Who Cares?
A Camden Conversation about Adult Social Care

Process Report

July 2026

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Executive Summary

Who Cares? was a borough-wide conversation about care and support in the London Borough of Camden. The project ran over four iterative phases of online engagement, from 22 September 2025 to 11 March 2026. It was designed to be both educational and impact-oriented, giving residents the opportunity to reflect on what matters to them, learn more about Adult Social Care, discuss and deliberate on their expectations for different parts of the system that shape people's experience of care and support.

The project was an exercise in digital deliberative democracy testing and learning from the new 'Waves' participation model of scaling public participation in policy. 'Waves' aims to enable local authorities to engage more residents through a combination of mass digital participation and technology-enabled deliberation with a smaller, representative group. Camden was the first local authority to trial this model, in partnership with Demos, a cross-party think tank, and a consortium across the civic, democratic, and technological sectors.

This report summarises findings from the participation **process** (the 'how', what happened) from the four phases of the project. A separate appendix report focuses on the policy **impact** (the 'what', what we learned) findings. These documents will be presented to Cabinet in July 2026 and set the direction for future strategy and ambition.

At **Phase 1** of *Who Cares?*, over 1,200 residents went online to share their perspective on 'what would matter most' should they or someone they love require care and support. It was a diverse group taking part, with around half of residents not having been involved in a Council engagement activity prior and a little over half not having experience drawing on or providing care. The priorities shared were then grouped into 10 distinct themes, the top three being: Choice and Control, Affordability and Fair Funding, and Quality and Safety of Care.

In **Phase 2**, a representative panel of 50 residents were invited from Phase 1 to join a series of online learning briefings followed by discussions. 41 participants attended these sessions, learning about the current reality of social care in more depth, exploring trade-offs between resident priorities and current system pressures from invited expert presenters. Participants engaged in small group discussions and activities, brainstorming 71 actions which might make a difference to bring the emerging resident priorities into reality. Residents reflected on the potential impact and required effort of these actions, before using technology to discuss, vote, and rank what felt most important.

Phase 3 involved providing an update on emerging findings back out to the wider public with an online opportunity for feedback or reflection. Over 550 residents shared their thoughts on the developing conversation. Update was also shared across the local voluntary and community sector who contributed to shape the final phase of the project.

In **Phase 4**, 30 residents returned online from Phase 2 to further learn, discuss and deliberate. They reviewed the considerations from Phase 3, discussed trade-offs around funding, reflected on Camden's information and advice offer, and brought together their learning to form a set of expectations for individuals, community, workforce, Camden Council and Central Government. This produced a mandate for what residents want to be able to count on from each system actor, in order to deliver on Camden's collective priorities for care and support. The final expectations were voted on, each area achieved consensus[1], receiving between 83% - 97% support.

*"I think this [process] is good for **breaking down social barriers** and putting weight and pressure behind changes suggested in political circles. I appreciate this… Doing **this type of community involvement is good for democracy**."*

- Resident panel participant

[1] The Residents' Panel collectively determined that 73% agreement would count as consensus.

Titles of finalised expectations

Individuals	Community	Workforce	Camden Council	Central Government
• Know & Look Out for Each Other • Act Respectfully & With Kindness • Contribute to Community • Share Information & Opportunities • Take Action to Improve Our Health	• Connection & Belonging • Informal Ways of Support • Compassionate Support Offer • Cultural Inclusivity • Access to Information & Support • Recognition & Resourcing	• Provision of High-Quality Care • Fair Pay & Career Progression • Clear Scrutiny & Complaints Process • Values-Led Behaviour	• Access to Information & Advice • Support & Celebrate Carers • Support & Listen to Unpaid Carers • Citizen Voice • Quality Assurance of Care Providers • Resident-Led Commissioning • Support the Voluntary Sector	• A National Conversation • National Standards of Care • Citizen Voice • Fair & Sustainable Funding • Funding: Independent Oversight • Financial Transparency

Introduction

Background

In Camden we believe that everyone should be able to influence the things that they care about and that affect their lives. As a Council, it is our responsibility and role to create the infrastructure, opportunities, and support for residents to actively shape the places that they live. Citizen voices are not just a 'nice to have' but are critical to deliver better public services, improve people's lives and their neighbourhoods, and make Camden a fairer and more equal place.

For resident engagement to be meaningful and foster trust, individuals need to have informed opportunities to share their perspectives, be in discussion with others, and find consensus amidst complexity. But we know not everyone prefers, or is able, to take part in the same way. Exploring civic innovation and mass deliberative engagement, gives us an opportunity to test what role technology might have to support reaching scale and reaching communities.

In 2024, Demos received funding through Google.org's[2] impact challenge for democratic innovation, alongside a coalition of partners[3] including Camden as the first trial site, seeking to design and test a new, digital participatory model called 'Waves'. The partners include:

- Demos, a think tank leading the 'Waves' programme and technology procurement
- New Local, a think tank with a mission to transform public services and unlock community power, coordinating the 'Waves' learning network of 25 local authorities
- Remesh, a survey-style technology provider
- People Supported Intelligence (PSi), a discussion-based technology platform
- CASM Technology, a tech developer creating an online knowledge tool, KnowMore, to aid participation
- **Camden Council**, the first pilot partner
- **South Staffordshire Council**, the second pilot partner

The 'Waves' model was trailed in Camden through the *Who Cares?* project, a borough-wide conversation about Adult Social Care.

Participation Model

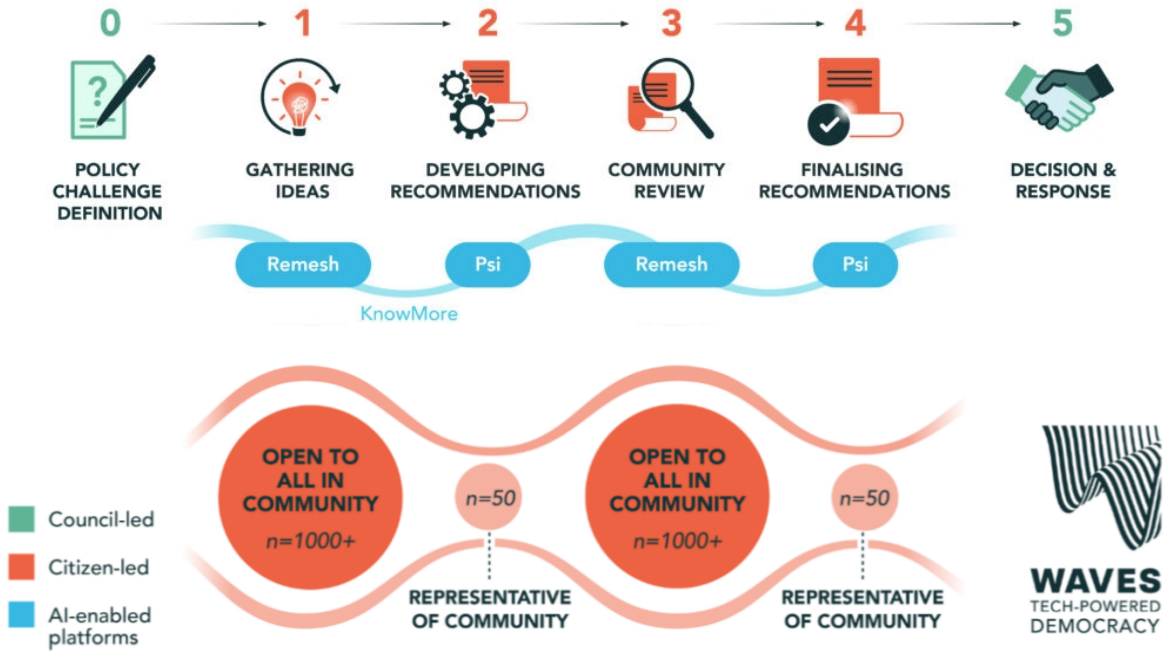
The 'Waves' model is a new method for participation seeking to reduce the capacity and cost required for scaling local government deliberations. Camden, as the first trial site was

