today, it supports neurodivergent and disabled children, young people, adults and families through community groups, advocacy, wellbeing, employment support, training, inclusive activities and partnerships.

Its work in Catterick and Windsor has also brought NDC increasingly alongside Armed Forces communities, where accessing support can present particular challenges.

Education, health and social care systems can already be difficult to navigate. Add postings, school changes, different local authorities, waiting lists, deployments and periods of separation, and continuity can quickly disappear. Families may repeatedly find themselves explaining their circumstances to somebody new.

For neurodivergent people, that disruption can be especially significant. Predictability, trusted relationships and familiar environments may be essential to wellbeing, yet systems built around geographical boundaries do not always reflect the realities of military life.

This was central to the development of the NDC Windsor Forces Hub. The aim was never simply to create another service. It was to create community.

One of the principles Lesley has embedded throughout NDC is that no organisation can, or should, try to do everything.

Families do not live their lives in organisational silos, so why should support be delivered that way?

The work in Windsor demonstrates what becomes possible when Armed Forces organisations, welfare services, charities, community groups, local businesses, volunteers and families work together. Each brings something different: expertise, facilities, resources, relationships, lived experience or simply a willingness to help.

A family may first approach NDC for advice and then discover a wellbeing session, inclusive children's group or environmental project. A parent may begin volunteering. A young person may build confidence and become a young leader. Someone seeking employment may engage with EmployAbility. Another family may be connected with specialist support elsewhere.

The outcome is not simply a referral. It is connection.

Listening is equally fundamental to NDC's neuroaffirming approach. For too long, support for neurodivergent people has sometimes focused on changing the individual to fit existing environments. A neuroaffirming approach asks a different question: "What needs to change around this person so they can participate, communicate, thrive and belong?"

That may mean adapting environments, recognising sensory needs, communicating differently, reducing unnecessary demands or understanding behaviour as communication. It also means recognising expertise beyond professional systems.

Parents and carers understand their families. Neurodivergent people understand their own experiences. Community organisations understand the people they serve. Military families understand the pressures of Service life.

For Lesley, good leadership means listening to all of them.
It also means moving beyond seeing people solely as recipients of services. People have skills, ideas, aspirations and something to contribute.

Across NDC, people are encouraged to connect, volunteer, develop skills, build friendships, become young leaders, participate in community projects and access training and employment opportunities. Eco Forces creates purpose through nature and environmental activity. Wellness sessions support physical and emotional wellbeing. Children and young people access inclusive spaces where they can be themselves, while EmployAbility focuses on strengths, skills and meaningful routes towards employment.

The programmes may look different, but they share the same principle: people need opportunities to belong, not simply services to attend.

Since 2019, Lesley has created foundations upon which staff, volunteers, families, young people, professionals and community partners can bring their own skills and ideas.

Collaboration at NDC is not an occasional exercise; it is part of the organisation's identity. That requires leadership willing to share space, value lived experience and recognise that another organisation's success does not diminish your own.

When the objective is better outcomes for people, collaboration is not competition.

There are lessons here for the wider social care sector. Fewer silos, earlier intervention, stronger community partnerships and sustainable investment in provision can all help prevent people reaching crisis.

Most importantly, support must begin by listening before deciding what people need.

A neurodivergent person should not repeatedly have to fight to be understood. A disabled person should not have to prove why inclusion matters. A military family should not lose continuity simply because their postcode changes.

What Lesley has built since 2019 shows what is possible when social care asks a different question: not "What service can we provide?" but "What community can we build around this person?"

That is how support can move from provision to participation, from isolation to belonging, and from supporting individuals to building communities that support one another.

neurodiverse-community

> ***The aim of the Windsor Forces Hub was never simply to create another service. It was to create community.***

Kirsty Northam (left) and Lesley Collier (right) of NeuroDiverse Community CIC

A Day in the Life of a Care Awards Judge

Keys

Gemma Nisbet

TRAINING MANAGER
KEYS GROUP

What is it really like to decide who takes home a national care award? Gemma Nisbet, Training Manager at Keys Group, takes us behind the scenes of a day spent judging some of the remarkable people and teams transforming the lives of children and young people.

