

Care Ecosystems

*Building Networks,
Not Silos*

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REWIRING THE CARE SYSTEM

Gerard Crofton-Martin INTERIM CHIEF EXECUTIVE, SOCIAL CARE INSTITUTE FOR EXCELLENCE

WHO PROTECTS LIBERTY WHEN THE SYSTEM CHANGES?

Mike Cleasby CHIEF QUALITY & RISK OFFICER, NATIONAL CARE GROUP

THE TOUGH QUESTION

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RESPONSIBLE AI NEEDS EVERYONE AT THE TABLE

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Editor's Note



Welcome to the November issue of *Care Talk*.

The recent Covid-19 Inquiry report makes difficult reading. Behind its findings are people who lost loved ones, families separated at the hardest of times, and care workers trying to keep people safe without the protection and support they needed.

It also makes this month's theme, *Care Ecosystems: Building Networks, Not Silos*, feel particularly important. When social care is left out of planning and decisions, the consequences reach into people's homes and lives. Learning the lessons means making sure the people delivering and receiving care are heard from the beginning.

A loose grab rail, changed medication and a missed lunch club. Three separate problems – or one story that only the care worker can see? Karolina Gerlich from The Care Workers' Charity asks why that knowledge is so often missing from decisions. And when services leave gaps, how much should families be expected to take on? Kaddy Thomas of Carers Collective has some heartfelt thoughts on that.

Getting everyone around the table is only the beginning. Do they have the confidence and support to work together – and does anything actually change for the person receiving care? Becky Price from Skills for Care and Jadie Tranter of Outcomes Consulting tackle those questions from different perspectives.

And with Bonfire Night approaching, expect a few sparks from Mike Padgham of the Independent Care Group. His answer to *The Tough Question* involves a united sector voice – and the possibility of care providers standing for election.

There's a little intrigue, too. Inspired by *The Traitors*, our *Ask the Experts* feature invites four award-winning leaders to identify what's holding social care back – and what deserves to be banished for good.

The Inquiry gives us much to reflect on, but reflection must lead somewhere. This issue looks at the relationships, responsibilities and practical changes that can help turn lessons into better care.

Till next time,
Lisa

@lisa_caretalk

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Networks, Not Silos



Professor Martin Green OBE

CHIEF EXECUTIVE
CARE ENGLAND

People should be at the centre of care, not left to hold disconnected services together. Professor Martin Green OBE, Chief Executive of Care England, explores how shared purpose, trust and clear responsibility can turn separate organisations into a dependable network of support.



Building networks does not mean every organisation must merge or follow identical processes.



Care works best when people and services connect around the person receiving support. Yet health, social care, charities and community groups, often operate in separate systems. Each may do valuable work, but when communication breaks down, people can be passed from service to service, repeat their story and struggle to get the support they need. Building a care ecosystem means replacing isolated pathways with relationships that make joined-up support possible.

The first step is to create a shared purpose. Partners need a clear understanding of what they are working towards, and the measures of success must be aligned and shared by every organisation. The outcomes that we are trying to achieve must be shaped with people who use services, their families and communities - not defined solely by organisations. A shared purpose gives different teams a reason to collaborate while respecting their distinct roles.

It is extremely important to build trust through regular human contact. Networks are not created by drawing an organisational chart or launching a shared online platform. They grow when people know one another, understand each other's pressures and can have honest conversations. Joint planning sessions, community meetings, peer learning and informal introductions help turn unfamiliar services into trusted partners. Leaders should make time for these relationships and recognise collaboration as part of everyone's job. Job description should be developed to reflect this reality.

Clear communication is essential. Partners need agreed ways to share relevant information safely, make referrals and respond when someone's needs change. But information-sharing should support relationships, not replace them. A warm handover, where one professional introduces a person directly to another, can be more helpful than sending someone away with a phone number. Wherever possible, people should not have to coordinate the system. Sadly, there are currently too many cases where the service user must act as the glue between the system, rather than being at the centre of service delivery.

Networks also need coordination. A named contact, link worker or small multidisciplinary team can help connect services around a person's priorities. This does not mean every organisation must merge or follow identical processes. It means making responsibilities visible, agreeing who will take the next step and ensuring someone notices when support is missing. Flexibility matters and people's needs rarely fit neatly into organisational boundaries.

Power should be shared as well. Smaller organisations often have deep local knowledge, while larger institutions, such as the NHS, may control funding, data and decisions. Genuine partnership means involving people we support and key stakeholders from the earliest stages of planning, and compensating people for their expertise and giving people real influence - not simply asking them to endorse plans already made. It also means recognising that trust, belonging and practical help can be as important as formal services.

Finally, measure if the network makes life better. Count not only appointments or referrals, but whether people feel heard, experience fewer gaps and can achieve what matters to them. Review what is working together, learn from missed connections and change the arrangements when they create more bureaucracy than benefit.

A strong care ecosystem is not a single organisation or a new structure. It is a dependable web of people and services that communicate, share responsibility and stay focused on the person. Networks take effort to build, but they make care more coherent and responsive, and help prevent people from falling through the gaps between silos.

 careengland.org.uk

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Networks are built through trust and regular human contact, not organisational charts or platforms.

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Rewiring the Care System

Why Vision Isn't Enough



Gerard Crofton-Martin
INTERIM CHIEF EXECUTIVE
SOCIAL CARE INSTITUTE FOR EXCELLENCE

A vision for reform is only the beginning. Gerard Crofton-Martin, Interim Chief Executive at SCIE, explores what it will take to turn ambition into better lives—from sharing power with people who draw on care to joining up services and tackling inequities now.



The challenge now is turning this commitment into meaningful reform.



The Prime Minister's commitment to a National Care Service, outlined at the Labour Party Conference, marks a significant turning point for the social care sector. The challenge now is turning this commitment into meaningful reform.

Previous attempts to reform the adult social care system have hit political and public gridlocks. The result was short-term, incremental progress rather than the transformational change the system desperately needs.

Building the foundations for reform

Breaking that cycle requires clear understanding of both why we deliver care and how to incentivise improvements in the quality and experience of it. This in turn requires a focus on the foundations that make improvement possible. This means investing in workforce capability and leadership, strengthening commissioning practice, improving data and digital infrastructure, and ensuring sustainable funding. It also means building stronger connections across health, social care, housing and community services, so that support is better coordinated around people's lives.

Just as important is ensuring that reform is understood and supported beyond the sector itself. Lasting change will require public – and political – understanding and support. Without a strong and sustained case for change that resonates beyond the sector, previous reform proposals have failed to endure. To achieve this, there must be a clearer understanding of what social care is, who relies on it, and the difference reform could make to people's lives.

If a future National Care Service is to deliver the lasting change that previous efforts have not, it must also be shaped by the people who experience social care every day: the people who draw on care and support, unpaid carers and frontline staff. Together, they bring invaluable perspectives and expertise that must be recognised and respected. Their insights will be essential to understanding how proposed system reforms will work in practice and where unintended consequences may arise.

There are established approaches for involving people with proven benefits. One option is Making it Real, which translates people's experiences and priorities into a shared understanding of what good, personalised care and support look like. At the heart of engagement is co-production: working in partnership by sharing power between people who draw on care and support, carers, families and citizens. Co-production must be embedded throughout reform, from setting priorities and designing solutions to testing ideas and evaluating progress.

The Casey Commission's Big Conversation on Care provides an important opportunity to do this. Its first phase attracted 7,776 proposals and more than 709,000 votes, demonstrating the appetite for change. With the platform due to reopen later this winter, people who draw on care and support, unpaid carers, professionals and the wider public should be encouraged to engage. Their contributions will be vital in shaping a National Care Service that addresses the underlying causes of inequity, rather than simply its symptoms.

The same principle should shape how we define improvement in a new care system. Success is typically centred on the things systems find easiest to count, rather than the outcomes people themselves value. This includes things like having genuine choice and control over their lives, experiencing continuity in support, maintaining relationships and community connections, feeling safe, independence, and being able to navigate services with ease and confidence.

Making change happen now

While the long-term shape of a National Care Service is still emerging, there is much that can be done now to rewire the social care system and improve access, quality, and outcomes for people who draw on care and support. SCIE's 'How care inequities shape social care experiences' report highlights how inequities are systemic, deep-rooted and compounded by factors such as geography, financial circumstances, disability and ethnicity. Addressing these challenges will require sustained investment and structural change, but that should not prevent us from making meaningful improvements now.

One immediate priority is reducing the burden placed on people who draw on care and support, and unpaid carers, to navigate an often complex and fragmented system. SCIE's research shows how people are too often left to navigate between organisations, repeat their story to multiple professionals and take responsibility

for coordinating their own care. Practical improvements such as clearer and more proactive information and advice, named points of contact, better continuity of support, accessible non-digital routes and culturally appropriate services can help address some of these challenges.

Funding and commissioning arrangements also have a role to play. Emerging approaches, such as the work underway in Greater Manchester to embed prevention across local services, demonstrate how partners can begin working differently within existing structures. Mechanisms such as pooled budgets and gain-share arrangements could help further align incentives and encourage more collaborative, preventative approaches.

Ultimately, the success of a National Care Service will be decided by how we collectively translate ambition into practice and change. This is a once-in-a-generation moment to create a system that helps people live the lives they want to lead, in homes they love, connected to their communities, with autonomy, dignity and control over the support they receive. We must use it to ensure we grasp the opportunity to deliver the lasting change that has, for so long, remained out of reach.

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*There is much
that can be done
now to rewire the
social care system.*



Who Protects Liberty When the System Changes?



Mike Cleasby

CHIEF QUALITY & RISK OFFICER
NATIONAL CARE GROUP

When legal safeguards shift, who makes sure people's freedom stays protected? Mike Cleasby, Chief Quality & Risk Officer at National Care Group, draws on his experience as a care leader and a parent to argue that protecting liberty takes shared responsibility—and means looking beyond compliance to everyday choice and control.



A lack of objection should never be assumed to mean consent.



The Supreme Court's judgment of 2 June 2026 may not read like headline news. It deals with mental capacity assessments, safeguards and legal thresholds. Yet its consequences could reach hundreds of thousands of people across England and Wales, including people with learning disabilities, autism, dementia, acquired brain injuries and severe mental illness. Many cannot always speak up for themselves.

For me, this is both professional and personal. As Chief Quality and Risk Officer at National Care Group, I spend my days on governance, safeguarding and assurance. I am also the parent of an adult daughter with a learning disability. That changes how you see liberty. It isn't an abstract legal concept. It is whether someone can go out, see their friends, make their own decisions and be listened to.

What has changed?

Since 2014, the Cheshire West judgment has provided a clear test. If a person lacks capacity to consent to their care, is under continuous supervision and control, and is not free to leave, they are deprived of their liberty. That triggers independent assessment, advocacy and oversight, ensuring arrangements are lawful and in the person's best interests.

The new judgment appears to reinterpret parts of that framework. Some read it as narrowing the definition of deprivation of liberty, particularly for people with profound cognitive disabilities. It also raises questions about how much weight to give a person's level of awareness, their ability to express objection, and their apparent compliance with care arrangements.

My concern is simple: dignity and liberty should not depend on someone's level of ability. A lack of objection should never be assumed to mean consent. Some people do not object to their circumstances because they are appropriate, but others because their condition limits their ability to do so.

For providers, the uncertainty is immediate. We support people who live in structured, supervised environments, where restrictions on movement, community access and daily life may be in place. Those restrictions must always be lawful, proportionate, regularly reviewed and independently scrutinised. Under the post-2014 framework, that scrutiny was routinely engaged. Now there is doubt about when it will apply.

For commissioners and local authorities, existing DoLS authorisations may need reconsideration, and clear guidance on how to proceed is essential. Without it, practice will vary from area to area, and people's protections could depend on where they live.

For families, the picture is confusing. Many will be unclear whether their loved one's rights have changed, and who to ask. They deserve clear answers and practical support, not a patchwork of interpretation.

Safe is not the same as free

In times of change, organisations understandably focus on compliance, training and evidence. These matter, but a service can meet every requirement and still leave people without real control over their lives. That is why assurance must ask a second question alongside "are we compliant?"

Are the people we support experiencing genuine choice?

At NCG, we will not reduce our safeguarding or oversight standards in response to this ruling. Where we assess that someone's circumstances amount to a deprivation of liberty, we will continue to seek appropriate authorisation. Where we have concerns, we will act. But providers cannot substitute for a clear, consistent national framework.