[2] Using Google technology was not a requisite of this funding award, nor involved in Camden's pilot.

[3] Camden did not procure these partners nor act as the data controller for the project. Demos functioned in a commissioning role, selecting and managing the technology with Camden's input and collaboration. Camden was not involved in the decision of which technologies to trial.

allotted a delivery budget of £31,500, excluding post-delivery reporting and evaluation, and excluding Camden and Demos staff resource costs.

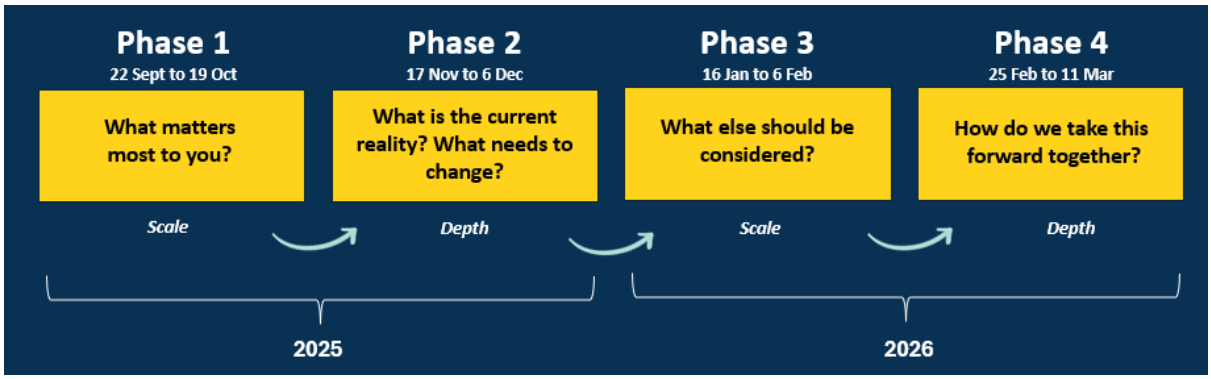
The model was co-designed amongst partners to have 4 distinct phases (or 'Waves'), beginning with incentivised[4] citizen engagement at scale and then moving to deeper deliberation with a smaller paid, representative group before going back out to scale and closing in depth. Throughout, engagement is conducted entirely online, using different technologies[5] at different phases of the conversation. Face-to-face digital support was offered in community venues across the project duration.



In Camden, the project focused on the topic of care and support using the 'Waves' model to invite anyone in the borough to engage with Adult Social Care. We are all likely to need care at some point in our lives though public polling repeatedly shows low public awareness and understanding of Adult Social Care. In 2025, Camden's service received an 'outstanding' CQC rating, praising existing co-production work with those who have lived experience of care, though there is need to change the wider narrative about care and support across residents who are yet to draw on or provide care. 'Waves' presented an opportunity to generate this borough-wide conversation around social care, raising awareness, educating, and encouraging the political saliency of the issue. To this end, there was a specific ambition that Camden residents with little to no previous experience or understanding of care take part.

[4] At Phases 1 and 3, participants were eligible for a prize draw of £1,000 in exchange for taking part. The Resident Panel at Phases 2 and 4 received the London Living Wage for their time.
[5] No training was necessary for residents to understand these technologies though instruction and devices for access was made available in libraries, community centres, and through VCS partners.

The resulting pilot, ***Who Cares?* A Camden Conversation about Adult Social Care**, ran from September 2025 to March 2026. The project started with a broad open-ended question and created tangible citizen expectations to take forward. We view *Who Cares?* as the start of much wider, local and national conversation.



Project Aims

The aims of this project were to:

- **Learn more** about how mass digital, mass participation could work in Camden and across the UK;
- **Increase resident understanding of w**hat Adult Social Care is and its r**elevance** of to all of us;
- **Understand what matters to residents** to inform Camden's future Adult Social Care Strategy and Baroness Louise Casey's commission for Government;
- Explore what people, communities and institutions understand and expect as their **roles and responsibilities** in the adult social care system, and what **contributions** everyone is willing to make towards service reform.

Access & Inclusion

With all participation opportunities, we prioritise access and inclusion. Digital deliberation can increase accessibility for residents with mobility challenges, time constraints, or lower confidence in group settings, while recruitment approaches such as sortition and random stratified sampling help ensure fair representation of people with intersecting characteristics and amplify voices that may otherwise be overlooked.

At the same time, we recognise that some residents may lack access to devices, have lower digital confidence or skills, or feel less able to participate online. We monitored this by collecting participant demographic data, enabling comparison with typical offline engagement and early identification of any exclusionary effects. An onboarding survey was used ahead of deliberative sessions to understand digital needs and provide appropriate support.

Throughout the project, our approach focused on empowering participation through guidance, flexibility and choice. Residents were encouraged to engage in ways that suited them, including with support from carers or community networks. We worked with libraries and community centres as local digital touchpoints and offered access to devices in other Council venues on request, ensuring no one was excluded due to lack of equipment.

Participation was designed to be clear and supportive at every stage. Engagement windows were aligned with open, drop-in technology support delivered in community venues through resident Digital Champions, advertised through physical flyers and digital screens in public spaces. We also used Easy Read and plain language materials.

A similar approach to inclusion was applied to the technology and tools used for deliberation, including the participation platforms and website, which met WCAG 2.2 accessibility standards. We acknowledge there were some remaining limitations with the digital tools, particularly in relation to translation features.

Process: What happened?