CareTalk JUDGE

> ***Listening to those stories gives you an opportunity to understand the difference people are making.***

There are some days that remind you exactly why you chose to work in health and social care. Serving as a judge for the National Children and Young People Awards was one of those days.

From 9am until late afternoon, I interviewed finalists in the Children and Families Social Worker Award and Children's Home Team Award categories. Every conversation brought a fresh perspective, an inspiring story and a powerful reminder of the life-changing work taking place across the sector.

Working within Keys, I am privileged to see exceptional practice every day. But judging gave me an opportunity to hear about incredible work taking place far beyond our organisation.

I met social workers, registered managers and residential childcare teams united by one purpose: improving the lives of children, young people and families.

What struck me most was that none of the nominees talked about themselves first. They talked about the children.

The social worker category was filled with examples of the transformational impact of meaningful relationships. Nominees spoke about rebuilding trust with young people who had experienced trauma, ensuring their voices were heard and supporting them through some of the most difficult periods of their lives.

It was particularly striking to hear how many professionals remained connected to children long after their direct involvement had ended. Young people remembered who had listened to them, believed in them and stood by them when life was difficult.

Representation was another recurring theme.

Several nominees spoke about being role models and mentors, helping to create opportunities for the next generation of social care professionals. It was a reminder that leadership is not simply about supporting children and families. It is also about creating opportunities for others to succeed and ensuring the profession continues to evolve.

Then came the Children's Home Team finalists, offering an equally inspiring perspective.

As teams described their work, it became clear that the most successful homes had moved beyond simply providing care. They had created a genuine sense of family and belonging.

Many spoke about children remaining in contact after moving on, returning to celebrate milestones and maintaining relationships with staff who had supported them through significant periods of their lives.

Those stories stayed with me because they weren't about paperwork or compliance.

They were about belonging. Relationships. Helping young people believe in what was possible.

Of course, judging also means making difficult decisions. When every finalist has a powerful story to tell, choosing between them is never easy. But listening to those stories gives you an opportunity to look beyond job titles and really understand the difference people are making.

By the end of the day, I closed my laptop feeling inspired and privileged to have been part of the experience.

The awards celebrate individual achievements, but the judging process highlighted something much bigger: behind every positive outcome is a team of passionate professionals who genuinely care.

The stories I heard reminded me that social work changes lives, residential homes can become families, and great care is built on relationships, compassion and belief in what children and young people can achieve.

As someone who works within Keys, it was also reassuring to see our EPIC values reflected across the wider sector. The passion, commitment and dedication shown by every finalist reaffirmed my confidence in the future of children's services.

If there was one lesson I took away from the day, it is that outstanding care is not defined by policies, buildings or job titles.

It is defined by people. People who genuinely care. People who go above and beyond. People who show up every day determined to help children and young people achieve the very best outcomes in their lives.

Serving on the judging panel was a real privilege and an experience I would wholeheartedly encourage others to embrace.

Judging an awards category might begin with nominations, interviews and scoring, but by the end of the day it had become something much more personal: a reminder of why this work matters.

And, for me, a reminder of just how fortunate I am to work in a sector filled with people who are passionate about making a lasting difference.

keys-group.co.uk

> ***It reminded me just how fortunate I am to work in this sector.***

If you would like to be a judge for any of the Care Talk awards please contact **chloe.markey@care-awards.co.uk**

Who Really Owns The Outcome?

Linzi Sim
CHIEF EXECUTIVE
OUTCOMES CONSULTING

Social care is good at measuring what services deliver, but does that tell us whether someone is living a good life? Linzi Sim, Chief Executive of Outcomes Consulting, argues that meaningful outcomes are found in belonging, relationships and lives that extend far beyond the boundaries of paid support.

> ***"There is a difference between protecting somebody from harm and protecting somebody from life."***

I have spent a significant part of my career both delivering care and supporting organisations that deliver it. And there is a question I think our sector needs to get much more comfortable asking:

"Are we sometimes so busy proving that we provide good care that we forget to ask whether the person is actually having a good life?"

We talk endlessly about outcomes. They sit in care plans, support plans, commissioning frameworks, audits, inspections and monthly reports. We measure them, review them, RAG-rate them and evidence progress against them. But people's lives do not fit neatly inside our paperwork.