Protecting liberty cannot be left to any one part of the system.
We are calling for:

- **Government** to issue immediate interim guidance clarifying responsibilities for local authorities and providers, and to state a clear intention to legislate if necessary, so robust, independent safeguards remain in place.
- **Local authorities and commissioners** to give consistent direction on existing authorisations, so no one falls into a gap.
- **Providers** to hold the line on safeguarding standards, and to keep asking what matters most to each person, not what is easiest for the service.
- **All of us** to support individuals and families in understanding their rights and options, and to ensure any future framework is developed in partnership with disabled people, families and those who support them.

So, who protects liberty when the system changes? Law creates safeguards, but people bring them to life. The people we support did not choose the circumstances that make them vulnerable. They deserve a legal system and a sector that consistently protects their rights. That responsibility belongs to all of us, and it needs a coordinated answer.

 nationalcaregroup.com



*Protecting liberty
cannot be left to
any one part of
the system.*



Where Do Boundaries Begin and End?

When Families Become Care Partners



Kaddy Thomas
FOUNDER
CARERS COLLECTIVE

Families bring knowledge that no care plan can fully capture—but being a partner should not mean becoming the safety net for an overstretched system. Kaddy Thomas, Founder of Carers Collective, draws on her experience of care and caring to explore trust, responsibility and boundaries.



I was dealing with my own emotions alongside the physical reality of caring.



Families often know the person receiving care better than anyone. We know what makes them anxious, what reassures them, how they communicate, what a “normal” day looks like and when something simply isn’t right.

That knowledge is invaluable. But when families become care partners, where does our responsibility begin and end? How do we make sure partnership doesn’t become an expectation that we will fill the gaps left by health and social care?

For me, these questions are deeply personal. When I was one, my mother placed me into care after medical professionals described me as “mentally retarded”—language used at the time, 58 years ago. I was born with Apert Syndrome and grew up between foster homes and residential care. My mother, originally from The Gambia, was just 22, with no family network in the UK apart from one brother. There was stigma, very little support and my mum was on her own.

In 2006, I was 38 when my son Elijah was born with Apert Syndrome. At two years old, he suffered a catastrophic brain injury, leaving him with complex health and care needs.

I found myself largely alone, too. I was dealing with my own emotions alongside the physical reality of caring. His father didn’t want to know, and I didn’t have support from his family or anyone close to me. It was an emotional, lonely and isolating road.

Nearly 20 years later, I have worked with countless health and social care professionals. Much has changed, but one question remains: how do we create genuine partnerships rather than separate systems working around the same person?

Families bring their own expertise

Families may not have professional qualifications, but we bring something equally important: lived experience. We know the person’s history, their needs, their communication and what works for them.

That does not mean professionals should simply hand responsibility over: Good partnership means asking families what we know, what we can realistically contribute and what support we need. It means respecting professional expertise alongside family expertise, particularly when decisions about care are being made.

I am currently challenging a proposal by an Integrated Care Board to replace registered nurses involved in Elijah’s care with healthcare support workers. Given his complex medical needs, I believe removing registered nursing expertise could create risks and mean important changes in his health are missed. I am not trying to take the place of a professional. I know my son well enough to question a decision when I believe it could affect his safety.

When partnership becomes pressure

Family involvement can become difficult when emotions run high. I have experienced this myself. Over thirteen years ago, I would shout and swear. Nobody listened and I was judged. The message got lost. Prolonged stress, fear and responsibility can make it difficult to communicate calmly. Coaching and support helped me develop a different approach. Now I can have difficult conversations with professionals without it becoming a confrontation.

Being heard does not mean every decision will go the way a family hopes. It means knowing our concerns have been considered, understanding the reasons behind decisions and having a clear way to raise questions. Without that, even a well-intentioned care arrangement can leave families feeling excluded from their loved one’s life.

When a family member appears angry or challenging, ask what sits underneath that behaviour. Is it fear? Exhaustion? Previous experiences of not being listened to? Trauma? Boundaries work both ways. Families need to respect professional expertise, but professionals also need to recognise the enormous pressure a distressed carer may be experiencing.

Perhaps the biggest challenge is when families are expected to absorb the consequences of gaps in formal care. In September 2026, Carers UK reported that an estimated 1.1 million people had left employment to care in the previous two years—around 1,500 people every day. One in five UK workers now has an unpaid caring responsibility.

These figures tell us something about the wider care ecosystem. When professional care is reduced or unavailable, families often step in because there is no alternative.

But our willingness to care should never be mistaken for unlimited capacity. There can also be tension between what a person wants and what their family believes is safest. Someone may reject additional support while their family worries about what will happen. We must respect the person's right to make decisions where they have capacity, without simply leaving families carrying the consequences.

We need open conversations. Are they afraid of losing independence? Do they dislike having strangers in their home? Could support be provided differently? Good care creates space to discuss choice, safety and what families can realistically offer.

Building a network around the person

At Carers Collective, we believe the answer is families, professionals, communities and the person receiving care working together. That requires communication, mediation when relationships break down, and support for carers themselves, including respite and programmes that develop confidence, resilience and healthy boundaries.

The proposed National Care Service offers an opportunity to rethink these relationships. Whatever the final shape of reform, families should be partners in care, not substitutes for care.

We need a network where professionals bring their expertise, families bring lived knowledge and communities bring connection, with the person receiving care at the centre. Families should not have to fight to be heard. And we should never have to become the entire care system simply because nobody else is there.

 carers-collective.co.uk



***We should never
have to become
the entire care
system simply
because nobody
else is there.***



The Care Worker is Joining the Dots – Who’s Listening?



Karolina Gerlich
 CHIEF EXECUTIVE
 THE CARE WORKERS' CHARITY

A loose grab rail, a missed lunch club, a change in medication: care workers often see the connections others miss. Karolina Gerlich, Chief Executive of The Care Workers' Charity, asks why the knowledge holding services together is still too often left out of decisions.



The only person holding that whole picture is the care worker.



At half past seven, a care worker starts their shift. There is a note on the table from the district nurse about a dressing. The grab rail by the front step is still loose, although the housing association said someone would be round last week. The client's tablets have changed again, so the blister pack no longer matches what is on the MAR chart. Propped against the kettle is a card from the neighbour who runs the church lunch club, asking whether they still want their Thursday place.

Four other organisations have been in that kitchen and, in many cases, none of them have spoken to one another. The care worker is the person who joins those fragments together, usually with a phone call from the car. They can do it because of the relationship they have built. They are there every morning: the one constant in the week, the person trusted with the small details while the tea brews, and often the only professional who can see how each part of the system affects the rest. That is what a care ecosystem looks like from the inside. It already exists, but too often it is coordinated almost entirely through the person who is with someone most often.

The point is not that care workers should carry more responsibility. It is that they are already carrying a large part of the care ecosystem, often invisibly, and the system works better when that knowledge is recognised, paid for and included in decisions.

Take the lunch club as an example. To the neighbour, the person has missed three Thursdays and may have lost interest. To the housing association, the loose rail is one repair in a queue. To the district nurse, who comes once a week, this is someone who is not getting out much. The care worker knows these are all the same story. The person has not gone off the lunch club at all. They still love it. They are frightened of the front step. Each organisation is reading its own part correctly and still getting the whole picture wrong, and the only person holding that whole picture is the care worker.

That knowledge travels in very ordinary ways. It might be a word with the district nurse on the doorstep as one arrives and the other leaves, or five minutes over the fence with the neighbour from the lunch club. We tend to treat those chats as a bit of luck, but I think they are where the real joining up happens. They carry what the care worker knows to where it is needed, and they teach the care worker how the other organisations work: who can agree to what, which number actually gets answered and how to get something moving. That is how a rail gets fixed this week instead of next month, and how someone gets their Thursdays back, which is the only outcome they really want.

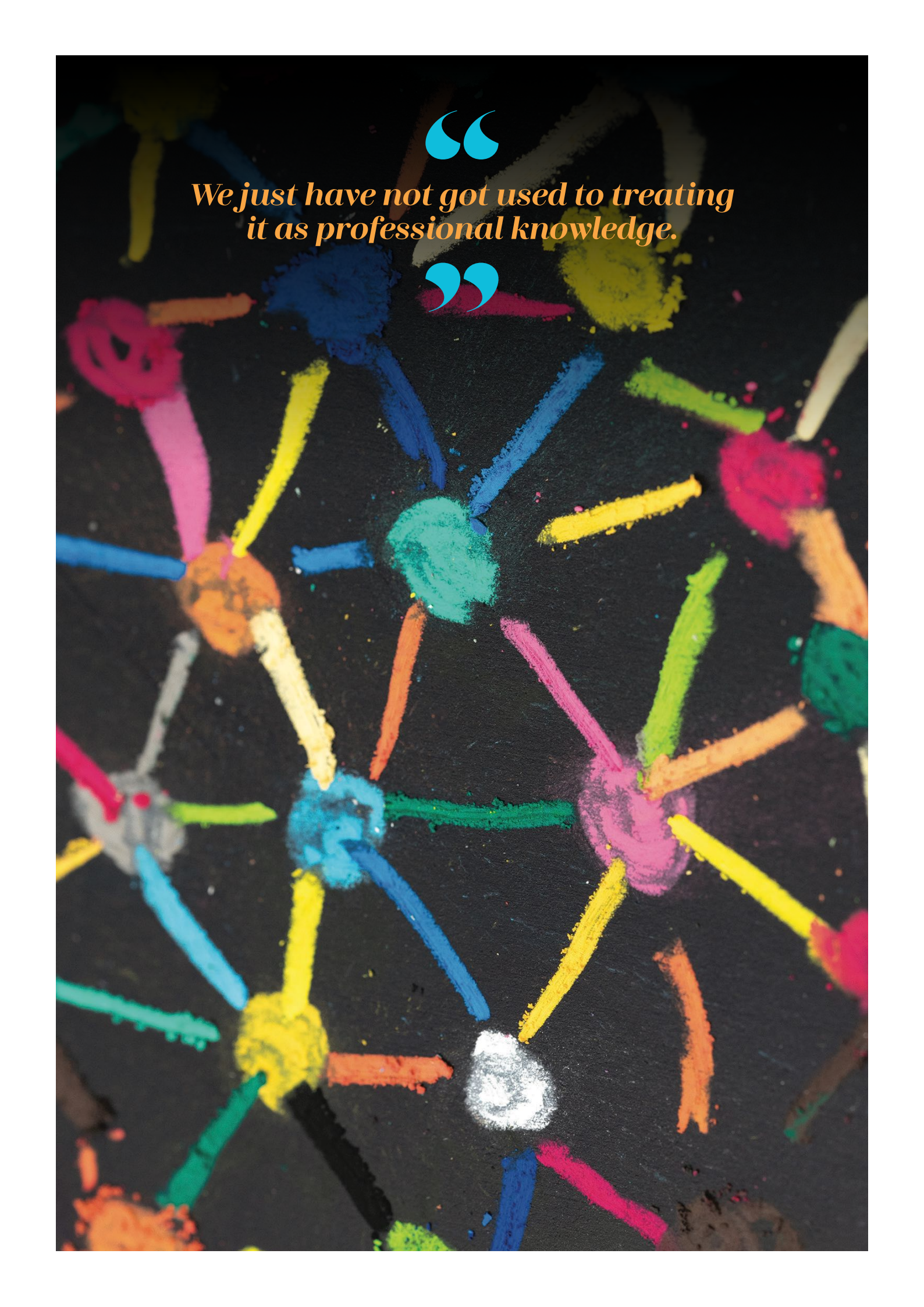
That matters when the professionals around someone sit down to talk about their care. Reviews and multidisciplinary team meetings often go ahead without the care worker, so what they know arrives second hand, if it arrives at all. I do not think anyone means to leave it out deliberately. We just have not got used to treating it as professional knowledge: something built through skill, consistency and relationship.

Recognising this does not need a new structure. It needs the district nurse, the housing officer, the pharmacist and the lunch club to see the care worker as the colleague who holds things together. It also needs the rest of us to make sure care workers have the paid time and training to do that work well. Charities like The Care Workers' Charity work day in and day out to make sure care worker voices are at the table.