Governance & Oversight

Who Cares? was led by a multidisciplinary project team of officers from Camden Council, including colleagues from Participation, Adult Social Care, Strategy and Communications. Wider colleagues supported with data, due diligence, digital inclusion, equalities, and outreach.

The work was sponsored by Executive Director of Adults and Health, Jess McGregor (President of ADASS during this period), and Cllr Anna Wright, (now former) Cabinet Member for Health, Wellbeing, and Adult Social Care.

Support to assemble the Resident Panel was provided by the Sortition Foundation, commissioned to randomly select representative participants from Phase 1. Colleagues from Demos co-facilitated online deliberative sessions, alongside Camden officers. Six social care experts were brought in to provide presentations and reflections for the panellists to consider. These experts included:

- Simon Bottery, Kings Fund
- Kate Jopling, Policy & Strategy Consultant
- Allegra Lynch, Camden Carers
- Richard Humphries, ADASS Board of Trustees
- Clenton Farquharson, Think Local Act Personal
- Natasha Curry, The Nuffield Trust

Throughout the design and delivery, the work was informed by the Council's internal due diligence processes (Data Protection Impact Assessment, Artificial Intelligence Risk Assessment, and Equalities Impact Assessment) and policy content shaped by a project **Sounding Board** of national policy experts.

Membership included:

External	Internal
• Anna Dixon, Member of Parliament • Pippa Rugman, Casey Commission • Kate Jopling, Policy & Strategy Consultant • Simon Bottery, Kings Fund • Emily King, Policy Advisor, Church of England • Alice Klein, Director of Communications & Public Affairs, Association of Directors of Adult Social Services (ADASS)	• Councillor Anna Wright (Chair) • Jess McGregor – Executive Director, Adults & Health (Project SRO) • Osian Jones – Director of Strategy, Design & Insight • Caroline Kennedy – Director of Participation, Partnerships & Communications

• Richard Humphries, ADASS Board of Trustees • Miriam Levin, Director of Participatory Programmes at Demos	• Jamie Spencer – Head of Adult Social Care Insight, Quality & Financial Services • Katie Gilman – Strategy Lead to Jess McGregor • Anna Pearl Johnson – Principal Participation Officer • James Fox – Senior Policy Officer (Adults & Health Strategy)

The Sounding Board met twice during the deliberative stages of project delivery, chaired by Cllr Wright, and was tasked with reviewing the content and structure of engagement to ensure national relevance, and so that residents were provided with information and evidence that adequately addressed key issues and enabled informed deliberation.

An Artificial Intelligence Ethics Board was also assembled by Demos to oversee the 'Waves' model procurement and delivery of AI-enabled technology.

Learning & Community of Practice

The design and delivery of this project built on Camden's experience running deliberative exercises, including insights from previous online engagement and scaling participation.

The Participation team organised two **resident workshops** in July 2025 on the topic of **'AI for Mass Participation'**, to better understand resident sentiment around the use of technology in civic engagement. In these sessions residents shared both concern and optimism for the use of technology to enable mass participation, having a demo of several technologies, hearing the early design proposal for *Who Cares?*, and coming together to suggest broad conditions for the use of AI by the Council.

Widely, workshop participants articulated the value of new technologies for processing large amounts of data, making mass participation affordable and quick. Residents raised concerns around ensuring data accuracy and legitimacy, countering environmental costs, providing accessible support, and transparency with residents. After the sessions, residents were supportive of Camden's desire to trial new tools, affirming and emphasising the importance of sharing the learning journey around use of new technology with residents.

Externally, New Local is the **learning partner** for the 'Waves' programme, supporting Camden to capture key learnings from the implementation of the pilot. New Local has facilitated project team retrospectives following each phase of the project reflecting on

process, technology, partnership, and outcomes. A summary of these learnings will be included in a Toolkit designed for other councils.

As learning partner, New Local is also responsible for convening and facilitating the **Learning Network** - a Community of Practice open to councils interested in learning about the 'Waves' model and staying connected through the project. So far, there have been 2 Learning Network sessions with over 50 participants joining, representing 31 councils.

Phases of Engagement

Design

Key lines of inquiry for the project include:

Deliberative Democracy, Participation	Adult Social Care, Adults & Health
How can we scale up deliberation to involve thousands of our citizens, while remaining inclusive and gaining trust? What capabilities do we need to develop and deliver a mass participation process well? What are the conditions for a mass participation process to be successful and/or effective?	**How can a deliberative process unlock contributions that people might be prepared to make towards service reform?** How can we raise greater understanding and awareness around what Adult Social Care is? How do we generate buy-in for the relevance of Adult Social Care to all of us?

The project team also agreed a set of grounding **design principles** to inform our approach, amplifying seldom-heard voices and expanding the diversity and inclusion of participatory opportunity.

***Who Cares?* Project Design Principles**

- **Community-centred** – Our outreach approach will follow our 'Conditions for Mass Participation' model.
- **Experimental** – We will need to be innovative and iterative in our approach to meet emerging needs.
- **Coordinated** – We will need a collaborative effort internally and with partners to reach diverse audiences.

- **Targeted** – We will take a data-driven approach to target our communications and outreach effectively.
- **Flexible** – We will monitor both quantitative and qualitative targets as we go along and adapt if needed.

Phase 1 – Outreach

Prior to launch, we created a **data snapshot** of the key demographics of those drawing on local Adult Social Care services. We also reviewed the demographics of those who have taken part in our open participation activities across the last five years. Bringing these pieces together, we identified several underrepresented communities for targeted outreach, in addition to borough-wide outreach efforts:

- **Diverse ethnicities,** including Black, Asian, Mixed and Any Other White communities
- **Younger adult residents,** who are historically underrepresented in participatory engagements, and are likely to draw on care in their future or support family members to do so
- **Men,** who are less likely to take-up care services or take part in open calls to engagement
- **Individuals renting from private landlords,** who are less likely to take part in Council-led activities and open calls to engagement
- **Residents of Belsize, Bloomsbury and Frognal wards**, as they are less likely to have drawn on Council Adult Social Care support

Following this research, we created a **data-driven outreach plan** to spread the invitation to take part widely across the borough. This involved socialising the project across the organisation and service areas, including for the first time as a phone queue message through our Contact Camden (Contact Centre) support line. We were supported by strong partnerships with the local community and voluntary sector, with a soft launch at the Autumn Equalities Forum's Winter Wellbeing Forum which brought together 60+ community partners. These partners helped to share the word in community venues, newsletters, WhatsApp groups and more.

Who Cares? launched online at scale on September 22, 2025. The project had a CommonPlace website containing FAQ about the project and technology, as well as further information about Adult Social Care and the perspectives of those with lived experience. Outreach efforts began from the point of launch, taking a relational and phased approach. To incentivise participation, residents who took part were entered to win a prize draw for £1,000.