A person's life does not begin when a support worker comes on shift. Their identity does not belong to the organisation supporting them. And their relationships, ambitions, friendships and sense of belonging should certainly not exist solely within the boundaries of a commissioned service.

So perhaps we need to ask a more challenging question: *Who really owns the outcome?*

We have become very good at evidencing care

Social care has become increasingly sophisticated at demonstrating what we do. The activity took place. Choices were offered. The person accessed the community. The care plan was reviewed. Tick. Sign. Date. Upload.

Accountability matters. Recording matters. Safeguarding matters. But documentation can tell us that somebody has received an excellent service without telling us very much about the life they are living.

Someone can have a beautiful care plan and still be desperately lonely. They can "access the community" five times a week and have no meaningful relationships within it. They can attend clubs, restaurants and shopping centres accompanied by paid staff and still have nobody outside their family or care team who would notice if they disappeared tomorrow.

That is community presence. It isn't necessarily community belonging.

There is one question I increasingly think tells us more about outcomes than pages of performance data: *If our service disappeared tomorrow, what would remain in this person's life?*

Who would ring them? Where would they still be expected? Who would notice they hadn't turned up? What relationships would continue without somebody being paid to facilitate them?

Those are uncomfortable questions because sometimes the answer will be: very little. If somebody has been supported by us for several years and their entire social world still consists of relatives and people on a payroll, we should at least be curious about why.

The outcome doesn't belong to us

Providers frequently talk about the outcomes we have achieved. But did we?

Imagine a support worker helps someone attend a local football club. Initially they need significant support. Over time, people learn their name. They develop friendships. Eventually somebody from the club starts messaging them directly.

One Saturday they don't attend and someone messages: *"Where are you? We're waiting for you."*

Who achieved that outcome?

The support worker helped. The provider created the opportunity. The football club welcomed them. Other people formed relationships with them. And the individual took the biggest step of all.

The outcome belongs to them.

Our contribution matters enormously, but there is a subtle danger when services begin to behave as though they own people's progress. Our job should not be to build someone's life inside a service. It should be to help them build a life that extends far beyond it.

Stop measuring outings. Start measuring connection.

If belonging genuinely matters, then commissioners and providers need to reconsider what we measure.

"Three community activities per week" tells me almost nothing. Three activities with whom? Chosen by whom? Did they make a connection? Would anybody notice if they didn't?

We should become much more curious about someone's social capital. Who knows them? Who values them? Where do they contribute? Where do they belong? Who invites them somewhere? Who contacts them without being prompted?

These are very different measures of a life. They move us away from seeing people receiving social care simply as recipients of services towards recognising them as citizens, neighbours, colleagues, friends and members of communities.

Some of the best outcomes look remarkably unimpressive on paper. Being invited to a birthday party. Walking into a café and someone already knowing their order. Joining a WhatsApp group connected to a hobby. Someone saying, "See you next week," and actually meaning it.

Having somebody miss you.

Those things are incredibly difficult to capture on a dashboard. But ask most of us what makes our own lives meaningful and we are unlikely to answer with a list of measurable outcomes.

We will talk about people.

Good providers should sometimes make themselves less important

If we genuinely believe in independence, progression and ordinary lives, then excellent care should sometimes result in the provider becoming less central to the person's world.

We measure hours delivered. We commission packages. We evidence interventions. Organisations understandably want to demonstrate their value. *But our value cannot simply be measured by how much of someone's life we occupy.*
A support worker should not automatically be someone's best friend. A supported-living service should not be someone's complete social network. And providers do not need to be present in every photograph for an outcome to count.

Sometimes excellent support means opening a door and having the confidence to let somebody walk through it without us.

Real relationships cannot be completely risk assessed. Real communities cannot be controlled. Friendships sometimes go wrong. People fall out. Plans change. Someone gets rejected.

That is life. Of course, providers have safeguarding responsibilities. But there is a difference between protecting somebody from harm and protecting somebody from life.

If every relationship has to be professionally mediated, every activity staff-led and every experience risk-free, we may produce extremely safe services while unintentionally creating very small lives.

