We Care: Camden's Citizen Insights

Impact 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, delivered between 22 September 2025 and 11 March 2026. It sought generate awareness around Adult Social Care and create space for residents to reflect on what matters to them, build shared understanding of these priorities, and consider the roles and responsibilities of different parts of the social care system.

The project formed part of a wider trial of a new digital deliberative ‘Waves’ model, designed to help local authorities scale participation in policymaking by combining open, mass digital engagement with in-depth deliberation by a smaller, representative group of residents. As the first local authority to trial this model, Camden worked with Demos, a cross-party think tank, and partners across the civic, democratic and technology sectors.

This policy-focused Impact Report focuses on what the process generated: the insights, priorities and expectations articulated by residents. A separate Process Report documents the participation approach: how the project was designed and delivered across four iterative phases. Both reports will be presented to Cabinet in July 2026.

At **Phase 1** of the *Who Cares?* conversation, over 1,200 residents contributed 'what would matter most' should they or someone they love require care and support. Thousands of priority ideas were analysed and grouped into 10 key big themes.

In **Phase 2**, a representative panel of 41 residents discussed and ranked the 10 key themes from Phase 1 in order of importance, the top two being: Choice & Control, and Affordability & Fair Funding. Participants then brainstormed 71 actions to make a difference to bring the emerging resident priorities into reality. Residents reflected on the potential impact and required effort of these actions, before voting to rank what ideas felt most important to explore.

Phase 3 involved sharing an update on emerging findings back out to the wider public with an opportunity to share 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 similarly provided considerations to shape the final phase of the project.

In **Phase 4**, 30 residents returned from Phase 2 to review the considerations from Phase 3, discuss trade-offs around funding, reflect on Camden's information and advice offer, and bring together their learning to form a clear set of expectations for Government, Council, Workforce, Community and Individuals. This produced a clear 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, with room for refinement and amendment. Each of the areas of expectation achieved consensus[1], receiving between 83% - 97% support.

Who Cares? balanced scale and depth to create policy outcomes that were both about awareness-raising and deliberation and agency. We found that when Adult Social Care is made less abstract, as something that is likely to affect us all that we need to think about now, citizens from all backgrounds can and want to engage. Though the majority of participants were outside the care system (not yet drawing on or providing care), the things that matter to them resonate strongly with findings from co-production work with those who do have lived experience. This points to a universality around care and how people define a life well lived.

Introduction

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

Background

Care matters to all of us. 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. The *Who Cares?* project generated a borough-wide conversation around social care, raising awareness, educating, and encouraging the political saliency of citizen-led change

Who Cares? shows how a local authority can engage meaningfully with residents, leading the way to ignite a movement around a complex policy area. We explored mass participation to raise awareness and understanding around what matters to residents in Camden and used a deliberative process to dive deeper, creating a set of resident expectations for care and support across roles in the system.

This document contains key outputs from across the four phases of engagement, presented chronologically. Data was analysed by the project team and supported by Adults and Health data colleagues.

Who took part?

Phase 1 1,200+ residents	**Phase 2** 41 residents	**Phase 3** 550+ residents	**Phase 4** 30 residents
• 29% identified as men while 67% identified as women • 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	• The panel was selected as broadly representative of Camden.	• 31% identified as men while 64% identified as women • Around half 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 panel was invited back from Phase 2. Dropouts shifted representation slightly.

Impact: What did we learn?

10 Key Priorities

In Phase 1, between 22 September and 26 October 2025, over 1,200 Camden residents shared their perspective on what would matter most to them regarding care and support. Their responses were wide-reaching, forming 10 key themes.

From 22 November to 2 December 2025, in Phase 2, the Resident Panel reviewed these themes, discussing and ranking them in order of priority. Camden's ranked priorities are reflected below with summary descriptions prepared by the Council.

Priorities	Description
Choice and control	People should have agency over how they live and how their care is provided. Care and support should enable independence, not restrict it.
Care that is affordable and funded fairly	No one should face financial hardship because they need care. Costs should be transparent and manageable for people.
Safe and reliable care that is responsive to changing needs	Care and support should feel dependable, consistent and safe, and people should be able to trust those involved.
Support to live at home and stay local	People should be able to remain in their own homes and neighbourhoods for as long as it is safe and suitable.
Clear information and one place to find support	The system should be easier to understand, with clear guidance and a single route to get help and advice.
Consistent, culturally sensitive relationships	Care and support should reflect personal identity, culture and background.
Care with dignity and compassion	Care should be respectful, kind and personal. People should be treated as individuals with their own history, identity and preferences.
Oversight and accountability	Care and support should be transparent and accountable. People need clear standards, reliable inspection, and somewhere to turn when things go wrong.