As a former care worker, I know how often you are the one making those calls from the car. I also know how good it feels when they work: when the rail is fixed, the fear of the front step eases, and you are waving someone off to the church hall on a Thursday. That is one ecosystem doing what it should. It is already there in kitchens all over the country. With proper recognition for the person at the centre of it, we can stop treating that coordination as luck and start using it to make the care system stronger for everyone.



thecareworkerscharity.org.uk



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*We just have not got used to treating
it as professional knowledge.*

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From Innovation to Impact

How NCF's Care Technologist Training Programme is Transforming Social Care



Heather Taylor

NATIONAL DIGITAL
PROJECTS LEAD
NATIONAL CARE FORUM

National Care Forum's (NCF) Care Technologist Training Programme has grown from an ambitious idea into a nationally rolled out training opportunity. The programme is designed to equip care professionals with the confidence, knowledge and practical skills they need to champion technology-enabled care using a person-led approach.

The Care Technologist Training Programme was developed in response to a growing recognition that care providers needed dedicated individuals who could bridge the gap between frontline care and support delivery and emerging technologies and help support people to take control of technology and enhance independence, choice and control in their lives. The programme is helping care and support workers and adult social care organisations across the UK unlock the potential of digital innovations while keeping the person who draws on care and support services firmly at the centre of every decision made about any technology used in their care and support.

While technology-enabled care solutions continue to evolve rapidly, successful adoption requires more than simply purchasing devices or software. It requires people with the skills to identify individual needs, assess suitable technologies, support implementation and demonstrate impact.

The programme began with a series of discovery sessions involving care and support providers, care and support workers and people with lived experience. These conversations explored the challenges organisations were facing and identified a clear need for a new role within social care: the Care Technologist. They also led to the co-design of the Care Technologist programme curriculum.

Technology can open up choice and independence—but it takes skilled people to make it work. Heather Taylor, who leads NCF's Care Technologist project, explains how its training programme helps care professionals turn digital possibilities into practical benefits, starting with the person rather than the device.



Pictured from left to right at the Birmingham Care Show, Rhiannon Price from Kyndi, NCF's Heather Taylor, Christopher Ede from Brandon Trust and Sarah Cording from St Monica Trust.

The initial pilot phase tested the concept with two cohorts of enthusiastic learners from different care settings. The results were encouraging. Participants reported increased confidence, stronger digital skills and a clearer understanding of how technology could support personalised care outcomes.

Building on the success of the pilot, NCF developed a comprehensive training programme that combines theory, practical application and peer learning. Since then, the programme has continued to grow, attracting 77 learners from residential care homes, nursing homes, supported living services, domiciliary care providers and local authority technology-enabled care teams, reablement teams and falls prevention teams.

Today, Care Technologists are active in organisations across the country and the role is now included as a new role category in the Care workforce pathway for adult social care, a resource which clearly sets out what a career in social care means and the many varied opportunities there are for people to grow their skills and advance their careers in care.

Alongside the formal training programme, NCF has created a Community of Practice which enables Care Technologists to share ideas, discuss challenges and showcase innovative approaches. This collaborative network has become one of the programme's greatest strengths, ensuring learning continues long after formal training has ended.

The growing geographical spread of Care Technologists demonstrates both demand and momentum. What began as a relatively small initiative has evolved into a national programme supporting providers of all sizes, from independent organisations to large not-for-profit and local authority services.

Turning Learning into Impact

The true measure of any workforce development programme is the difference it makes in practice.

For Care Technologists, success is not measured by the number of devices deployed or digital systems implemented. Instead, it is measured through outcomes for individuals, families, care teams and commissioners.

Across the programme, participants are using their skills to identify technologies that promote independence, reduce risk, improve communication and enhance quality of life. They are helping colleagues overcome anxiety around technology, supporting families to better understand available options and ensuring technology is introduced in a way that complements, rather than replaces, human relationships.

Just as importantly, they are gathering evidence and demonstrating the impact technology can have when implemented thoughtfully and ethically.

Case Study: Supporting Independence Through Technology

One example comes from Rhiannon Price, Care Technologist Team Manager working within local authority trading company, Kyndi.

Working closely with individuals, families and care teams, Rhiannon has helped identify practical technological solutions that support people to live more independently while maintaining their dignity and personal choice.

A particularly powerful example is the story of Tony, whose experience demonstrates how technology can create meaningful change when it is tailored to individual circumstances. By carefully assessing needs and identifying appropriate solutions, the team was able to introduce technology that enhanced communication, increased independence and improved day-to-day experiences.

Instead of focusing on the technology itself, the intervention focused on Tony as a person: his goals, preferences and desired outcomes. The technology simply became an enabler.

This approach reflects the core principles taught throughout the Care Technologist Training Programme. Learners are encouraged to begin with the individual and work backwards from their needs, rather than starting with a device or solution and searching for a problem to solve.

Building a New Professional Identity

One of the most significant achievements of the programme has been the emergence of the Care Technologist role as a recognised area of expertise within social care.

Participants consistently report that the programme gives them a stronger understanding of technology-enabled care and greater confidence in leading change within their organisations.

Many graduates become internal champions, supporting colleagues and helping create a culture where innovation is embraced rather than feared. Others go on to lead larger digital transformation initiatives or contribute to organisational technology strategies.

As social care continues to digitise, the demand for these skills is only likely to increase.

Learners gain confidence, practical skills and a new sense of professional purpose. Organisations strengthen their digital capability. Commissioners see evidence of innovation and improved outcomes. Most importantly, individuals experience tangible benefits that matter to them.

The story of the Care Technologist Training Programme is not really about technology. It is about people and enabling them to communicate more easily with loved ones, continue to be part of their communities and maintain their lifestyle. It is about supporting someone to live more independently. It is about giving families reassurance and helping care professionals deliver even better support.

The most effective approach will always be person first, technology second, with skilled Care Technologists helping to bring the two together.

nationalcareforum.org.uk
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Find out more

- Care Technologist training: nationalcareforum.org.uk – search “Care Technologist”.
- Care workforce pathway: gov.uk – search “Care workforce pathway”.



Responsible AI Needs Everyone at the Table



Katie Thorn

DIRECTOR OF INNOVATION
DIGITAL CARE HUB

Who shapes AI in care—and who gets to challenge it? Katie Thorn, Director of Innovation at Digital Care Hub, explores why responsible adoption depends on lived experience, frontline expertise and partnerships that keep human judgement at the centre.



Bringing those perspectives together is essential to understanding whether a tool will help in practice.



An AI-generated care plan can sound convincing while missing what matters most to the person. A scheduling tool can produce an efficient rota while overlooking the relationships that make someone feel safe. Technology may work as designed and still fall short of good care.

That is why decisions about AI cannot sit with a supplier, an IT team or a care provider alone. People drawing on care, families, frontline workers, commissioners and technology specialists all see different parts of the picture. Bringing those perspectives together is essential to understanding whether a tool will help in practice.

The sector-led Digital Excellence in Care report for working-age adults provides wider context for this connected approach. Here, the question is how we apply that thinking to AI: who shapes its use, how decisions are challenged and what safeguards make it worthy of people's trust.

Frontline staff understand how care is delivered and where systems create extra work. People drawing on care and their families know whether a tool supports independence, communication, dignity and control. Leaders, commissioners and suppliers must provide the resources, governance and connections needed to turn those insights into consistent practice.

People drawing on care and frontline staff should help define the problem, shape safeguards, test tools in real settings and agree how success will be judged. Their involvement needs to begin before a purchasing decision, while there is still room to question assumptions and change direction.

This takes time, trust and honest discussion, particularly when buying decisions emphasise cost or features and evidence is limited. A useful starting question is simple: whose experience might reveal something we have missed?

Without frontline and lived experience, plausible assumptions can cause problems. A scheduling tool may overlook travel, continuity of care or preferences for particular workers. AI-generated care plans may sound polished while missing nuance or weakening the person's voice. Tools must also work across different accents, speech impairments and communication styles.

Keep human judgement central

Generative AI identifies patterns and predicts likely responses; it does not understand a person or situation as a care worker does. Its answers may be wrong, incomplete or biased even when they sound convincing, so human judgement must remain central.

LDC Care shows how a human-in-the-loop approach can work. Staff review AI-supported suggestions before they enter a support plan, while care, quality, compliance and IT colleagues test tools before introduction. People can add notes securely to their records. Adam, who is supported by LDC Care, explained: *"I find it hard to say things – but I can write it down and share it."*

Technology supports the relationship rather than replacing it. The person has another way to express themselves, while staff remain responsible for listening, interpreting and responding.

Responsible AI use raises practical questions. Do people know when it is used and what information it draws on? Can they refuse or challenge an outcome? Is their data safe? Does the tool work fairly for different needs, and who is responsible when something goes wrong?

The AI in Care Alliance offers a useful framework. AI should support human rights, independence, choice and control, dignity, equality and wellbeing—not weaken them. Its principles can be applied through three checks. Is the output accurate and fair? Do people understand the tool, its limits and how to challenge it? Does it strengthen human care, and is its impact reviewed?

These questions belong in everyday decisions about buying, introducing and reviewing technology. They need to be understood by the people using a tool, as well as those approving it.

Suppliers have a part to play too. Their pledge commits signatories to ethical innovation, responsible use of data, openness, accountability and collaboration, with annual updates on progress. It is voluntary and not formally monitored, so providers must still carry out their own checks. Even so, it sets clearer expectations for suppliers working with social care.

Build a connected approach

The AI in Care Alliance, developed from the Oxford Project on responsible generative AI in social care, brings together people drawing on care, carers, workers, providers, suppliers, researchers, commissioners and policymakers. It aims to turn shared principles into practical guidance, learning and action, helping the sector challenge poor practice and learn from experience.

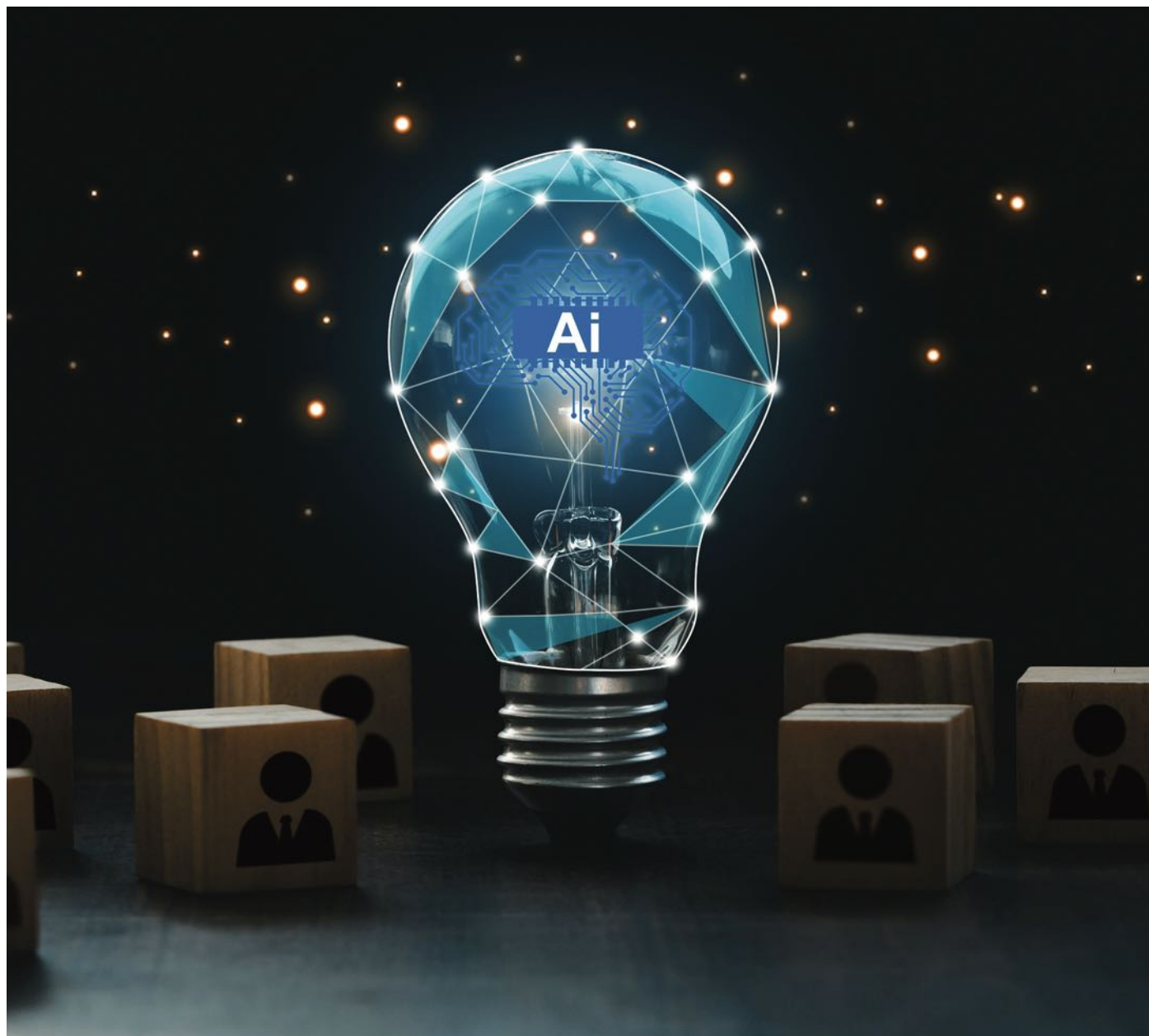
Its success will depend on whose voices shape it. Smaller providers, frontline workers, family carers, people who communicate in different ways and communities at risk of digital exclusion must influence decisions from the start, not comment at the end.