A different definition of success

Across the organisations I support, the most impressive practice rarely begins with another form or assessment.
It begins with curiosity.

Good teams know what matters to the person beyond their diagnosis, placement or commissioned hours. They understand interests and passions and use those as bridges into communities. They recognise when staff need to step forward – and when they need to step back.

They stop asking only "What can we do with this person?" and start asking: **"What already exists around this person that we can help them become part of?"**

Good teams know what matters to the person beyond their diagnosis, placement or commissioned hours. They understand interests and passions and use those as bridges into communities. They recognise when staff need to step forward – and when they need to step back.

They stop asking only *"What can we do with this person?"* and start asking: *"What already exists around this person that we can help them become part of?"*

There will always be things social care needs to measure. Safety matters. Quality matters. Regulation matters. Good governance matters.

But these are foundations. They are not, in themselves, a good life.

Perhaps instead of asking *"What outcomes has this provider achieved?"* we should ask: Is this person's world getting bigger? Are their relationships becoming richer? Do they have greater choice and control? Are they contributing as well as receiving?

And perhaps most importantly: "*Does this person feel that they belong?*"

Our ambition in social care should not be to create people who are brilliantly supported by services. It should be to support people to build lives in which services are only one part.

Providers can create opportunities. Families can provide continuity. Commissioners can enable good support. Communities can offer connection. Professionals can remove barriers.

But none of us should claim ownership of the destination.

We don't own the outcome. The person does.

outcomesconsulting.co.uk

Small Conversations, Lasting Change

Jane Brightman
DIRECTOR OF
WORKFORCE DEVELOPMENT
SKILLS FOR CARE

Jane Brightman, Director of Workforce Development at Skills for Care, explores how a new behaviour change framework can strengthen everyday conversations, empower the workforce and help people achieve the outcomes that matter to them.

Person-centred care has long been at the heart of adult social care. It's about seeing the individual behind a diagnosis, condition or support need, understanding what matters to them, and working alongside them to achieve the life they want.

Yet the reality of delivering truly person-centred care is often found not in formal care plans or reviews, but in everyday conversations and relationships.

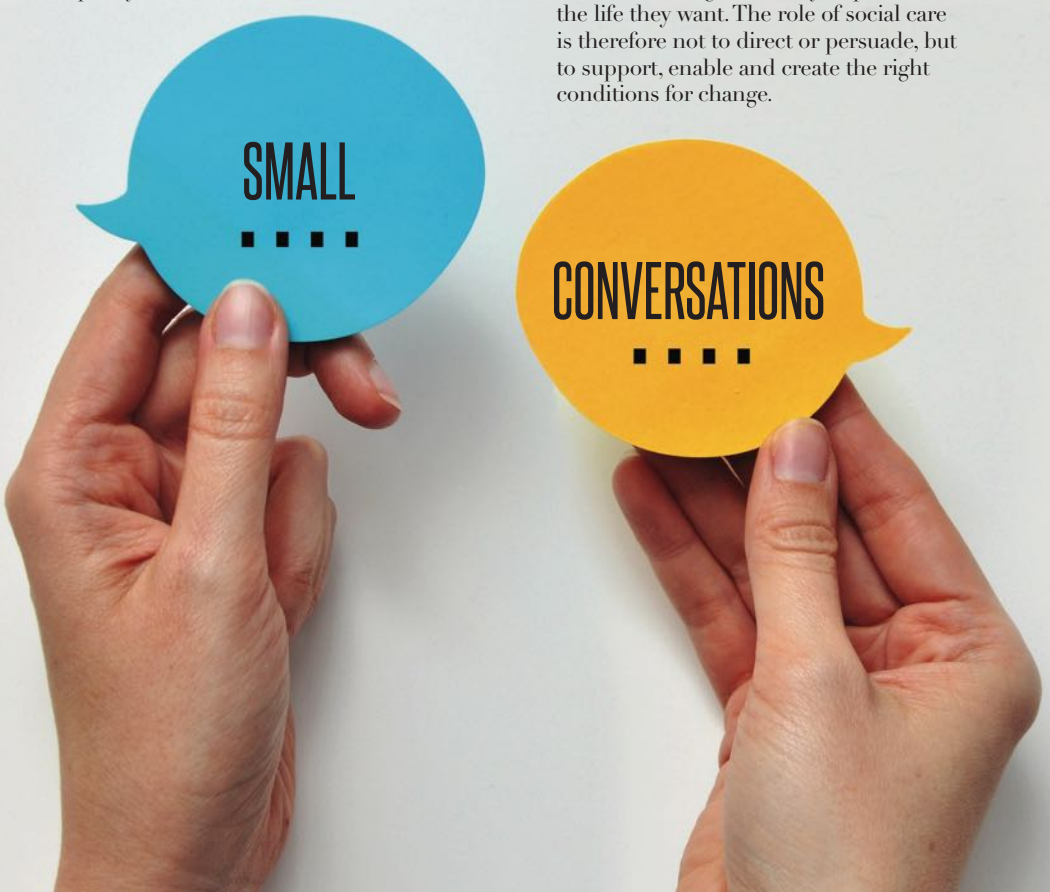
Every day, care workers support people to make decisions and changes that can have a significant impact on their wellbeing. This might involve encouraging someone to become more active, supporting a person to manage anxiety, helping them maintain routines, or having sensitive conversations about risk, independence and safety. While these interactions may seem small, they are often the moments that shape outcomes, confidence and quality of life.