Strong relationships and meaningful social connection	Care should support connection, belonging and everyday interactions that make life feel worthwhile.
Support for carers and care workers	Care depends on both unpaid carers and paid staff. Those who care should be valued, supported, and treated fairly.

From the discussions had by the Resident Panel in Phase 2, residents felt their top two priorities were intrinsically linked and encompassed or enabled several of the other priority areas. These insights are summarised below with participant quotes.

Top 2 priorities	Insight from small group discussions
Choice and control	For many on the panel, requiring care was described as feeling like a loss of autonomy. Residents therefore highlighted the importance of personalisation and preference when it comes to the 'where' and 'how' of their care – encompassing both the choices individuals might make based on unique needs, personality differences, and their cultural backgrounds. • *"People should be treated as individuals with their own history, identity and preferences, definitely."* • *"…to have that personal touch with anything I think is something that's important. These are the choice questions that really tie into each other."* • *"Care and support should reflect personal identity, culture, and background. That sounds really like a good idea to me. I think that's essential. When people are being cared for, they need, they need to be treated as an individual."* • *"The whole point of having a carer should be to enable you to have more control."* Thinking about the care providers individuals can access, concerns around prejudice and discrimination were often raised, with negative impacts on feelings of trust, safety and belonging, particularly around aspects of gender, sexuality and race. • *"It's absolutely awful to think people might be at risk that they're treated differently and possibly and very likely dying earlier because they're of colour."*

	• *"I'm a gay person and over the years I've had some really negative attitudes about gay people from care workers, which has been uncomfortable. I worry about being open because of the reaction I might get."* Choice and control were noted by many as focusing on the confidence, esteem, ownership, and agency of those drawing on care. It was felt by multiple discussion groups that several other important priorities for a life well-lived (such as dignity, cultural sensitivity, and staying local) ultimately fall within this label. • *"Having agency around how we live or how care is provided enables you to have independence."* • *"People having control of their life matters because obviously once they're going through the difficulties they may feel a massive knock to the confidence of being able to make their decisions to improve their lives and to continue."* • *"If you get to choose where you're supported and you're in control of your support, then you can ensure that the care that you're being provided with is culturally sensitive. And you'll be able to decide whether you stay home or close to your local neighbourhood."* • *"I've seen other people who've been taken away from their own environment and they seem to deteriorate really quickly. But if they can choose to stay in their own home, um, or even in their own area or community, I think people are a lot more happy."* Direct payments for care were identified as one lever to enable greater independence of choice. However, residents discussed how even if a person has proper financing, lacking oversight for care providers and workers, and issues with quality linked to low pay, can inhibit people to currently feel a real sense of control amongst their options. • *"The council works through subcontractors, agents, and agencies who deal with people on a day to day basis. And that's where I think there's a bit of a question mark…to be totally relying on someone who might not even speak English… that's a challenge."*
Care that is affordable and funded fairly	The second-voted priority covers the fairness of who is currently able to receive care on a means-tested model, and concern over the inequality around what quality and degree of

	choice people have based on personal financial circumstances. Cost was felt to be linked directly with choice. • *"If people can't afford it or they're struggling to pay for it, then you can't choose the best carers or make sure that you're hiring the best carers for you."* Many residents described feelings of fear considering the trade-offs that would need to be chosen, particularly around the impacts this might have on immediate needs like food or housing, or their savings being held for family. • *"I think it should be affordable. People shouldn't have to have worked all their lives to lose all they've worked for… choosing between the rising cost of living and care."* • *"It is very important that the care is affordable. I think that a lot of people that do need care, a lot of the time the financial aspect tends to be a struggle."* • *"I don't think people are comfortable with people having to look into their financial details and their backgrounds, yeah, and that could be a barrier to them actually accessing. I'd be scared if I was ever in that position and I've just spent my whole life saving for something and then… you know, it's that choice of you either get care or you sell your house to afford the care."* Standardisation and transparency of cost was often discussed as linking to feeling as though support could be trusted and not abused. • *"I think different councils have different ways of funding, which I don't think is fair."* • *"Cost should be transparent, I think that's important too, so you know how much it would cost you and if let's say you wanted another level, some extra support, how much that would cost you as well."* Residents wrestled with the complexity of what providing affordable care might look like or mean at the international, national and local levels. The UK was generally felt to have a lower degree of social care than European and Asian counterparts, with growing costs. Growing privatisation of care, and the risk of abuse for profit was often discussed. • *"This is quite a political question, I guess, but how much do you think stuff should be funded by the government versus by the*

	individual? Like if someone had, say, you know, should someone have to sell their house to get social care? • *"You're spending on the company. You're not just doing buying that worker, you're paying all their overheads and whoever's running it… if you're getting paid minimum wage or less you're gonna be probably working twice as fast to do another job."* • *"People could take advantage of you in those situations. Especially if it's a private organisation providing care."*

71 Ideas for Action

The Resident Panel in Phase 2 also had discussions structured around two challenge themes: (1) quality and safety of care; (2) valuing those who care (split into paid care workers and unpaid carers).