The sector can act now by starting with a care problem, not an AI product. Providers should involve people early, test tools in care settings and review their impact. Commissioners and policymakers can strengthen procurement and evidence, while suppliers should explain limitations as clearly as benefits.

The aim is bigger than better records or faster administration. Good technology should give people more choice and control, help staff make safer decisions and protect the relationships at the heart of care. If it does not help people live the lives they choose, it is not transformation.

 digitalcarehub.co.uk

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Technology supports the relationship rather than replacing it.
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Colour My Memories



I AM
MEMORY™
BOOK SERIES

Maria Darling-Jones

CREATOR

I AM MEMORY™ BOOK SERIES

A search for something her father could enjoy became a collection of books celebrating familiar places, traditions and everyday life. Maria Darling-Jones shares how a personal gift grew into an opportunity for families to colour, talk and connect across generations.



Something that began with a daughter wanting to engage her father has grown through contributions from several generations.



Maria Darling-Jones wanted to find something meaningful for her father to enjoy during the day, beyond watching television. But the colouring books she found weren't quite what she had in mind.

Many featured intricate patterns that she felt could be confusing for someone living with dementia. Maria was looking for something simpler and more personal: pictures that reflected her father's world, with familiar places, traditions and references that might give them something to talk about.

So she began creating a book about a Greek Cypriot grandfather and stories of his village. At the top of each page, a simple bilingual sentence offered a starting point for conversation.

When her father first opened the book dedicated to him, his reaction made the work worthwhile. Seeing the joy on his face was a moment Maria would never forget. It also gave her an idea: could something so personal to her father offer a connection for other families too?

That was the beginning of the I Am Memory™ Book Series, a collection of culturally specific colouring and memory-engagement books initially developed for people living with Alzheimer's and other forms of dementia.

Each book draws on the experiences of people who grew up in a particular country and era. Familiar foods, clothing, celebrations, household objects and everyday routines appear alongside characters, a country map and a national flag.

For Maria, those details matter. A picture means more when someone can recognise something of their own life in it. She has found that maps can be particularly engaging, prompting people to identify a hometown or local area and share memories associated with it.

Light humour runs through the books too. A familiar image might bring a smile or a laugh before it brings a story. There is no need for every page to lead to a detailed recollection.

As the series developed, Maria realised that she also needed to explain how she hoped the books would be used. The intention was for families, carers and loved ones to sit alongside someone, colour together and allow conversation to develop.

She added a "How to Use This Book" page to help people feel comfortable getting started. The books are not intended to test memory or put anyone under pressure to remember. They offer something to share, with space to respond in whatever way feels natural.

Maria has also enjoyed seeing people try something new. Many of her father's generation had never owned a colouring book. For some, picking up the pencils was a first experience, bringing enjoyment in its own right.

That has been an important part of what she has learned. Looking back can create opportunities in the present: choosing colours, enjoying a picture or spending an unhurried moment with someone.

The books have also found an audience Maria hadn't anticipated. Because many are bilingual, parents have bought them to help their children learn a second language. Images and words intended to feel familiar to an older generation have become something a younger one can discover.

Her own grandchildren have contributed ideas and perspectives to the series. They are proud of their involvement, making its development a family experience as well as a creative project.

Something that began with a daughter wanting to engage her father has grown through contributions from several generations. That feels especially meaningful to Maria, whose hope is that the books will help other families find their own points of connection.

She does not expect every picture to prompt a memory or every session to produce a conversation. A smile, a shared laugh or a few enjoyable minutes together can matter just as much.



For Maria, the purpose remains close to where it began: sitting alongside someone you love and finding something to share. It is not just about colouring a picture; it is about colouring a memory.

iammemorybooks.com

*It is not just about
colouring a picture;
it is about colouring
a memory.*



A Mind For Change



Nathaniel Hawley

FOUNDER AND NEUROINCLUSION CONSULTANT
DIVERGENT THINKING

How Nathaniel Hawley turned lived experience and a fascination with the brain into a social enterprise helping organisations rethink inclusion.



Nat has helped deliver hundreds of talks, workshops and programmes for HSBC, Disney and the BBC.



Long before founding Divergent Thinking, Nathaniel “Nat” Hawley was trying to understand why he could be underestimated in one setting and flourish in another.

At school, conventional teaching often hid his strengths. As an autistic, dyslexic and dyspraxic pupil, he was seen as unwilling to learn. Yet away from the classroom, he was absorbed in science and psychology, using video and text-to-speech to explore ideas that printed pages made harder to reach.

Curiosity was never the problem. Finding ways to learn that worked for him made the difference.

Visual, practical learning helped reveal his abilities. An art and media foundation led to a first-class degree in Television Production at Bournemouth University. He also helped young people use film to tell their own stories, discovering the difference between speaking for someone and giving them the tools to be heard.

As a teenager, Nat had shown that same determination when seeking support. Told that a group was referral-only, he found the person who could help and returned the next day with the required letter. The experience stayed with him, particularly the importance of finding somewhere he felt accepted.

His career took him from supporting neurodivergent jobseekers to helping employers reconsider the systems those applicants were trying to enter. Over more than a decade, he has helped deliver hundreds of talks, workshops and programmes for organisations including HSBC, Disney and the BBC.

Across different workplaces, he kept encountering a familiar problem. Awareness alone achieved little if recruitment, communication, meetings and workloads continued to favour one way of thinking.

Nat wanted to understand more. His interest in the brain led him to an MSc in Applied Neuroscience at King’s College London, giving him another way to explore attention, stress and sensory processing.

It also helped him examine a question rooted in his own experience: why do some environments leave people struggling, while others allow them to contribute?

That combination of personal experience, study and work with employers became Divergent Thinking, a certified social enterprise helping organisations put neuroinclusion into everyday practice.

Through training, coaching and work with managers and teams, Nat helps employers recognise barriers and consider what they could change. His starting point is that neurodivergent people “should not have to break themselves to belong.”

Sometimes, the changes are straightforward: clearer instructions, written decisions, predictable priorities, time to process information or a quieter space. Offering more than one way to participate can allow someone to contribute without spending so much energy managing the environment around them.

Making those adjustments last requires managers to build them into everyday working habits. A colleague should not have to repeatedly explain why written instructions help, or why an unexpected change needs a little more discussion.

For social care, these questions matter both to the workforce and to the people receiving support. A rushed conversation, an unclear handover or an overwhelming environment can make it harder for someone to understand what is happening or express what they need.

Nat’s approach encourages curiosity before judgement. What looks like reluctance may reflect uncertainty, sensory overload or information presented in an inaccessible way. Asking what could change in the environment opens up possibilities that assumptions about the person can close down.

In 2026, Nathaniel won the Making a Difference Award (Independent) at the National Learning Disability and Autism Awards. Judges recognised his commitment to learning, his curiosity about how minds process the world and his belief that support should adapt to the individual.

Today, Divergent Thinking works across the UK and internationally, reinvesting part of its corporate-training income in neurodivergent young people and grassroots organisations. That purpose keeps the work connected to the experiences that first motivated him.

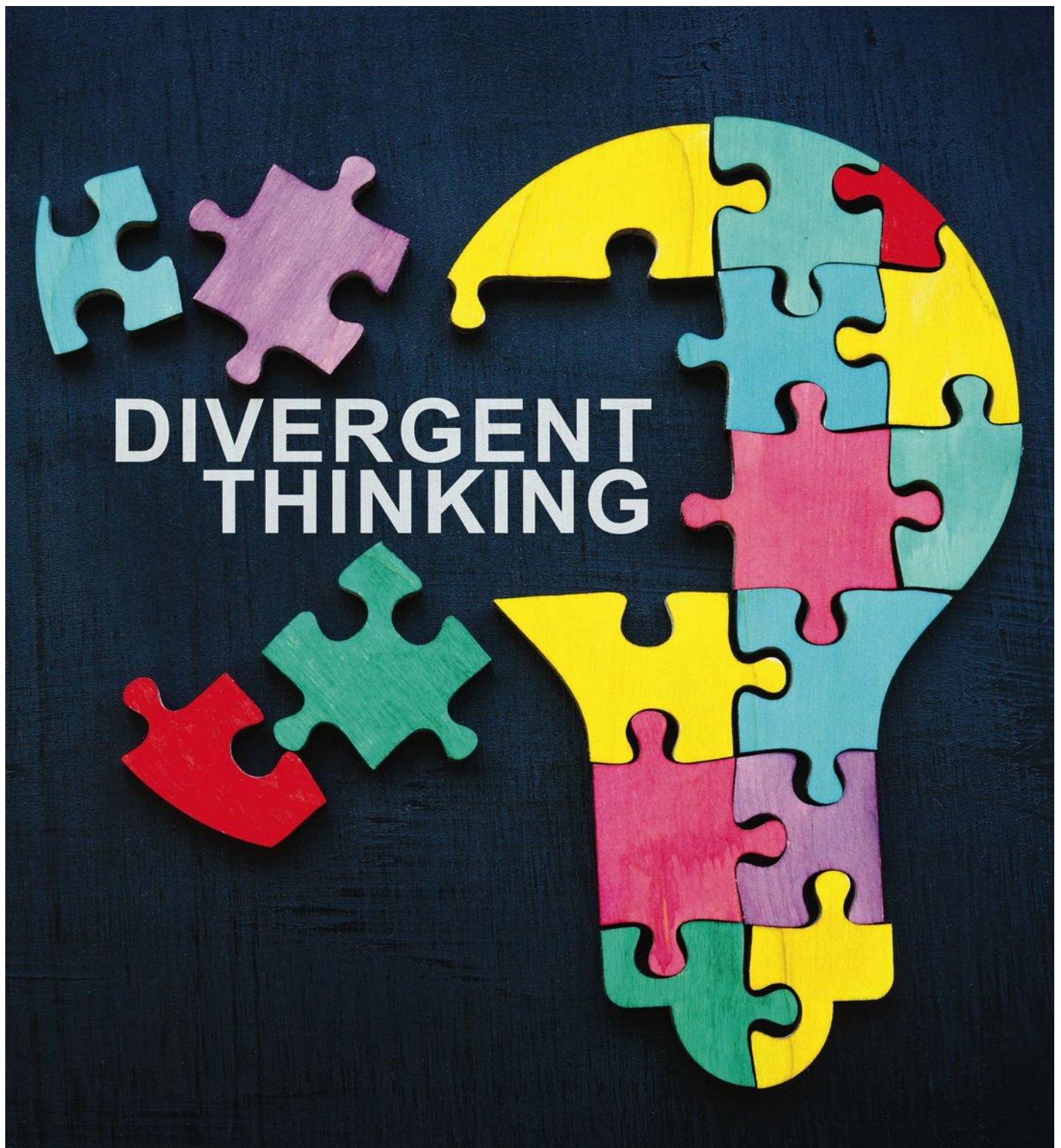
For Nat, the question has shifted from why he struggled in particular environments to how those environments could change. His ambition for workplaces is simple: stop asking how people can better fit existing systems, and start asking, “How do we design work better for human beings?”

 divergentthinking.uk

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*Neurodivergent
people should not
have to break
themselves to belong.*

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What Keeps Me Awake at Night



Dr Emma Hodges

CHIEF EXECUTIVE
LISIEUX TRUST

As Lisieux Trust marks 40 years, Chief Executive Dr Emma Hodges is looking ahead – and asking what growing older will mean for the people it supports. From families facing crisis to protecting rights under pressure, she shares the questions keeping her awake and why community, compassion and belonging must shape the charity's next chapter.