The new Adult Social Care Behaviour Change Competencies Framework for the Adult Social Care Workforce recognises the importance of these everyday interactions and provides a practical way to strengthen them.

Developed by Skills for Care in partnership with the Royal Society for Public Health (RSPH), people with lived experience of care, and people working across adult social care and health services, the framework starts from a simple but powerful premise: social care staff are already supporting behaviour change every day. Rather than introducing new requirements or creating additional workload, it seeks to make those existing skills more visible, consistent and valued.

This matters because behaviour change is not something that is done to people. Change happens when individuals decide, in their own way and at their own pace, to do something differently in pursuit of the life they want. The role of social care is therefore not to direct or persuade, but to support, enable and create the right conditions for change.

> *"Social care staff are already supporting behaviour change every day."*



That approach aligns closely with the principles of person-centred care, which place choice, dignity, control and lived experience at the centre of decision-making.

The framework draws on the COM-B model of behaviour change, which highlights three things that need to be present before change can happen: capability, opportunity and motivation. Someone may want to make a change but lack the confidence or knowledge to do so. They may have the skills but face barriers in their environment. Or they may have both capability and opportunity but not yet feel ready.

By encouraging staff to think about these factors, the framework helps move conversations away from asking *"why won't this person change?"* towards a more person-centred question: *"what might be getting in the way, and how can we support them?"*

Importantly, the framework recognises that behaviour change support exists on a spectrum. Sometimes it is a brief conversation during a routine visit. Sometimes it involves structured goal-setting and ongoing support. In more complex situations, it may require coordinated work across teams and services. The framework's four levels, from Behaviour Change Awareness through to more advanced support, help staff understand the different ways they can contribute regardless of their role or setting.

There are practical benefits too. The framework has been designed to help improve health outcomes, reduce risk, address safeguarding concerns, promote independence and dignity, and enhance quality of life. It also supports confidence, development and progression across the workforce while creating a shared understanding between different roles and organisations. It helps to standardise and build a common language around the competencies and skills associated with behaviour change, and how good practice and relate to different case scenarios and areas of service delivery.