To ensure outreach was inclusive, we distributed both **digital and physical print campaign** materials. In addition to creating the project website and running social media ads, we displayed advertisements on bus shelters, paid for an ad in a local newspaper, had press coverage from elected officials, and distributed leaflets at community events and venues. Physical campaign materials signposted to a list of drop-in community-based digital support sessions, where residents could attend to access devices or 1-2-1 support from Digital Inclusion champions (volunteers). Direct emails to leaseholders and tenants were also sent.

Phase 1 – Technology

Taking part at Phase 1 involved using **Remesh**, a survey-style digital platform.

Residents could access Remesh by clicking an open link (no sign-in required) on the project CommonPlace web page, to share their ideas in answer the question: "If you or someone you love needed care and support in later life or due to ill health or disability, what would matter most?" Anyone living in Camden aged 16+ was welcomed to participate.

After submitting a short, open-text response, residents were shown a random assortment of other participants' responses and asked if they disagreed or agreed with these other priorities. This is part of a 'predictive voting' element of the technology, in which an algorithm uses responses to then predict how other residents might vote on similar and dissimilar responses. In this way, a large amount of data can be shared, synthesised, and top areas of consensus can be predicted. Due to unresolved technical queries with the provider, Camden decided to not use data or analysis from the predictive voting and consensus feature of the platform.

Participation ended with a series of optional demographic and experience/evaluation questions.

Phase 1 – Outcome

Between 22 September and 26 October, 1,200+ Camden residents shared 2,235 priorities around care and support. The average time spent taking part was 11 minutes.

- 59% of participants had *not* taken part in a decision-making process with the Council before.
- 64% of participants had not yet drawn on any care or support.
- 60% of participants did *not* have any care or support responsibilities.

Of the 896 participants at Phase 1 who completed evaluation questions, 71% rated their experience using the Remesh platform as 4 or 5 stars.

Key demographics of participants in Phase 1:

- 29% identified as men and 67% identified as women
- The majority of participants (31%) were between ages 51-64
- Around half of participants were White (43%) or White Other (15%), followed by Black, African or Caribbean (12%), Asian or Asian British (11%) and Mixed or Multiple Ethnicities (7%)
- Roughly 12% identified as LGTBQ+ (Bisexual: 4%, Gay/Lesbian: 6%, Other: 2%)
- Half of participants (52%) live in Council-rented properties

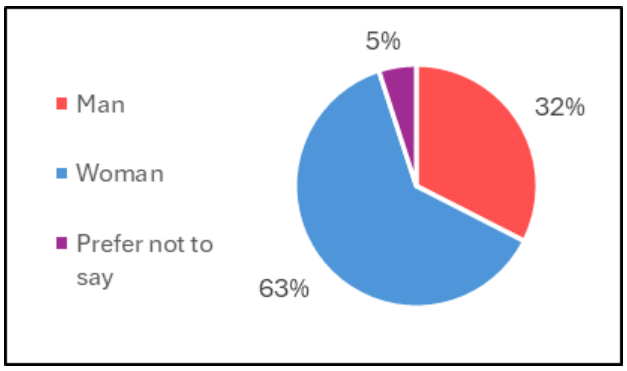
Phase 2 – Outreach

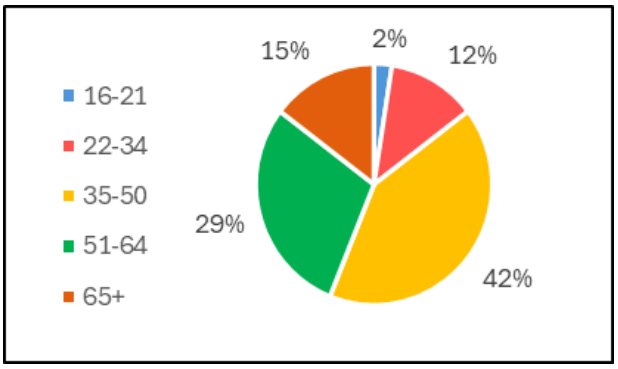
In Phase 2, we worked with the **Sortition Foundation** to invite a randomly selected representative panel of 50 residents to take part. These residents were selected from a pool of nearly 800 individuals who had expressed interest in future opportunities after taking part in Phase 1. A total of 41 participants took part of the invited 50. Panellists were paid at the London Living Wage to incentivise and recognise their time.

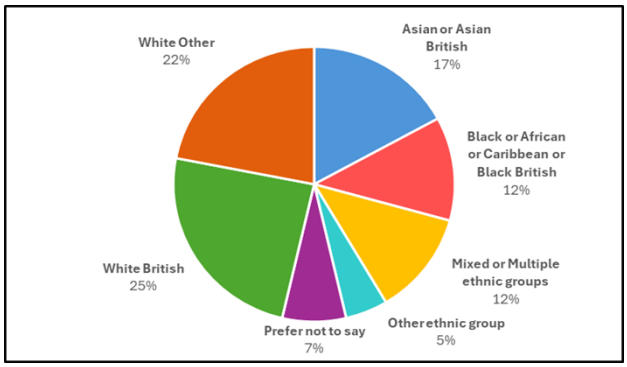
When asked why they joined the conversation, residents shared:

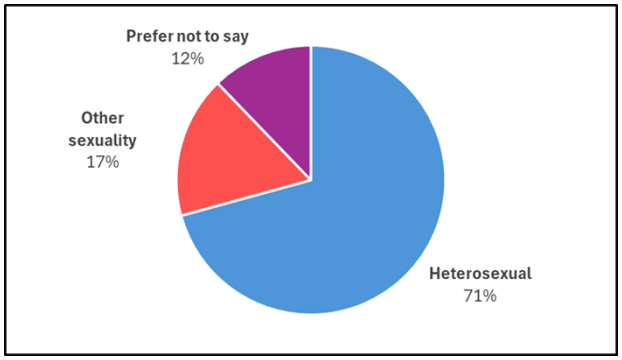
- They wanted to influence or make a difference because they care;
- They wanted to learn;
- They wanted to be heard;
- They had experience providing care.

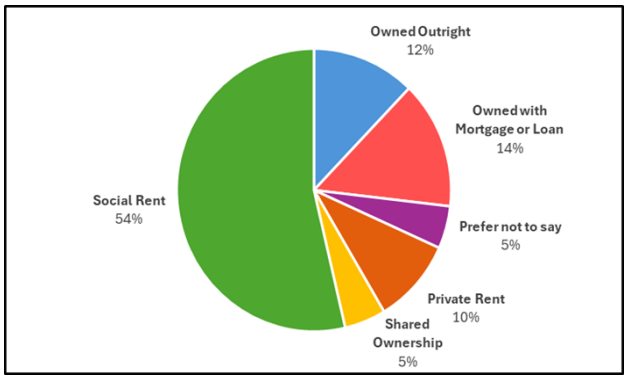
The invited panel was broadly representative of Camden; the demographic details of the panel at Phase 2 are shown below.