How do we protect people's rights when society still fails to value everyone equally?



Joining the Lisieux Trust in its 40th year created a real opportunity to reflect on the history of the charity, as well as thinking about our Vision 2036 review. Preparing for our 40th anniversary celebration has been a wonderful trip down memory lane for the organisation, reflecting on the original purpose of the charity and the people who made it happen. Lots of photographs and stories have been shared. The original ethos was one of community, opportunity, compassion and belonging. The charity emerged out of the recognition that smaller households rather than large institutions were better for the lives of people with learning disabilities and autistic adults. In Royal Sutton Coldfield there was no provision and with significant determination and hard work, the first house was opened. Today Lisieux Trust has four residential care homes and seven supported living properties in Royal Sutton Coldfield and neighbouring Erdington, North Birmingham.

I am new to the learning disability and autism sector with my background being a combination of human resources, charity leadership and public health palliative and end of life care. For several years I have been involved in an international movement known as Compassionate Cities or Compassionate Communities which is an element of public health palliative and end of life care. This work taught me about the critical importance of social connections, community, belonging and the responsibility of all of us in improving the impact of death, dying, loss and caregiving of our family members, friends, neighbours, colleagues and anywhere we can. I am still part of this movement and will continue to be so.

From my prior work I was aware of the health inequities and poorer experience of palliative and end of life care for people with a learning disability or autistic adults. I am enjoying learning about the lives and experiences of the people we support and their families whilst also recognising the overlap with my previous roles. I hadn't heard of the Lisieux Trust, and I joined originally as a part-time Interim Chief Executive. During that time, I was drawn to the ethos and culture of the organisation and the close involvement of our residents, tenants and family members. I was delighted to be appointed as the new permanent Chief Executive; I really feel alignment with my values and the desire to make a difference to communities often ignored or misunderstood.

In the 'small world' of human connection, the founder of the Lisieux Trust happened to be a bereavement and spiritual care volunteer at the hospice I worked at. She remembers painting my children's faces at a Christmas event and I remember her tearing out articles that she felt I might be interested in and leaving them on my desk with a note. Discovering that connection further helped me understand the ethos of what she and others had founded.

As I look forward to Vision 2036 taking us to our 50th year, there are a lot of thoughts and considerations. There are also lots of questions!

To what extent have the voices of people with learning disabilities and autistic adults been considered as part of the Healthy Ageing strategy. As the people we support live longer, what are we doing to prepare them for healthy ageing? How are we supporting families as siblings start to be engaged more due to older parents? How are we supporting the whole community on issues relating to death, dying, loss and caregiving? What is the impact of the ageing demographics on our properties (e.g. incorporating best practice dementia design principles)?

How do we ensure, via public education that the benefits of supported living or residential care are fully understood so that there is time to support a family transitioning into charities like ours, rather than a family holding on, in crisis, for as long as they can, meaning the transition can be more difficult.

How do we truly protect the human rights of the people we support and not fall into the trap of some of the less positive aspects of a 'care service' when the labour market is so challenging. Combined with ensuring a sense of personhood and purpose in a society that does not value all people equitably. Also, of course, how do we create a compassionate community around our households that can weather the storm of austerity and policy change via social capital, volunteering and a sense of connection.

Fortunately, my role is to co-produce Vision 2036 which from looking backwards over the past 40 years allows me to focus on looking forward. I hope with the support from the Lisieux Trust, the wider community and many connections I've made, and will make along the way, we can ensure that the founders' aspirations and ethos guide us amongst the various challenges we face in today's world.

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*How do we protect people's rights
and dignity when workforce pressures
challenge good care?*

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The TOUGH Question...

What spark could ignite real change in social care?



Mike Padgham
HONORARY PRESIDENT
INDEPENDENT CARE GROUP

As Bonfire Night lights up November, Mike Padgham asks what could spark lasting change in social care.



*Perhaps we
need an earthquake
in social care
representation.*



Social care has no shortage of ambition, ideas, or committed people. Every day, I meet people determined to improve lives, support families, and give those who need care the dignity they deserve. What could turn that energy into meaningful, lasting change? What is the spark?

After nearly 40 years working in social care, I believe the missing spark is unity: one stronger, unified national representative body, speaking for providers and applying sustained pressure on whichever government holds power.

There are many organisations doing a great job representing social care, and I value their commitment. I have spent much of my working life involved in that representation. But I believe their strength could be magnified greatly if we came together. There is far more that unites us than divides us.

Yet I see the number of representative bodies growing while our collective message risks becoming weaker. Too often, we make similar arguments through separate organisations, with different priorities and competing demands for attention. Ministers hear many voices when they should hear one unmistakable message.

Perhaps we need an earthquake in social care representation: the courage to rethink how we organise ourselves and build one powerful national voice. Unity is often discussed and difficult to deliver, but that cannot remain an excuse for standing still.

Is unity the silver bullet? It will not solve everything, but I believe it could unlock change. Have I seen this particular idea ignite significant improvement? Honestly, no. I cannot claim to have seen national unification transform our fortunes, because it has not happened. After decades of campaigning, I believe that is the missing link between knowing what needs to change and having the influence to secure it.

Imagine the impact if we agreed our central demands and pursued them together: fair funding, a properly supported workforce, prevention, and recognition of social care as an equal partner to the NHS. A united sector, backed by the public, would be much harder to ignore.

We can start changing the system ourselves. Providers should press associations to come together, share leadership and put the interests of people receiving care ahead of organisational boundaries. Local knowledge and specialist expertise would strengthen that national voice. We must cut through red tape and bureaucracy, move faster, and seize this opportunity.

But providers cannot achieve reform alone. Care workers, people receiving support, unpaid carers and families must help shape the campaign. Their experiences give our arguments meaning. We also need a sustained public education campaign explaining why social care matters to everyone.

Too many people discover the system only when a crisis strikes. They do not realise how closely their access to healthcare, their ability to work and their family's wellbeing are connected to functioning social care. We must make those connections clear before they need help themselves.

Funding matters enormously, but a shortage of money is not the only barrier. We must challenge where existing resources go. I want politicians to be brave enough to shift resources from hospital care into social care and community support, with proper planning to make that transition work.

Helping people remain well, independent and supported in their own homes should be central to our approach. Preventing a crisis makes more sense than waiting for someone to deteriorate before providing expensive emergency treatment. You cannot fix the NHS without fixing social care. Politicians must act on that principle, even when changing established spending patterns feels uncomfortable.

We must also confront the idea that profit is automatically a dirty word in care. Responsible providers need a surplus to invest in buildings, training, equipment, and improvements. Financial sustainability helps protect continuity of care. Private provision can put people first too.

There are operators whose behaviour deserves scrutiny, and poor practice must be challenged. But we cannot tar every provider with the same brush. Many smaller, family businesses deliver excellent care, know their communities, and remain deeply committed to the people they support.

Equally, charitable, or voluntary status does not guarantee that every pound reaches the front line. Those organisations also have management costs and some with large salary packages. Across every model, we should judge quality, transparency, value and how people are treated.

Local authorities should explain what equivalent provision would cost them to deliver directly. Commissioners must recognise the true cost of good care rather than assume independent providers can deliver it indefinitely for less. Ownership alone cannot settle the argument about quality or fairness.

What would meaningful progress look like a year from now? A united representative body with clear priorities, a public campaign gaining support, and government beginning practical reform. The Casey Commission is now due to report in summer 2027. We should press for recommendations to be acted upon promptly, with earlier measures wherever possible, rather than allow implementation to drift towards 2030. We need action before another general election.

People needing support today cannot put their lives on hold. Neither can their families or the staff caring for them. We need a timetable, accountable leadership, and evidence that resources are reaching services where they can make a difference.

And if a united sector still cannot persuade government to change its approach, perhaps providers should consider standing in forthcoming elections on a social care ticket. We bring experience, commitment, and an understanding of what needs to change. If those in power will not act, perhaps some of us should seek a democratic mandate to drive that change ourselves.

Somehow, sometime, we have to come together. Why not now? Why wait many more years while social care is brought further to its knees?

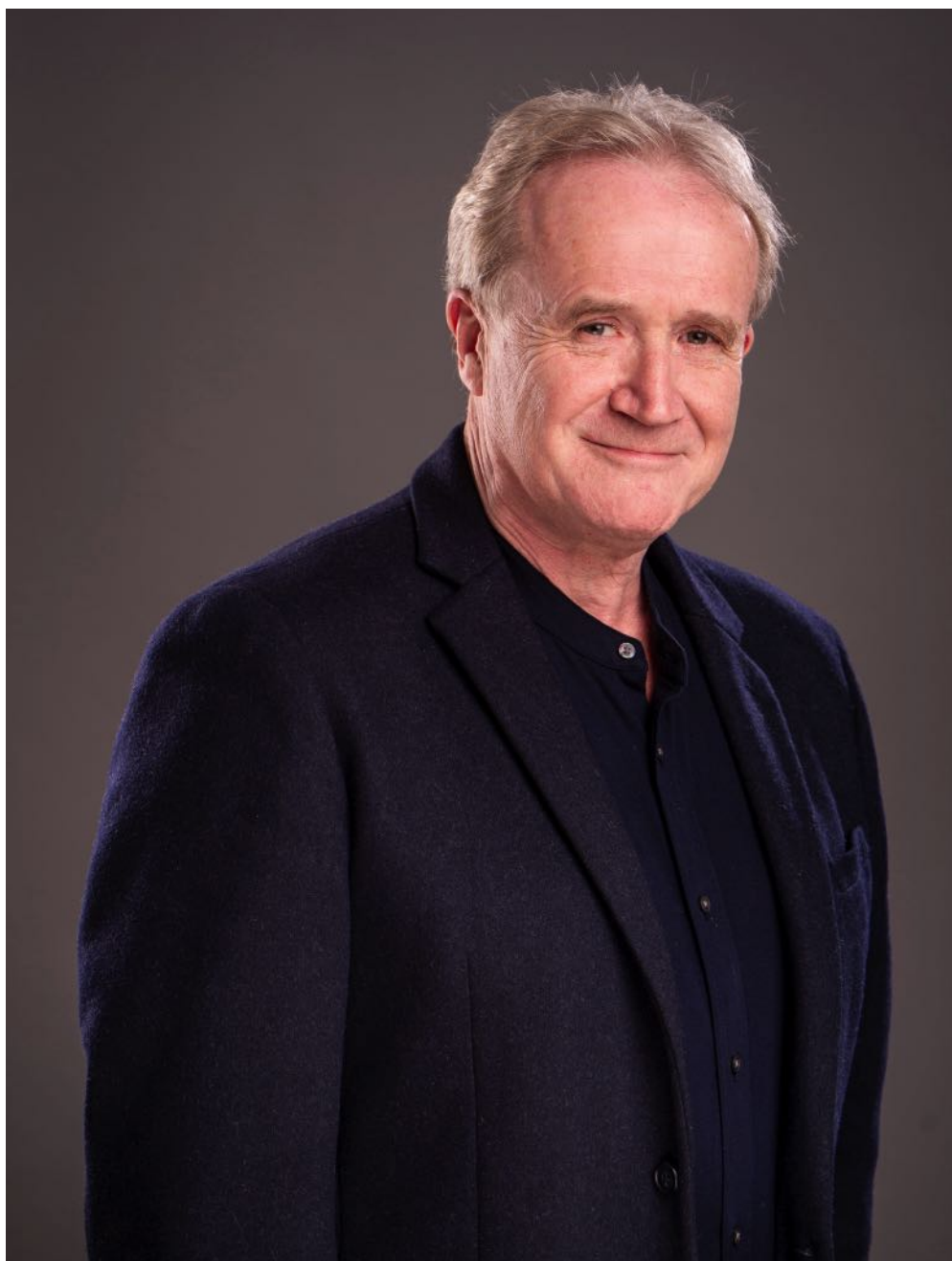
The first step is in our own hands. We do not have to wait for government to organise us. We can unite, lead, and build the pressure needed to secure reform.

Unity is strength. Together, we can make the change. Let us seize this opportunity, move faster and be bold enough to do it.

 independentcaregroup.co.uk



Providers should consider standing in forthcoming elections on a social care ticket.