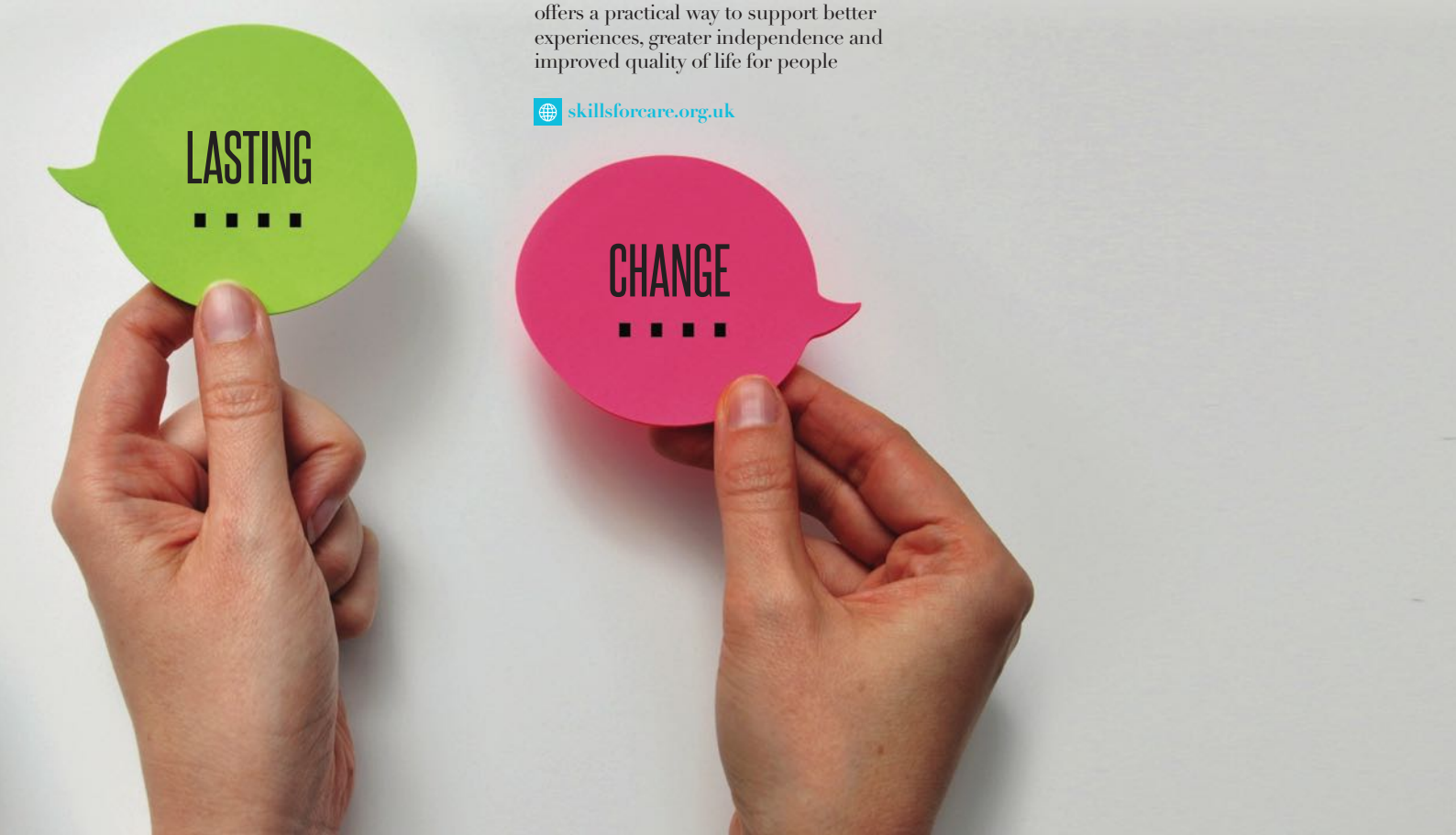
For providers, the framework offers another important advantage. As the Care Quality Commission increasingly looks at how organisations deliver person-centred, strengths-based care, services need to be able to explain not only what they do, but why they do it. The framework helps organisations articulate how staff are supported to work safely, respectfully and within professional boundaries, while demonstrating approaches to safeguarding, reflective practice, learning and quality improvement.

In other words, it provides a practical way to evidence the values and behaviours that underpin high-quality care.

The Adult Social Care Behaviour Change Competencies Framework reminds us that person-centred care is not simply about meeting needs. It's about helping people achieve the outcomes that matter to them. By recognising and strengthening the behaviour change skills already embedded within the workforce, the framework offers a practical way to support better experiences, greater independence and improved quality of life for people

skillsforcare.org.uk

> ***"The framework provides a practical way to evidence the values and behaviours that underpin high-quality care."***



This Month We Meet: emwillcare

emwillcare

Dr Emma Williams
FOUNDER AND
CHIEF EXECUTIVE
EMWILLCARE

Each month we meet key stakeholders and business leaders in the social care sector. This month we meet Dr Emma Williams, Founder and Chief Executive of Less Distress by emwillcare, a dementia care technology company using behavioural science and AI to help carers identify triggers, predict distress and respond earlier to prevent crisis.