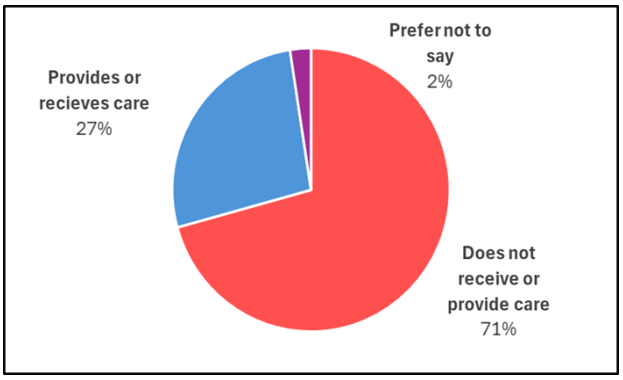












Phase 2 – Technology

Prior to meeting, an **onboarding survey** was shared to assess the digital needs of panel participants. The overwhelming majority shared no notable digital needs. Participants did request clear instructions regarding technology and extra joining time as support.

The panel met for a series of learning briefings held on **Zoom**, followed by two audio discussions and voting held on **PSi (People Supported Intelligence)**. PSi is an audio-based breakout room tool, where participants discuss questions and ideas with one another before voting on their top priorities which are carried forward into further rounds of discussion until preference is reached. The first use of PSi involved the panel discussing 10 big priority areas coming from Phase 1. The second use of PSi involved reviewing 71 brainstormed action ideas from the panel.

PSi was intended to be a self-managing deliberation platform to reduce the number of facilitators needed. However, the format was ultimately not fit for our purpose, with a degree of manual facilitation still needed and participants finding it less-user friendly overall than Zoom. Back-end AI analysis features were also not as mature as expected and required manual review to verify insights.

There were also several limitations with the voting element of the PSi platform where residents discussed and voted on which ideas felt most important to take forward.

- On PSi, the more ideas included for discussion, each participant only has the chance to discuss a subset of the full ideas. This means the final ranked list of 71 actions lacked depth of discussion across the group. In comparison, the 10 priorities were reviewed by a larger proportion of participants. As a result, we have more confidence in those results.
- PSi operates using a formula ratio of ideas to time duration. Given the quantity of 71 ideas to discuss, the length of discussions was shortened to 10 minutes, and participants reviewed more ideas across 4 rounds of discussion. Participants may not have discussed all ideas or had enough time to consider the intention and trade-offs behind each idea.
- The ideas with the least votes in each discussion round are knocked out, quickly narrowing down to 4 ideas by the final round. Given the original quantity of 71 ideas, this means that the final ranked list lacks some depth.

A third technology called **KnowMore** was also piloted in Phase 2. This is a new generative AI model developed by CASM Technology for the 'Waves' model, where participants can query a fixed database of trusted sources (policy documents, reports, data, etc.) and quickly receive summarised answers with sources referenced. Use was optional in and outside of sessions and there was very minimal take-up. When asked why, participants gave mixed answers: that there wasn't enough time, the tool didn't feel useful, they didn't think of using it, and that they weren't comfortable or confident navigating the user interface.

Phase 2 – Outcome

Across three online sessions in late November and early December, we brought together 41 residents to:

- **Learn more about Adult Social Care**, including key challenges and opportunities
- **Discuss resident ideas** in small groups and consider what could make a difference
- **Decide on shared priorities and brainstorm actions** for the future

The sessions were supported by 7 experts. Content covered:

- An Overview to Adult Social Care
- Key Challenges of Adult Social Care
- Recap of Learning

The Residents' Panel used PSi to discuss and rank the priorities from Phase 1, before brainstorming on Zoom, *"What needs to change to tackle the challenges in Adult Social Care?"* – producing a long-list of action ideas. There were 142 initial actions proposed, which contained some duplication and were condensed to 71 unique ideas.

These 71 refined ideas were organised thematically into broad groups of actions which the Residents' Panel considered according to impact and required effort – drawing on the learnings and expertise provided. The individual actions were also discussed and voted on again using PSi to further understand what the priorities are for taking action. This was done at pace and lacked sufficient rigor. The process of suggesting actions helped participants think big about what could change, but at this early stage did not include a fact-check on what was already done or what might not be feasible. Ranking was premature, and limitations with the process meant this was less helpful in moving towards our aspirations for the project.

Phase 3 – Outreach

At Phase 3, anyone aged 16+ in Camden was again invited to take part. Building on the campaign awareness from Phase 1, we ran a slightly smaller outreach for a period of three weeks, again distributing both **digital and physical print campaign** materials. Learning from the previous outreach, resident participation at Phase 3 was guided directly to Remesh rather than the project website. As with Phase 1, to incentivise participation, residents who took part were entered to win a prize draw for £1,000.

The Comms campaign at Phase 3 included shares in e-newsletters, social media posts and ads, an ad in a local newspaper, and distributed leaflets at community events and venues. Direct emails to leaseholders and tenants were sent twice. Physical campaign materials again signposted to a list of drop-in community-based digital support sessions, where residents could attend to access devices or 1-2-1 support from Digital Inclusion champions (volunteers). Take-up on the digital support offer was minimal to none.

In the first week of Phase 3, we also held sessions with Voluntary and Community Sector (VCS) organisations to gather their reflections on what residents shared about care and support in the first two phases. This engagement focused on understanding where VCS perspectives aligned with residents' views, what might be missing or under-emphasised, what residents may wish to consider in Phase 4, and encouraging the VCS to share the Phase

3 participation opportunity out to their resident networks. This was done to recognise the historically important role of the sector in:

- Supporting community ownership and trust-building, which are critical for meaningful involvement in deliberation.
- Helping identify and engage residents in local communities from diverse ethnic backgrounds, those with disabilities, and those facing socio-economic challenges.
- Providing trusted channels to reach groups that might otherwise be excluded due to language barriers, distrust, or digital access issues.

Phase 3 – Technology

Residents took part in Phase 3 again using **Remesh**, a survey-style digital platform. Learning from Phase 1, the onboarding and consent questions were significantly reduced to encourage participation. Once joining the survey, residents were shown a welcome video of Cllr Wright with instructions, giving a more relational and human feel to the digital process.

In the platform, residents were presented with a written summary of insights from the project and then asked the question: *"Based on what you've read, what would you like the Residents' Panel to consider in the next phase of shaping actions to make a difference?"*

Participation on Remesh ended with a series of optional demographic and experience/evaluation questions.

At this stage, the emerging findings from the conversation were separately shared with the local VCS and national policy experts on the project Sounding Board for their input.