Ask the Experts

Who are the real *Traitors* holding social care back — and what needs to be banished for good?

Inspired by *The Traitors*, we asked a group of award-winning sector leaders:

“What’s holding the sector back. Which outdated ideas and damaging practices should be banished and what should take their place?”



Aneurin Brown
CHIEF EXECUTIVE
HALLMARK LUXURY HOMES

“Banish the tendency to portray social care through its problems alone.”

One *Traitor* we need to banish is the tendency to portray social care through its problems alone. Like the show, there can be something compelling about focusing on the drama, the problems and what’s going wrong, but that shouldn’t be the whole story.

Social care has challenges, but there is also so much good happening every day. Perhaps, as a sector, we need to be a little more “faithful” in coming together around our common purpose, championing great care and sharing more good news stories about the people who make it happen.

We’ve seen through Championing Social Care what can be achieved when organisations come together to raise money for care sector charities, celebrate those making a difference and challenge the stigma around care homes.

For me, the change is simple: more connection, collaboration and good news stories.



Ruth Brown
MANAGING DIRECTOR
HOME INSTEAD UK

Banish the revolving door of unfamiliar faces that prevents trust from growing.

If there's one *Traitor* we need to banish from adult social care, it's the lack of continuity. When support comes from a revolving door of new faces, it's impossible for clients and care professionals to build genuine connection. As *The Traitors* reminds us, trust is everything. In care, that trust is built in the quiet, everyday moments. When subtle warning signs are missed, it's usually because there isn't a familiar, dedicated team there to notice the gradual changes before a crisis hits. Care works best when it's personal. Matching care professionals with clients based on shared interests, personalities and specific needs creates consistency that feels natural and comforting. It gives families true peace of mind, knowing a regular team is warmly looking out for their loved one, keeping communication open and ensuring they feel safe, valued and understood at home. For safer, more compassionate care, continuity must be the standard.



Rebekah Cresswell
CHIEF EXECUTIVE
PRIORY GROUP

Banish the outdated idea that social care is only for older people.

If I had to banish one *Traitor* from social care, it would be the outdated idea that social care is simply about looking after older people, rather than enabling people of all ages to live fulfilling, independent lives. Working-age adults with learning disabilities, autism, complex mental health needs or acquired brain injuries are too often overlooked in the public debate, despite accounting for a significant proportion of social care spending. That misunderstanding has consequences: it contributes to short-term funding, commissioning that does not always reflect the true cost of complex support, and services being treated as a cost to manage rather than an investment in people's lives. In its place, we need to recognise social care as essential national infrastructure: focused on prevention, independence, choice and outcomes, supported by sustainable commissioning and better integration with health services. Above all, reform must start with the person, not the system around them.



Bethan Evans
CHIEF EXECUTIVE
MY CHOICE HEALTHCARE

Banish the assumption that social care will always be there, whatever the pressures.

One *Traitor* we need to banish is the assumption that social care can always be taken for granted. There's a belief that because the sector has always been there, it always will be. But we're in a difficult position as an industry, and more needs to be done to secure the future of social care. We have an ageing population and that means more people than ever will be relying on the system in the near future—but can we confidently guarantee that the sector will be able to cope? There's only so much this sector can withstand, and without sufficient funding the sector could eventually crumble. Equally, our amazing teams must be paid fairly and recognised for their hard work. Public perceptions of care work being 'low skilled' are incorrect and damaging, and this needs to change. Funding the care sector must be recognised for what it is—an investment in our future.



Have *Your* Say!



John Woodruff
PALM GROVE DEPUTY MANAGER
SURE STEPS SUPPORT SERVICES

3 Wishes

If I had a magic wand, my three wishes for the social care sector would be equal access to services, greater recognition for the professionals delivering care, and stability through placements that are right from the start.

1. Access

Everyone should be able to access the right services and support when they need them, with as few barriers as possible. I've seen the difference this can make for a young person with learning disabilities. It isn't just our team supporting him - it's the wider community too, from teachers helping him express himself through art, to the opticians making the effort to visit him at home. His story shows how accessible support can help an individual thrive.

2. Recognition

I've worked in the health and social care sector for 11 years and I have consistently been touched by how far people will go for those they support. I think that the people working in social care deserve recognition for the commitment they bring to their roles.

I've experienced this recognition first-hand - our Registered Manager encouraged me to progress from a Support Worker to a Deputy Manager. Since then, we continue to encourage our team to develop in their careers. Currently, a team member is progressing into a Deputy Manager position at one of our new homes, and I'm incredibly proud to see her hard work get recognised.

3. Stability

Everyone receiving care deserves stability. This is particularly important for children in care, where placement breakdowns can disrupt relationships, routines and progress. Finding the right home and team for the person from the beginning can give them the consistency they need to succeed.

In The Spotlight

Alzheimer's survivor visits Lymington, Hampshire dementia care home during marathon walk from Land's End to London.

Residents, families and staff at Colten Care's Linden House dementia care home in Lymington welcomed Dr Judy Benjamin, an Alzheimer's survivor walking 550 miles from Land's End to London to raise awareness of brain health.

Now in her 80s, Judy was diagnosed with Alzheimer's aged 67. Following changes to her diet and lifestyle, she reports that her cognitive decline reversed. She later became an advocate for brain health and founded the Alzheimer's Survivors Foundation to share stories of recovery, resilience and hope.

During her visit, Judy enjoyed tea and cake in the home's Malt Room and spoke with residents, relatives and staff about her personal journey and the importance of brain health, prevention and early intervention.

Judy said: *"I wanted to share what I've learned from my own experience and, most of all, let people know that there are things we can do to support our brain health."*

Linden House Home Manager Priya Joseph said the visit was inspiring and praised Judy's determination to keep brain health in the public eye.

Resident Pamela Bradley added: *"It was lovely to have Judy come and talk and I wish her luck with the rest of her walking."*

Judy hopes to become the first Alzheimer's survivor to walk across England, sharing a message of hope with others affected by cognitive decline.



Movers & Shaker

Nellsar Care Homes introduces new role to enrich residents' dining experience across its Care Homes

Nellsar Care Homes, a family-run care group with 13 homes across Kent, Surrey and Essex, has appointed Adelina Abraham as Residents' Dining Experience Lead.

The new role aims to improve mealtimes for residents by focusing on personal choice, independence, dignity and enjoyment. Adelina will work across the homes to help teams create welcoming dining experiences, whether residents eat in the dining room or their own rooms.

Mealtimes can bring comfort, routine and happy memories. Small changes, such as offering a favourite seat, allowing more time or providing the right support, can make a big difference. This is especially important for residents living with dementia or complex care needs.

Adelina will help staff develop their skills in nutrition, hydration, communication, dementia-friendly support and respecting residents' choices. She will also help teams understand individual preferences and provide a positive experience wherever residents choose to eat.

Adelina said: *"I want every mealtime to feel personal. Residents should be able to enjoy food in a way that reflects their own preferences."*

Leni Wood, Head of Nutrition and Wellness at Nellsar, said the role would build on the group's existing commitment to residents' health, wellbeing and individual needs.

The appointment reflects Nellsar's commitment to person-centred care, ensuring residents' voices remain central to everyday decisions.



Adelina Abraham
RESIDENTS' DINING
EXPERIENCE LEAD
NELLSAR CARE HOMES

Lightbulb Moment

Look beyond the behaviour

My lightbulb moment came from understanding that behaviour is often a form of communication.

In residential childcare, we can sometimes be faced with anger, refusal, withdrawal or behaviours that feel challenging in the moment. It is easy to focus on what has happened and what needs to stop. But over the years, I have learned that one of the most powerful things we can do is pause and ask: what is this young person trying to tell us?

When we respond with curiosity rather than simply reacting, our approach changes. We begin to think about what may have happened beforehand, what the young person might be feeling and what they need from the adults around them to feel safe.

That does not mean removing boundaries. Children and young people need clear expectations, consistency and adults they can depend on. But boundaries work best when they are built alongside trust, patience and strong relationships.

My advice to care professionals is simple: before asking how you can stop a behaviour, ask what might be sitting underneath it.

Sometimes, changing the question changes the whole response.



Kauser Parveen
RESPONSIBLE INDIVIDUAL
CARE AND SUPPORT SERVICES



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Leading the Way in Social Care

Start With What You Have

Sustainability in Everyday Care



Ravi Sodha
DIRECTOR
ACI CARE

An older building, a stretched budget and a long list of competing demands. Where does a care leader start with sustainability? For Ravi Sodha, Director of ACI Care, a family-owned care provider, the answer lies in listening to colleagues, measuring progress and making changes that work for the people who call those buildings home.



**Start with the
building and
resources you have.**



A motion sensor might save electricity. But if it leaves a resident sitting quietly in the dark, something has gone wrong.

It is a simple example, but it captures Ravi Sodha's approach to sustainability at ACI Care. Every improvement has to work in the everyday life of a care home, where comfort, safety and familiar routines matter.

"Residents' safety, comfort and quality of care guide every decision," he says. "An environmental improvement has to work in the reality of a care home."

Building ACI Care with his brother Anand has shaped that thinking. Decisions reach beyond the business itself. They affect someone's home, a colleague's livelihood and a family's confidence that their loved one is being well supported.

For Ravi, sustainability is part of looking after those things over the long term. It means maintaining buildings, using resources carefully and creating a workplace where people want to stay.

ACI Care operates in existing properties, with all the practical considerations that brings. There is no blank canvas. Progress comes from understanding what each home needs and deciding what can realistically happen next.

"Our approach is to adapt, adopt and retrofit," Ravi explains. That might mean changing an everyday habit, introducing smart metering or replacing ageing heating equipment. Colleagues have an important part in those decisions because they know how the buildings work when everyone is getting up, meals are being prepared and residents are settling down for the evening.

Measurement helps Ravi decide where to invest; colleagues help him understand what will work in practice. Timing matters too. Equipment reaching the end of use offers an opportunity to choose something more efficient. A phased approach allows improvements to happen without expecting every problem to be solved at once.

Solar panels are a visible sign of environmental investment. Heating efficiency, printing habits and staff commuting are less immediately noticeable, but they also contribute to a provider's footprint.

Using Zellar has helped ACI Care establish a baseline and track its progress. Ravi says its more recent reporting shows a 10% carbon reduction since 2022. That gives the organisation something concrete to assess. It also creates a useful discipline around investment.

"A projected saving and an achieved saving are different things," he says. An idea may look promising on paper. Understanding what it actually delivers helps determine whether to extend it, adjust it or put resources elsewhere.

The same practical thinking applies to involving residents. Gardening, growing food and creating spaces for wildlife bring sustainability into daily life through activities people can enjoy and influence.

Participation can take different forms. One resident may want to plant. Another may choose what is grown. Someone else may prefer to sit outside and watch the garden change. Each has a place in the experience. The benefits include conversation, purpose and connection with nature, alongside the environmental value.

For colleagues, Sustainability Champions help keep ideas moving and give people opportunities to contribute. Changes are more likely to last when staff can see their purpose and help shape how they work.

Ravi's understanding of sustainability also extends to the workforce. ACI Care's approach to overseas recruitment avoids minimum-service commitments designed to tie colleagues to the business. His starting point is that loyalty should be earned through the experience of working there.

"I believe we should earn colleagues' loyalty through their experience of working with us."

That puts responsibility firmly with the employer. Moving countries to work in care is a significant commitment. Feeling able to ask for help, having a contribution recognised and seeing a future within the organisation all help someone build a sense of belonging. These are everyday experiences, shaped by how colleagues treat one another and how leaders respond when support is needed.

Environmental ambitions also need to take account of staff workload. A process that reduces materials but creates unnecessary administration deserves another look. Equally, reducing heating consumption must still leave residents comfortably warm.

Often, the priorities support each other. Efficient equipment can lower running costs. A supported workforce can provide greater continuity of care. Where competing demands arise, Ravi's approach is to consider the timing and protect the people affected.

There have been lessons along the way. Paperless working, for example, can sound like an appealing destination, but an absolute target may overlook practical needs within a care environment. Reducing unnecessary printing offers a more useful focus.

Ravi would also place greater emphasis on testing changes on a manageable scale, involving colleagues early and reviewing results before extending them.