Your work focuses on predicting and preventing distress in dementia care rather than simply reacting to behaviours. What first convinced you that the sector needed a fundamentally different approach?

What first convinced me was the gap between how distressed behaviour is recorded and how it is understood. In care, distress is often treated as an incident to manage rather than communication to understand. After nearly 30 years in care, I saw the same pattern repeatedly: someone became distressed, staff responded, the incident was recorded, and then everyone waited for it to happen again. Little changed because the underlying cause wasn't understood. As a Behaviour Analyst, I look at what happens before distress, what the person may be communicating and what needs aren't being met.
Less Distress grew from this frustration, bringing specialist behavioural support into everyday dementia care before distress escalates.

Less Distress combines behavioural science with AI. How do you ensure technology enhances human care rather than depersonalising it?

For me, technology is only useful if it helps people provide better human care. Less Distress is designed to support carers, not replace them, their judgement or relationships. The behavioural science comes first. We look at what happened before the behaviour, the environment, what the person may be communicating and what has helped previously. Technology helps identify patterns and provide practical, person-centred recommendations. I'm cautious about technology making big claims, particularly in health and social care. Less Distress does not diagnose, prescribe or make autonomous care decisions. It gives carers better information, earlier, so they can use their judgement with greater confidence. The aim is simple: to make care more thoughtful, responsive and individualised.

You've spoken about carers often lacking tools to interpret distressed behaviour. What are the biggest misconceptions staff still have about agitation, aggression or withdrawal in dementia care?

The biggest misconception is that distressed behaviours are "just dementia". They are often signs that something is wrong or an unmet need. Agitation may be pain, aggression may be fear, withdrawal may be overwhelm, and calling out may reflect loneliness or confusion. When we label behaviour without understanding it, we miss opportunities to help and risk blaming the person for communicating distress. I want carers to feel curious, not blamed. Less Distress helps them ask, *"What is this person trying to tell us?"* rather than simply, *"How do we stop this behaviour?"* It provides a practical way to better understand and respond to distress.

With AI increasingly entering health and social care, what ethical safeguards do you believe are essential when using predictive technologies with vulnerable people?

The first safeguard is honesty about what the technology can and cannot do. Less Distress does not diagnose, prescribe treatment, recommend medication changes or make autonomous care decisions. It supports carers to think earlier and respond more effectively. Transparency is also essential. Staff need to understand why suggestions are made, rather than relying on black-box systems. Strong data protection, human oversight, safeguarding and careful testing in real care environments are vital. Predictive technology should be developed with the people who will use it. Most importantly, AI must never replace human contact. Its purpose should be better care, helping carers notice distress earlier, prevent escalation and protect dignity, while always keeping the person at the centre.

Looking ahead five years, what would success look like for Less Distress, by EmWill Care, and what change would you most like to see across dementia care globally?

In five years, I want Less Distress to be used globally across care homes, hospitals and family care settings, helping carers respond earlier and reduce unnecessary distress for people living with dementia. Success is not just commercial growth. It means fewer people being moved because their distress was misunderstood, fewer families feeling helpless, and carers feeling more confident because they understand what behaviour may be communicating.
I also want to build evidence around what works in real care settings, providing practical, person-centred support that fits everyday routines. Ultimately, I want distressed behaviour to be understood, not dismissed as "just dementia", changing lives for millions.

emwillcare.com

> ***"I want distressed behaviour to be understood, not dismissed as "just dementia", changing lives for millions."***

The National Children & Young People Conference

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- Data, innovation & the future workforce

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- Social Workers & Youth Engagement Specialists
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- Policymakers, Think Tanks & Researchers

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www.cypawards.co.uk/cyp-conference-2026

Great British Care Awards

2026

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11th November 2026
WALES
Cardiff Holland House Hotel

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HOST & COMPERE
STEVE WALLS

*Dates and venues subject to change

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