After hearing from experts on the topics, participants took part in facilitated deliberative conversations to generate a long list of actions to tackle the challenges in each of these three areas. They were asked what would improve the issues, and to consider what they themselves could do, as well as what others could do, such as their community, Camden Council, and the government. In total, across the three areas, the participants discussed and developed 142 actions. Reviewing this longlist of brainstormed actions for repetition, the project team condensed these items into 71 unique ideas which can be found in Appendix 1.

The brainstormed actions are wide-reaching, broadly falling into the categories below:

- *Training and professional development*
- *Pay, benefits and incentives*
- *Localised care and reducing travel time*
- *Accountability and oversight*
- *Community engagement and volunteering*
- *Public awareness and campaigns*
- *Supporting unpaid carers*
- *Workforce support and recruitment*
- *Wellbeing and mental health*
- *System and policy change*

Throughout the sessions and brainstormed actions, participants discussed the **importance of care worker compensation and benefits**. Residents advocated for increases in base pay, as well as compensating care workers in other ways, such as paying care workers to attend training sessions, covering travel costs, and offering

care workers *“benefits beyond wages, such as gym memberships, perks to assist with their personal well-being [and] a free Oyster card that they can use”.*

Residents felt that **financial rewards and benefits in kind** are fundamentally fair – care workers do a difficult, important job and deserve to be recognised and paid well – but they also viewed these offerings as an incentive to tackle workforce problems as they *“would encourage people to want to be carers”.* This fed into the general sense that **employing more care workers** would relieve the burden on those currently delivering care, which would therefore make the job more attractive, and create conditions for delivering a better care service to those who draw on it.

In terms of training, it was noted that unpaid carers may rely on *"love and instinct"* and that **more formal training** could be helpful to ensure quality care for their loved ones. This would support carers in a practical way, allowing them to deliver care with proper techniques and knowledge, improving the quality of the care.

People agreed that paid care workers should be **trained on soft skills** such as talking therapies and how to act like a friend for the person receiving care. Participants felt that training should be more well-rounded, such as including mental health support training on top of physical support training, and that care workers should be trained to deliver care in a more person-centred way, sensitive to cultural and individual differences. Similarly, **English language skills** were brought up frequently: it is seen as important that people delivering care have a strong level of English, and therefore that training should prioritise this.

Participants felt that there is a need for **increased accountability of private care providers** through more oversight: *“especially as lots of carers are outsourced … I mean, what if somebody wasn't happy with their carer and they were worried, they have no one to talk to”.* Related suggestions included more ongoing monitoring and ensuring *“that the person receiving care is part of the review".* This was seen as a way of improving the quality and safety of care through more robust accountability mechanisms.

These conversation themes are reflected in the top ten actions that emerged in the final voting on which ideas felt most important for further exploration:

1. **Council to bring more care in-house**
2. **Increase wages for paid care workers**
3. **Get input directly from people who draw on care on what they need/want**
4. **Increase local awareness of care services and how to access them**
5. **Recognise unpaid care as a form of volunteering, entitling them to any volunteer benefits/support**

6. **When receiving a care plan, people should be given information about standards, & what and who they can contact regarding quality and safety**
7. **Keep care providers accountable through clear protocols for care workers to report to a body if things are not being done properly**
8. **Employ more carers**
9. **Create clear, accessible routes for raising concerns and complaints, such as an ombudsman-style service**
10. **Find out who is providing unpaid care by sending out a census-like letter to households**

Given limited time for deep deliberation and limitations with the technology platform used to generate the above ranking, we recognise this output should be considered as an early step on the learning journey. Some ideas are actions already occurring, while others would require national systemic-level shifts. In the later phases, these ideas were gently challenged. Participants likewise realised limitations with their early thinking, explaining in early discussions:

"The trouble is the categories are, they're a bit fuzzy around the edges, you know, they can mean lots of things. Most of the ideas sort of intersect and they are all important."

"We have a wish list, but how can the wishes be fulfilled? That's something we have to struggle with for a bit."