VCS engagement happened through a series of updates shared over **Zoom/Mircosoft Teams** at existing online forums and in a specific Zoom workshop held for professionals. Expertise from the Sounding Board was fed back asynchronously over email.

Phase 3 – Outcome

Resident Outcomes

Between 16 January and 8 February, 550+ residents shared their reflections and considerations. A total of 1,123 individuals started the survey and 564 completed submissions were received. The average time spent taking part was 10.34 minutes (15-minute target).

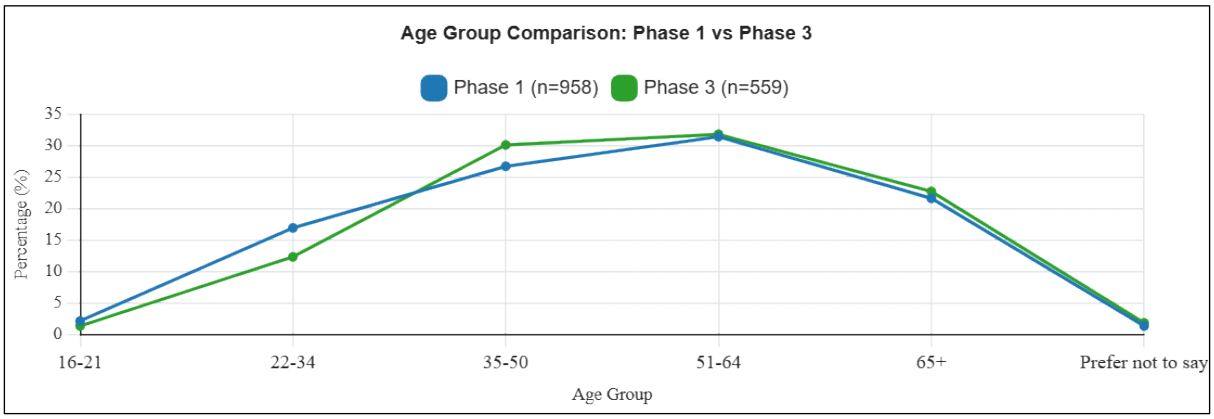
- 51% of participants had *not* taken part in a decision-making process with the Council before.

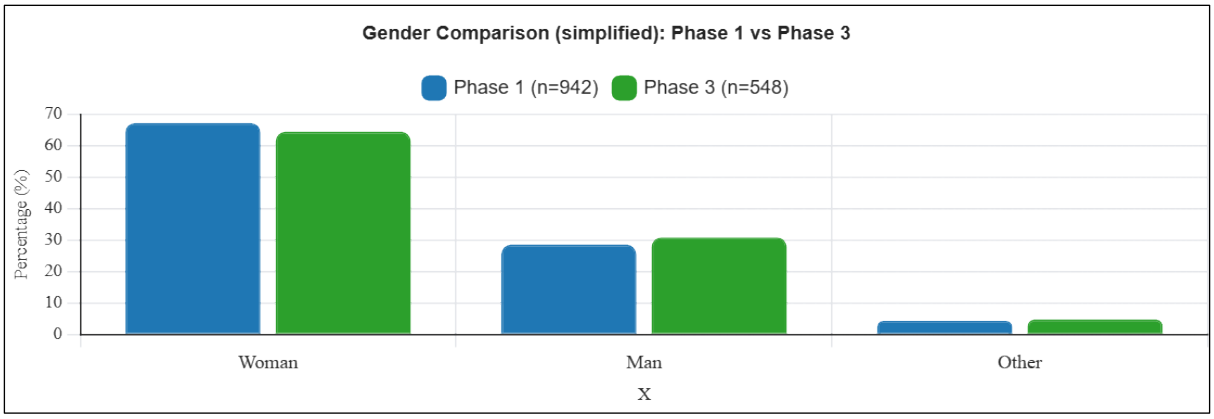
- 26% of participants had previously taken part at Phase 1
- 61% of participants had not yet drawn on any care or support.
- 57% of participants did *not* have any care or support responsibilities.

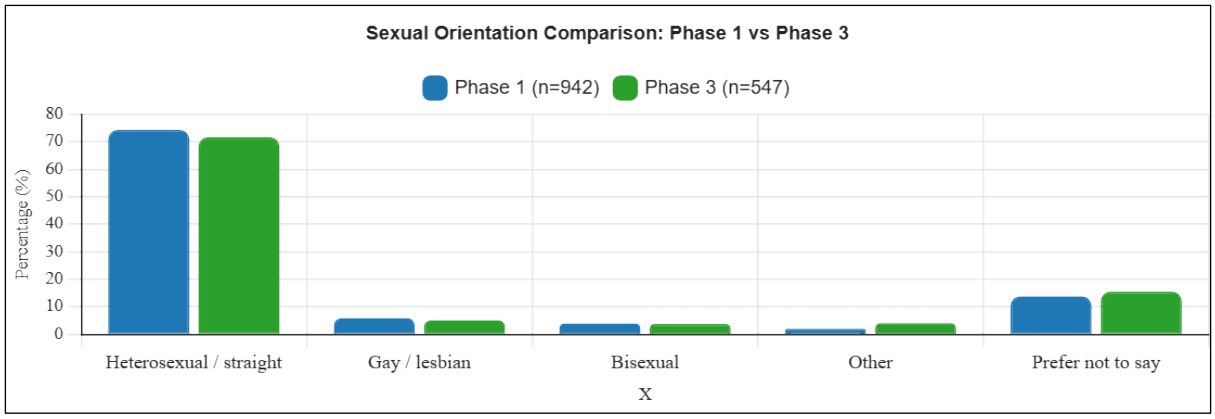
Key demographics of participants in Phase 3:

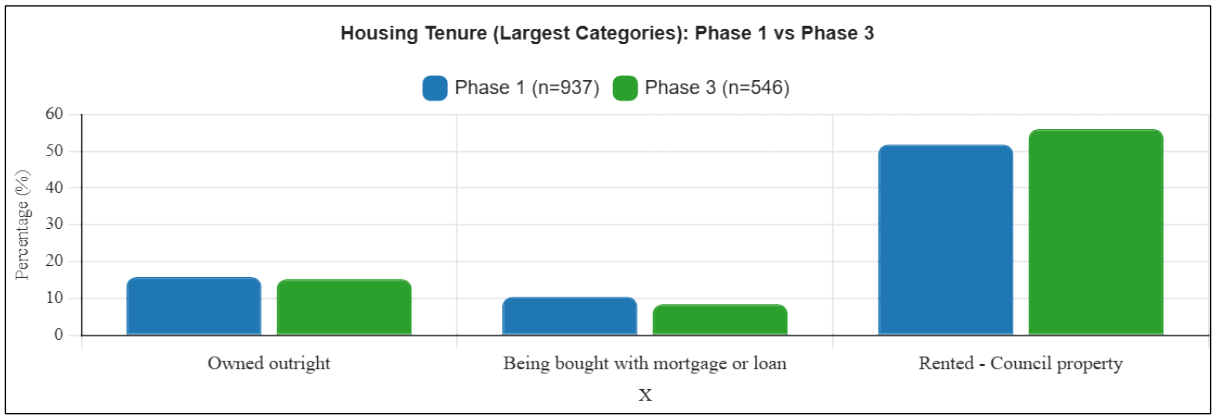
- 31% identified as men and 64% identified as women
- The majority of participants (32%) were between age 51-64
- Around half of participants were White (40%) or White Other (15%), followed by Asian or Asian British (13%), Black, African or Caribbean (12%), and Mixed or Multiple Ethnicities (6%)
- Roughly 13% identified as LGTBQ+ (Bisexual: 4%, Gay/Lesbian: 5%, Other: 4%)
- Half of participants (56%) live in Council-rented properties