His advice to other care leaders begins close to home. *"Start with the building and resources you have."*

Establish a baseline. Listen to the team. Choose a few changes that can be delivered, then review what they achieve. Give someone responsibility for maintaining momentum while making it easy for others to participate.

Older buildings require thoughtful decisions and limited budgets require careful sequencing. Both can make progress slower. Neither has to bring it to a halt. As Ravi puts it: *"Small changes, consistently applied and measured, can build a stronger foundation for the next investment."*



An environmental improvement has to work in the reality of a care home.



Joined-Up Services, But Better Lives?



Jadie Tranter

CHIEF CLINICAL CONSULTANT
OUTCOMES CONSULTING



We must be careful not to confuse professional activity with personal achievement.



More meetings, shared care plans and smoother referrals can all signal progress—but what has changed for the person receiving support? Jadie Tranter, Chief Clinical Consultant at Outcomes Consulting, explores why successful collaboration must be judged by better lives and the outcomes people value most.

Throughout my 25 years in nursing, clinical leadership and management, I have seen significant changes in how health and social care services work together. We have developed multidisciplinary teams, integrated care pathways and increasingly sophisticated systems for sharing information. Yet one question continues to challenge me: are we genuinely improving people's lives, or have we simply become better at coordinating services?

For children and adults with complex needs, support often involves professionals across health, education, social care, housing and community services. Collaboration is essential to delivering safe, effective and person-centred care.

However, whilst organisations may consider a partnership successful because meetings are taking place, referrals are completed and professionals are communicating, we must ask whether these improvements are making a meaningful difference to the person at the centre.

Are they happier? Do they feel safer? Have they developed meaningful relationships? Are they experiencing greater independence, choice and control over their lives? Surely these are the outcomes that should define successful collaboration.

Are We Measuring What Really Matters?

Within health and social care, we have become increasingly focused on demonstrating performance through measurable activity. We monitor referrals, assessments, waiting times, care plans, reviews and compliance against regulatory standards.

These measures are important. They provide assurance that services are responsive, accountable and meeting their responsibilities. However, they do not necessarily tell us whether someone's quality of life has improved.

A person may have an excellent care plan, regular multidisciplinary reviews and access to several specialist professionals, yet still experience isolation, anxiety or limited opportunities to participate in everyday life.

Similarly, a child receiving support from education, health and social care professionals may have every required assessment completed. But does this mean they feel understood, have developed trusting relationships or are enjoying experiences that other children may take for granted?

We must be careful not to confuse professional activity with personal achievement.

These outcomes may not always be easy to measure, but they are fundamental to understanding the true quality of care.

Listening Before Planning.

One of the most valuable lessons I have learned throughout my career is that professionals do not always define success in the same way as the people they support.

As professionals, we naturally focus on risk reduction, independence, health outcomes, emotional regulation and achieving identified care objectives. These are important, but they may not reflect what matters most to the individual.

For a child living in residential care, success might be developing the confidence to engage in a new activity, building trusting relationships with those supporting them, feeling secure in their home or being able to communicate their wishes and preferences. These may seem like small achievements to professionals, but for that child, they can represent significant progress in their everyday life.

Through my work supporting services for children and adults with complex needs, I have seen how a change in professional thinking can influence the support being delivered. Rather than focusing solely on reducing behaviours of concern, we need to understand what an individual is communicating through their behaviour and consider whether their environment, routines or relationships need to change.

This can fundamentally shift the focus of multidisciplinary working from managing difficulties to improving someone's everyday experiences.

For individuals who communicate differently, particularly those with learning disabilities, autism or complex communication needs, meaningful involvement may require additional time, observation, specialist communication approaches and support from those who know them well.

Being person-centred means more than inviting someone to a meeting. It means ensuring their voice genuinely influences the decisions being made.

Breaking Down Professional Silos

Different organisations bring different priorities. Effective multidisciplinary working requires professionals to agree what success looks like for the individual – and how each service will contribute.

This also requires strong leadership. Registered managers, clinical leaders and commissioners all have a role in creating environments where professionals can contribute, question decisions and work collaboratively without losing sight of their individual responsibilities.

Shared responsibility should never mean diluted accountability.

Through our work at Outcomes Consulting, we support providers across children's and adult services with clinical governance, leadership, quality improvement and person-centred practice, encouraging organisations to look beyond processes and compliance to what matters to the people receiving support.

Building stronger partnerships will remain essential as health and social care continues to evolve. However, collaboration should never become an outcome in itself.

The real measure of success is not how many professionals attend a meeting, how quickly a referral is completed or how many services are involved in someone's care. It is whether that collaboration has helped the person feel safer, more confident, better connected and more able to live the life they want.

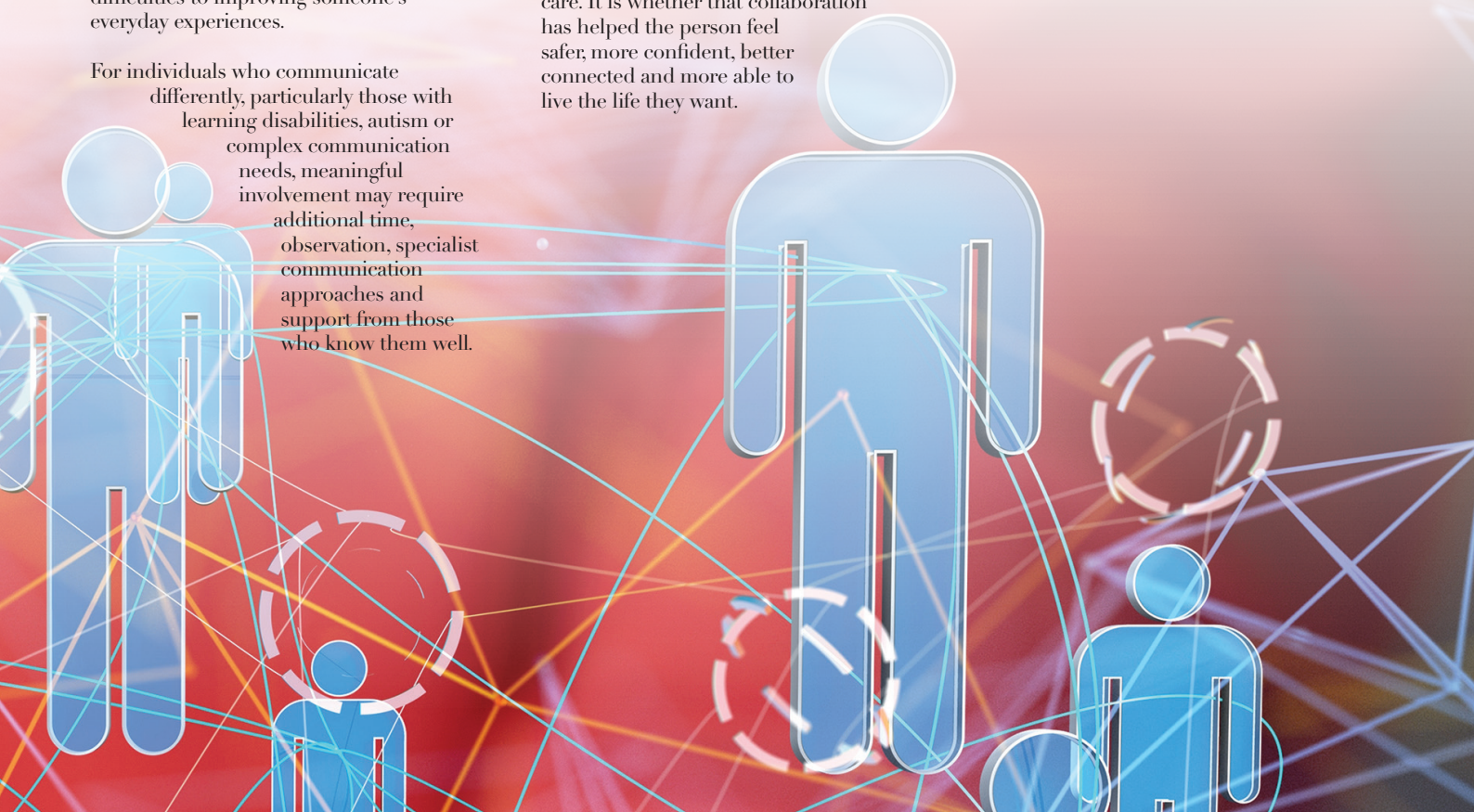
My experience across health and social care has convinced me that the most meaningful improvements happen when professionals look beyond their own objectives and work collectively towards the aspirations of the individual.

Joined-up services are important. But joined-up services that genuinely improve people's lives are what we should all be striving to achieve.

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***Being
person-centred
means more
than inviting
someone to
a meeting.***



Working Together Takes More Than Good Intentions



Becky Price

HEAD OF LOCAL ENGAGEMENT
SKILLS FOR CARE

What does it take to turn a shared ambition into joined-up care? Becky Price, Head of Local Engagement at Skills for Care, explores why effective partnerships depend on giving people the skills, confidence and time to work together.



Building effective partnerships requires more than goodwill or aspiration.



When we talk about integration, partnership working and joined-up care, it's easy to focus on structures, systems and strategy. These things matter, of course, but successful collaboration ultimately comes down to people. It depends on whether individuals and teams have the skills, confidence and support they need to work effectively across organisational boundaries.

For the people who draw on care and support, services don't exist in isolation. Their lives are influenced by a combination of social care, health services, housing, community groups, family networks and local support. They rightly expect these organisations to work together in a way that feels seamless and centred around their needs. Achieving that takes much more than good intentions.

Across adult social care, we see countless examples of strong partnership working delivering better outcomes for people. Yet we also know collaboration doesn't happen automatically. It requires time, trust and a workforce that understands both its own role and the contribution that others make.

One of the most important skills we can develop is the ability to communicate across professional and organisational boundaries. That means being able to share information effectively, contribute confidently to discussions with colleagues from different sectors and keep the focus on what matters most to the person receiving support. It also means having the confidence to ask questions, challenge assumptions respectfully and seek solutions collectively.

Just as important is understanding. Too often, professionals work alongside each other without fully understanding the pressures, priorities and expertise that exist in different parts of the system. Social care, health, housing and community organisations all bring distinct perspectives, but they share a common goal of helping people live well. The more we understand one another's contribution, the easier it becomes to build trust and work together effectively.

This is why joint learning and development opportunities are so valuable. When professionals learn together, they begin to develop a shared language, shared understanding and shared purpose. They build relationships that make future collaboration easier and more effective. Importantly, these opportunities help move partnership working beyond organisational agreements and into everyday practice.

However, we should recognise that collaborative working is not always easy. Many teams are operating under significant pressure. Rising demand, workforce challenges and competing priorities can leave little time for building relationships or participating in partnership activity. When people are focused on immediate operational pressures, collaboration can sometimes feel like an additional task rather than an integral part of good care and support.

That's why employers and leaders have such an important role to play. If we want collaboration to become embedded, we need to create the conditions that allow it to flourish. That means giving people permission to invest time in partnership working, creating opportunities for joint learning and ensuring staff feel supported to engage with colleagues across different organisations.

Leadership is about more than setting expectations. It is about creating a culture where partnership working is valued and encouraged. When leaders demonstrate a commitment to collaboration, teams are more likely to see it as a priority. When they create space for reflection, relationship-building and shared problem-solving, staff gain the confidence to work differently.

We also need to recognise that collaboration is a skill in itself. Like any skill, it develops through practice, support and experience. We cannot assume people automatically know how to navigate complex systems, influence across organisational boundaries or build effective partnerships. These capabilities need to be nurtured and developed over time.

The good news is that the sector already has many of the foundations in place. There is a shared commitment to improving lives, a growing recognition of the importance of integrated working and a wealth of expertise across our services. The challenge now is ensuring our workforce has the support, development and leadership needed to turn that commitment into action.

Working together has always mattered. But in today's environment, it has never been more important. Building effective partnerships requires more than goodwill or aspiration. It requires investment in people, confidence in collaboration and a genuine commitment to learning from one another. When we get that right, the benefits extend far beyond organisations and systems. They are felt by the people and communities we all serve.

 skillsforcare.org.uk



***We also need to
recognise that
collaboration is a
skill in itself.***



GOOD
INTENTIONS



GOOD
RESULTS

Why It's Time for Social Care to Take the Lead on Delegated Healthcare

The Roundtable Verdict of Experts from Across the Sector



HOWDEN

Jonathan Taylor
DIVISIONAL DIRECTOR,
HEAD OF CORPORATE RISKS,
HEALTH & CARE,
HOWDEN



As care teams take on more delegated healthcare activities, how can the sector build the confidence and safeguards to lead? Jonathan Taylor, Head of Corporate Risks, Health & Care at Howden, shares insights from a roundtable exploring clearer accountability, consistent training and practical standards for safe delegation.