Further Considerations

Resident Considerations

Phase 3 involved sharing a summary of how the *Who Cares* conversation is progressing along with an invitation to feedback and shape what next the Resident Panel should consider. Between 16 January and 8 February 2026, 550+ residents shared their reflections and considerations. These insights have been summarised and framed as provocation questions for the Resident Panel:

- How can we make sure that **resident's identities and unique needs** are supported when caring or drawing on care?
- How can more people be encouraged into **careers** in care and support?
- How can more people, including **young carers,** be supported into learning that they are carers and about what **resources** can support them?

- How can more residents be supported into **preventative and early intervention activities** (such as volunteering, forming healthy habits, etc.) to **avoid ill health** and **loneliness?**

Voluntary & Community Sector Considerations

In Phase 3, professionals and the Voluntary and Community Sector (VCS) were also invited to contribute their thoughts on what residents shared about care and support in the first two phases. This included a session with VCS organisations, a session with C4 Camden, and a discussion with the Camden Federation of Private Tenants. The engagement focused on understanding where VCS perspectives aligned with residents' views, what might be missing or under-emphasised, and what residents may wish to consider in Phase 4.

Voluntary and Community Sector (VCS) organisations felt that residents' feedback strongly reflected what they hear in their everyday work, particularly concerns about loss of control, limited choices, loneliness, and anxiety about engaging with care and support. There was shared recognition that many people fear losing independence and rights once they come into contact with Adult Social Care, and that understanding of how the system works remains low.

Across sessions, VCS organisations felt that prevention and early support were under-emphasised. Community-based, preventative services help people stay independent, connected, and well for longer, yet systems often remain reactive and crisis-driven. Carers' experiences were also felt to need greater attention, with high levels of stress, unpaid labour, and difficulty accessing support before reaching breaking point.

Additional gaps highlighted included limited awareness that Adult Social Care is for all adults aged 18+ with social care needs, stigma (particularly for younger people and around mental health), and the need for care and support to be culturally and religiously sensitive. Transport, housing pressures, and system complexity were seen as major barriers, especially for private renters and some ethnic communities, who may be under-represented and "suffering in silence." One participant reflected that although issues of safety were raised, safeguarding itself was not clearly named, pointing to a wider need for improved understanding of safeguarding among residents and professionals, as it can be complex and misunderstood.

In summary, VCS organisations encouraged residents in the next phase to consider:

- how care and support can be more clearly understood as preventative
- how fears about loss of control can be actively addressed
- how carers and private renters can be better recognised and supported
- how information and communication about care and support can be clearer and more accessible

- how positive stories about care and caring can be shared to reduce stigma and build trust.

Camden's Citizen Expectations

To bring together learning across the project, the final activity for the Resident Panel was to articulate a clear mandate for what they expect for care and support.

The Camden Citizen Expectations set out below were developed through a structured process of learning, discussion and deliberation by the Resident Panel in the fourth and final phase of the conversation, 25 February – 11 March 2026. Panel members were supported to engage with data-driven evidence, hear reflections on their work from expert speakers and Council officers, and reflect both on lived experience and the wider system that shapes care and support in Camden. The Expectations were drafted, revised and ultimately finalised through collective discussion and a consensus vote, providing an articulation of what residents believe they should be able to count on from different parts of the care system.

It is important to recognise the conditions under which these Expectations were formed, and the limitations inherent in any time-bound deliberative process. While residents were able to explore complex issues and trade-offs, not all themes received the same depth of revision. In some cases, groups ran out of time to fully refine language or resolve tensions that had emerged through deliberation. As a result, though all the Expectations areas reached consensus at a high level, some of the nuance and detail remains less developed.

The deliberations surfaced differences of perspective, reflecting the diversity of experiences, values and priorities within Camden. While the process enabled significant alignment, and some tensions were held and not resolved. These Expectations should therefore be taken as a starting place for further work around the future of care and support in Camden.

Individuals			
Summary	**We expect Individuals to….**	**This matters because…**	**We will know this expectation has been met if…**
Know & Look Out for Each Other Connection isn't a nice-to-have, it's good for our health and enriches our lives. Individuals should: • Get to know their neighbours and local community through interactions in daily life. • Look out for the welfare of others, especially the elderly and inactive, including those who may be harder to reach.	• Get to know **their neighbours** and local community through daily life. Don't be shy! • Look out for the **welfare of others,** especially the elderly and inactive, including those who may be harder to reach.	• It builds a sense of community and helps our understanding of each other's needs. • Connection isn't a nice-to-have, it's good for our health and enriches our lives. • Anyone can be lonely, but we know certain groups may be more isolated than others.	• People feel they are connected with others who understand them. • More people are empowered to share and access opportunities. • Relationships amongst the local community become stronger; the network is better connected.
Act Respectfully & With Kindness As members of our local community, we should treat all our neighbours with respect, dignity, empathy, consideration, compassion, openness and honesty.	• Treat all of our neighbours with respect, empathy, consideration, compassion, dignity, openness and honesty.	• Everyone has the same rights. • Maintains the respect and dignity of the individual.	• Relationships amongst the local community become stronger; the network is better connected.
Contribute to Community Everyone should play their part. Local people should take action and contribute to community in a way that is realistic for them; this could be through volunteering your time, or any other practical support.	• To take action and **contribute** to community in a way which is realistic for them; this could be through volunteering your time or any other practical support.	• Everyone plays their part in building up a high standard of care and support.	• People are satisfied with the support offer available. • The problems and challenges people face become less prevalent/ reduced.