The demographic diversity of those taking part at Phase 3 is broadly similar to those at Phase 1.









Of the 542 participants at Phase 3 who completed evaluation questions, 78% rated their experience using Remesh as 4 or 5 stars, which shows a slight improvement from Phase 1 (71%).

Voluntary and Community Sector Outcomes

Voluntary and Community Sector (VCS) organisations were engaged at Phase 3 through updates taken directly to existing forums including:

- Registered Social Landlord Forum
- Camden Federation of Private Tenants, Management Committee
- C4 (Camden Community Centres)

We also organised an open-invite online session in late January for the wider VCS, to provide update on what was heard in Phases 1 and 2, and to invite reflections and insights that could be fed into the Resident Panel during Phase 4. We used this session to ask organisations to promote Phase 3 participation with their resident communities. Representatives attended from:

- Age UK Camden Dementia Services
- Great Croft Day Care Centre
- Central Camden PCN Social Prescribing

- QCCA
  Voluntary Action Camden
  Brondesbury Medical Centre

Findings from the VCS were analysed and written up as provocation questions for the resident panel. Further data and learning were assembled for the panel in response to themes suggested by broader Phase 3 input.

Phase 4 – Outreach

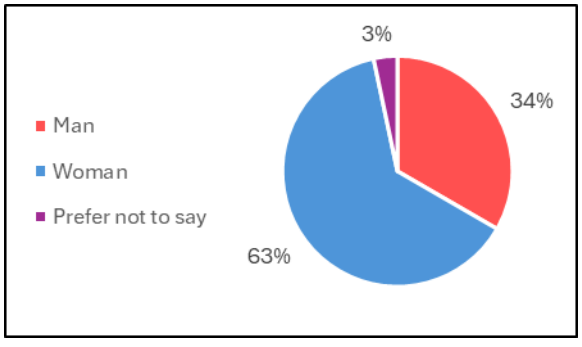
In Phase 4, we reinvited the 41 participants from Phase 2 to again take part and 30 residents returned. Drop out reflects changes in life circumstances and ability to take part, more than scheduling conflicts. To incentivise participation, residents who took part were again offered payment at the London Living Wage for their time.

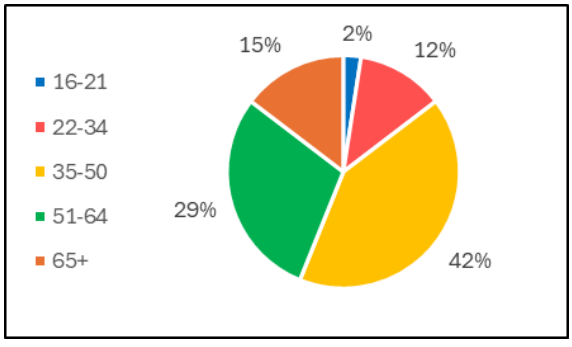
It was decided not to re-recruit participants, as new participants joining at Phase 4 would not have had the same learning journey and this gap in knowledge would disrupt discussions and tasks.

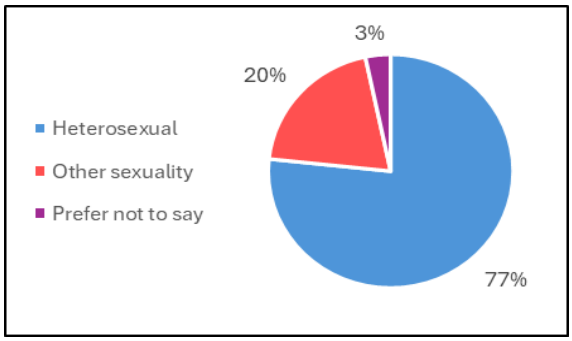
The demographic details of those who took part did not substantially change in terms of gender, age, or status drawing on care.

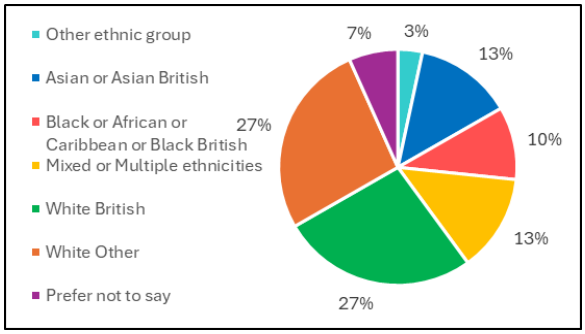
Dropouts did mean there were *fewer* Asian or Asian British (from 17% to 13%) and Black or African or Caribbean or Black British (from 12% to 10%) participants. There were also *fewer* LGTBQ+ participants (from 20% to 17%), and *more* participants who owned their homes outright (14% to 17%) or with a mortgage or loan (from 14% to 17%).

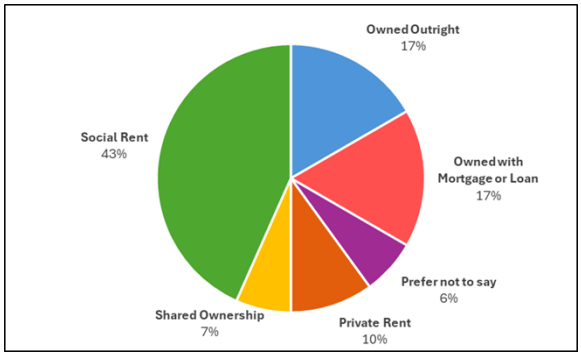
The final demographics are shown below:

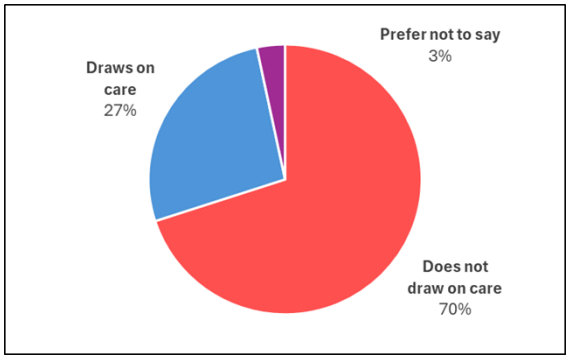












Phase 4 – Technology

Given challenges around using PSi and KnowMore in Phase 2, it was decided to reconvene the panel for learning and discussion only using Zoom. The in-platform polling feature was used for light-touch surveying, and for a voting exercise.