Care teams are taking on more healthcare responsibilities, creating opportunities to support people in familiar surroundings and develop staff skills. But without consistent guidance, providers are navigating an increasingly complex risk environment.

Delegated healthcare activities (DHA) are now prevalent in almost every care setting and are likely to grow in scope. Yet there is little sector-wide structure around how they are delivered.

That gap between opportunity and uncertainty brought experts together at a roundtable organised by specialist insurance broker Howden and healthcare training provider Ashfield Services. Around the table were care provider CEOs and managing directors, alongside representatives from charities, the legal profession, the Royal College of Nursing and Care England.

The discussion revealed a growing consensus: social care has the expertise to help shape the future of delegated healthcare—and should take the lead.

Growing responsibilities

Care providers are increasingly being asked to undertake activities that might previously have been considered healthcare responsibilities. These include:

- Administering insulin for individuals with diabetes.
- Catheter and stoma care, including changing stoma bags.
- Percutaneous Endoscopic Gastrostomy (PEG) feeding.
- Wound dressings and pressure area care.

- Oxygen monitoring.
- Administration of certain prescribed medications under delegated arrangements.

One of the biggest challenges is that a definitive list of delegated healthcare activities does not currently exist. No regulatory body has drawn one up or taken responsibility for doing so. Many in social care see this as a major barrier to safety and accountability.

Meanwhile, the number of activities being delivered is increasing exponentially. As Martin Green, Chief Executive of Care England pointed out, this is a lasting shift.

“Delegated health activities are an important part of the NHS’ vision for the future, which means they are here for the long term.”

“If we look at the NHS 10-year plan, delegation is absolutely central to the devolution of services to communities rather than staying always in healthcare settings.”

Taking ownership

Rather than waiting for regulation, what could social care put in place itself?

Once a defined list of activities has been established, one proposal discussed was a flexible red, amber and green classification based on risk and complexity. A similar approach is already in place in the Netherlands.

The group agreed that this should be a practical starting point rather than an exhaustive prescription. Decisions must remain person-centred, taking account of the individual’s condition, the competence of the person delivering care and the circumstances involved.

“

There is little sector-wide structure around how DHA are delivered.

”

Such a model could be a first step towards more cohesive, sector-led standards. Currently, providers encounter inconsistent approaches across the CQC, integrated care systems and local authorities, including regional variations.

That does not mean those organisations are getting it wrong. It means the lack of a unified approach creates additional risk—and was a source of considerable frustration around the table.

Who carries the risk?

Delegation can blur the lines between the NHS, commissioners and care providers. A central point in the discussion was that a registered professional cannot delegate accountability simply by delegating a task.

Yet participants described care workers being asked to perform clinical tasks without sufficient training or supervision. This increases risk and undermines confidence. Some workers find it difficult to say no or speak up when they feel unsure, even after completing training.

The risks extend beyond any one person or organisation. They affect the person receiving care, the professional delegating the activity, the reputation of the care business and, potentially, its directors and leaders.

Providers should discuss these responsibilities with their insurer, exploring how risks can be mitigated and whether existing cover is sufficient for all the activities undertaken. Advice from a specialist broker is crucial.

Training beyond the classroom

Robust, ongoing training is essential if delegated healthcare is to work well. Completing a course is only part of

the picture: staff also need continuing competency checks and supervision.

Matthew Attfield, Managing Director, Ashfield Services said: *“There remains a major training gap in social care, along with a lack of ongoing competency checks and supervision.”*

“The sector needs a new approach to training. There has historically been a lack of funding, which is often restricted to NHDs-employed staff, leaving care providers adrift.”

One solution discussed was a national tariff for DHA, linked to training and competencies. This would help connect the responsibilities providers take on with the resources needed to deliver them safely.

An opportunity for joint leadership

Although the discussion was politically agnostic and focused on DHA, Prime Minister Andy Burnham’s public attention to social care was seen as an opportunity to take the conversation to a higher level.

There are existing projects to learn from. In Greater Manchester, three of the ten boroughs established formal delegated healthcare programmes. Their experience highlights the importance of senior joint leadership, dedicated programme roles, structured governance and sustainable funding.

These are practical foundations on which a more consistent approach could be built.

A shared vision

The willingness of influential people across the sector to come together, discuss the challenges openly and look for solutions is an encouraging start.

Martin Green concluded: *“It’s really important to recognise that our sector has so many highly skilled people within it.”*



Care workers are often asked to perform clinical tasks without sufficient training or supervision.



We are able to achieve delegation very successfully if we have real clarity about what the expectations are and the lines of accountability.”

Lara Bywater, Managing Director, LDC Care Company, set out what success could look like:

“The end goal is a better system for all. One that means people can receive support and care in their own home, rather than being taken to a clinical environment.”

“But also, one that takes pressure off the NHS and formally recognises and offers career opportunities for social care staff.”

That vision brings the opportunity into focus: better experiences for people receiving care, stronger career opportunities for staff and less pressure on the NHS. The next step is to turn that shared ambition into clear standards, practical support and consistent action.

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IT'S

TIME

Who Pays For Joined-Up Care?

Making partnership work for care businesses



 Log my Care

Matt Russell
CHIEF EXECUTIVE
LOG MY CARE

Joined-up care depends on someone doing the joining—but who pays for their time? Matt Russell, Chief Executive of Log my Care, explores the hidden costs of collaboration and how providers can build partnerships that work for the people they support and the businesses delivering their care.



Who pays for joined-up care — and how can providers make it work financially?



Every provider I've spoken to since joining Log my Care wants the same thing for the people they support: the person at the centre, with family, support workers, the GP, the community nurse, the housing officer and the social worker around them, all working from the same picture of that person's life. When that circle is connected, problems are spotted earlier and fewer of them turn into crises.

In care, partnership is everyday work. A supported living service might share a tenancy with a housing association, a care plan with a community learning disability team, a medication review with a GP and a weekly update with family. Each relationship exists for the person, and each one needs someone on the provider's side to keep it moving.

What needs more consideration is how that connection is paid for, and how to make that investment work for care businesses. Partnership runs on staff time: the multidisciplinary meeting, the third phone call to chase a discharge summary, the same assessment filled in for three organisations in three formats. On tight margins, those hours usually come from the rota or the registered manager's evenings. If care ecosystems are going to last, providers need to treat every partnership as a business decision, with a cost, an owner and a measure of success.

Partnership in practice

Specialist Homecare Group (SHG), a Log my Care customer, supports people with learning disabilities in supported living services from Cumbria to Cornwall. Its old way of working carried the hidden costs above: staff copied information between spreadsheets by hand, and commissioning conversations lacked hard evidence of impact.

SHG resourced its relationship with funders on purpose. Its PBS practitioners own the evidence, tracking year-on-year changes in support ratios against each person's care plan, and the same data feeds the incident and risk reporting SHG gives commissioners. The return is measurable: between April 2025 and April 2026, SHG reduced care hours by 40,404 and saved funders £1.213 million, while supporting people towards greater independence. Over the same journey SHG has grown from two people at a single site to 40, with managers keeping day-to-day oversight without needing to be on site.

Making partnership sustainable

Understanding the cost starts with making it visible. For one month, ask managers to log the time they spend on partnership work: meetings, duplicated assessments, repeated information requests and chasing updates. The total is rarely small, and it becomes the evidence base for every conversation that follows.

The next step is agreeing who does what. A short partnership agreement covering responsibilities, information-sharing routes and meeting frequency stops the drift where everyone assumes someone else is coordinating. Coordination time then needs to be built into service costs. A clear case that a complex placement needs a set number of liaison hours a month to stay stable carries far more weight with commissioners than a general request for a higher rate.

That investment also needs a measure of success. A partnership earns its place when it frees capacity, reduces avoidable admin or strengthens continuity for the person. Pick one or two measures for each relationship, such as admin hours, unplanned hospital admissions or missed handovers, and review them every quarter. If nothing has moved after two quarters, renegotiate or step back.

Capacity matters too. New partnerships are tempting, especially when they bring referrals or funding, but each one needs to be tested against the capacity your team has today. One partnership delivered reliably is worth more than three delivered patchily.

Where technology fits

Technology can take some of the weight out of partnership work when it's chosen with the same discipline. Start with where your coordination hours go today. For many services, it's pulling the same information together for different partners, or finding out what has changed since the last review.

A shared, current care record lets teams write information once and give partners, families and visiting professionals the access they need. Reporting drawn from everyday recording turns a commissioner update into a short task. Good technology gets out of the way and gives that time back to the people providers support.

Joined-up care has a cost, and today providers carry most of it. The ones who count that cost, build it into their model and measure what it returns will build networks that last.

 logmycare.co.uk

“
*Understanding
the cost starts
with making
it visible.*”



This Month We Meet:

Hoama Group



Umbreen David
MANAGING DIRECTOR
HOAMA GROUP

What first drew you to a career in social care?

I came to health and social care by chance, when I was asked to join my parent's care home business on a temporary basis. I soon realised I had found my calling.

Social care brings together many of the things that matter most to me: dignity, independence, belonging, quality of life in later years, the opportunity to make a lasting difference to someone's life and the responsibility to serve the wider community.

How has your lived experience of disability shaped your leadership?

My disability has shaped almost every aspect of the way I lead. There are times when my body imposes limitations on me, so I have learned to adapt, find another route and focus on what is possible.

"Cannot" has never felt like a satisfactory answer. There may be challenges, delays or moments when the original plan must change, but I will always look for a workable solution. That determination has helped me in business and deepened my empathy. I understand that people do not need others to make assumptions about their abilities. They need the right environment, support and opportunity to flourish.

It has made me a more thoughtful and inclusive leader, one who listens, notices barriers and values different perspectives.

What does great care look like to you?

Person-led care means understanding the whole person, including the relationships that are central to their identity and wellbeing. Great care therefore recognises and supports the person's wider next-of-kin network. Family members and others close to them often hold valuable knowledge about their history, preferences

Each month we meet key stakeholders and business leaders and healthcare partners in the social care sector. This month we meet Umbreen David, Managing Director of Hoama Group and owner of Iden Manor Nursing Home in Staplehurst.

and routines, while also navigating significant emotional and practical pressures themselves. Listening to them, communicating openly and involving them appropriately builds trust, strengthens continuity and helps everyone work together around what matters most to the person.

Ultimately, great care helps someone feel secure, respected and valued while continuing to live in their later years; not simply exist.

What has been your proudest achievement so far?

Bringing Meadow View Care & Living to life is undoubtedly one of my proudest achievements.

Meadow View represents far more than a new care development. It brings together everything I believe about excellent care, enabling environments, hospitality, community connection and quality of life. Reaching this point has required resilience, determination, investment, careful planning and the ability to keep moving forward when the easier option might have been to stop.

A particularly important part of that vision is creating a community for older Deaf people whose first language is British Sign Language. By bringing together thoughtful design, professional expertise, lived experience and Deaf staff who use BSL, Meadow View can create a service in which communication, culture and belonging are built in from the outset.

Why is disabled leadership so important to you?

Disabled people bring valuable lived experience, adaptability, creativity and problem-solving ability to leadership. We often spend our lives navigating systems and environments that were not designed with us in mind. That teaches you to look at challenges differently and to keep finding workable solutions. However, disabled leadership is still too often viewed through the lens of inspiration rather than expertise.

Disabled people should be recognised not simply for overcoming barriers, but for the knowledge, commercial ability and leadership qualities they bring.

What would you like to see change across social care in the years ahead?

I would like social care to be recognised as vital social infrastructure, rather than something considered only when a family reaches a crisis.

Social care supports people to return home or move into appropriate care when acute hospital treatment has ended, relieves pressure on the NHS and sustains communities. Its value should be understood long before a family reaches the point of urgent need. We need sustainable funding, greater recognition for the workforce and more joined-up thinking between health, social care, housing, technology and local communities. We must also become better at designing services around the lives people want to lead, rather than expecting people to fit around existing systems.

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Disabled leadership is still too often viewed through the lens of inspiration rather than expertise.



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

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