Phase 4 – Outcome

Across three online sessions in late February and early March, we brought together 5 experts to continue the panel's learning journey, focusing on more practical considerations and structural constraints such as funding and navigating system stakeholders. The objectives of these final sessions were to

- **Learn more about funding** Adult Social Care;
- **Discuss resident ideas** in small groups on learning reflections, funding trade-offs, and Camden's information and advice offer;
- **Draft, revise and finalise resident expectations** for across key areas of the system.

Over 12 hours, the Residents' Panel brought together their learning across the full *Who Cares?* conversation and considered roles and responsibilities for different areas of the system, based on Camden's resident priorities. Recognising the shared responsibility of care and support, the Residents' Panel discussed their expectations for 5 different areas of the

system: (1) Individuals (2) Community; (3) Care Workforce; (4) Camden Council; (5) Central Government.

'Expectation' here refers to what residents expect from each system actor, in order to make progress towards their desired actions, and thus deliver on Camden's collective priorities for care and support. Expectations were developed as statements about what residents should reasonably be able to count on, in the format:

- *"We expect [the area of the system] to [expectation].*
- *This matters because [reason].*
- *We will know this expectation has been met if [what success looks and feels like]."*

The final expectations were voted on, with room for refinement and amendment. The Residents' Panel had collectively determined that 73% agreement would be counted as consensus. Each area of expectation achieved consensus, receiving between 83% - 97% agreement. In an evaluation survey, 93% of participants felt the outcomes were a fair reflection of what was discussed.

During the sessions, we asked participants about why they returned, and how they had found various aspects of the project including the technology. The group expressed a strong appetite to come together and contribute to change for what they had come to view as an important issue. There was mixed feedback on the technology, with some finding it a barrier, other participants said they were only able to take part because it was online. Some found the depth of discussions was credit to participants being in trusted spaces, often their own homes, and feeling safe to contribute. While we know online methods do not work for everyone, these are important outcomes about the potential value of digital or mixed method deliberation.

After taking part, 97% residents on the panel agreed they had enough information to participate effectively in the process and 100% of participants felt they had opportunities to share their own opinions and that their views were taken into account. Residents also reported perception of their own role in Adult Social Care changed significantly across the time spent engaged, with 83% feeling their perspective had changed a lot. All 30 residents joined Camden's 'We Are Camden' Citizen Participation group to stay informed about future engagement opportunities.

Conclusion

Who Cares? demonstrates Camden's ambition and capability to trial innovative democratic methods to engage residents meaningfully on complex policy issues like Adult Social Care. Delivered between 22 September 2025 and 11 March 2026, the project enabled a borough-wide conversation about care and support that was both educational and impact-focused, supporting residents to reflect on what matters to them individually and collectively, deepen their understanding of the social care system, and deliberate to form shared expectations for the future.

The project also represents a trial of digital deliberative democracy at scale. As the first local authority to test the 'Waves' participation model, Camden worked in partnership with Demos and a wider civic, democratic and technological consortium to test a new approach that combines mass online participation with technology-enabled deliberation by a smaller, representative group of residents. While there were many learnings about the technologies tested and adaptations made in response, the structure of the model contrasting scale and depth did support the Council to reach a large and diverse cross-section of the borough, while also creating space for dialogue to develop considerable citizen insight.

Over four iterative phases of engagement, more than 1,500 residents contributed to the conversation. In Phase 1, over 1,200 residents shared their views on what would matter most if they or someone they love required care and support, generating a clear set of collective priorities. In Phase 3, over 550 residents reviewed the emerging findings of the conversation and contributed their considerations alongside the voluntary and community sector. Importantly, over half of these borough-wide resident participants had not previously engaged in Council consultations, and a majority had no direct experience of drawing on or providing care, demonstrating the project's success in broadening participation beyond those already connected to Adult Social Care.

Through Phases 2 and 4, a resident panel took part in structured online deliberation, supported by expert input and facilitated discussion. Panel members engaged with evidence, explored trade-offs in a pressured funding system, and brought together personal experience and learning to develop a resident mandate for care and support in Camden. This process resulted in a set of *We Care* Camden Citizen Insights: ten ranked priority areas for change, a long-list of 71 ideas, and a clear set of expectations for Government, the Council, the workforce, communities and individuals. These expectations achieved a high level of consensus, with between 83% and 97% support across all areas, indicating strong shared agreement.

Key Takeaways

Returning to our key lines of inquiry, *Who Cares?* demonstrates that it is possible to scale deliberation to involve over a thousand residents reflecting the diversity of a place while remaining inclusive and building trust, by combining open, mass digital participation with time-bound, well-supported deliberation by a smaller, representative panel. Running the project online allowed us to create new opportunities, which in some cases supported residents' ability to take part.

The success of this project reflects clear purpose, strong relationships with the community (i.e. through the voluntary sector), trained facilitation, and deliberate investment in inclusion, alongside transparent feedback loops that allow resident input to shape iterative design. Delivering this well requires capabilities across project management, digital engagement design, deliberative facilitation, data and insight synthesis, and cross-Council collaboration, alongside a deep organisational and political commitment to share power and act on what is heard.

From an Adult Social Care perspective, the process showed that deliberation can unlock thoughtful, constructive contributions with the wider population by giving residents time, information and space to consider trade-offs and system pressures. It increased awareness and understanding of what Adult Social Care is and how it operates, particularly among residents with no prior engagement or lived experience, and reframed care as a collective issue rather than a less visible service. By grounding discussions in what residents value and connecting personal experiences to system-wide responsibilities, the project helped generate wider buy-in for the relevance of Adult Social Care to all of us.

Next Steps

The Council is committed to taking forward the insights generated through this work, including reviewing resident ideas for duplication, feasibility and legal considerations, and aligning insights with existing strategies, commissioning intentions and the local information and advice offer. The outputs of *Who Cares?* provide a strong foundation for embedding resident priorities and expectations into the future of care and support locally, and for shaping future national ambition, including further exploration of shared responsibility for care across the system.

The findings from the project, alongside a companion report focused on policy impact, will be presented to Cabinet in July 2026. Together, they set a direction of travel for how Camden can continue to strengthen trust, legitimacy and collaboration between residents, the Council and partners, and ensure that care and support in the borough truly reflects what matters to communities.