Share Information & Opportunities People should share information about local support and share opportunities including activities which can improve people's health and wellbeing.	• **Share information** about local support and opportunities, including activities which can improve health and wellbeing. • Bring others along to opportunities, especially those who may otherwise be hard to reach.	• Advertisements and outreach only go far. Word of mouth is important. • People need spaces to find commonalities. • This allows people to fully make use of what's on offer locally and tackles loneliness.	• More information on opportunities is widely shared. • More people use what's on offer locally.
Take Action to Improve Our Health People should think about and take care of their health early on, not assuming they will always be in good health.	• Take preventative action in their lives to help them age better. • Plan ahead for future care needs – don't assume you will always be in good health.	• People don't often talk about their health or ageing.	

Community (including informal networks and the Voluntary and Community Sector)			
Summary	**We expect the Community to….**	**This matters because…**	**We will know this expectation has been met if…**
Connection & Belonging We are all a part of community and we all matter. The VCS and wider community should: • Encourage and support Camden's communities (including online communities) to be coherent and connected so that people feel a sense of belonging across the borough. • Be proactive and build on the skills and assets of individuals while protecting and supporting the needs of those who are isolated and/or vulnerable.	• Encourage and support Camden's communities including the funded VCS to be **coherent and connected so that people feel a sense of connection, and belonging** across the borough. • Protect and support the **needs of isolated and/or vulnerable people**, including disabled residents, by being proactive and encouraging support through volunteering.	• We are all a part of community and we all matter - what you give comes back. • Camden/London is constantly changing, leaving people feeling disconnected, lonely and isolated.	• People are connected to each other and do not feel alone. • See improved engagement across the community (including online communities), particularly those receiving care.
Informal Ways of Support We all have a part to play. People may not know where or how to access formal support. The community should: • Re-establish informal ways of supporting each other, looking out for our neighbours and tak	• Re-establish **informal ways of support** for each other, looking out for our neighbours, taking notice of what's happening in neighbourhoods. Similarly to mutual aid groups that came to the fore during the COVID-19 pandemic.	• There is a need for more support and more outreach for awareness of what support exists.	• Overall quality of life improves. • There are more spaces where residents meet and connect. • We ask the community if they are happy with the offer of support locally.

ing notice of what is happening in neighbourhoods. • The community should draw inspiration from mutual aid groups, such as those that emerged during the COVID-19 pandemic.			
Compassionate Support Offer The local VCS and faith groups should be compassionate, have professionalism, and use kindness in the resources and services they deliver, particularly supporting residents who draw on care and/or are unpaid carers.	• Be **compassionate**, to have **professionalism** and **use kindness** in the resources/programmes/support services they deliver, supporting residents who draw on care and/or are unpaid carers.	• It's important to look after each other.	• People feel more connected and there's a better sense of belonging.
Cultural Inclusivity The VCS, faith groups, and wider community should be culturally informed and inclusive. • Involve diverse residents in shaping and reviewing support services. • Things working well and less well should be collected as feedback and acted on so that all residents feel heard.	• Be culturally informed and **inclusive**.	• This will make the sector more accessible for everyone and help us understand different people's needs better.	• People feel comfortable to engage with the voluntary sector and don't feel alienated and isolated [training may be necessary [how to be culturally relevant / using a whole person approach]; to be better connected with community-specific orgs.

Access to Information & Support The VCS, faith groups, and wider community should be proactive, increasing awareness of what support exists locally and helping connect people to activities, relationships and support.	• Be **proactive**, **increasing awareness** of what support exists.	• We want to better reach all people to support wellbeing.	• More diverse communities are finding and accessing what support exists.
Recognition & Resourcing (of the VCS) The local VCS should be recognised by Government and the Council for the work that it does. • Community organisations should be well-resourced and supported (by the Council) to continue, enabling opportunities and social interaction in local communities e.g. for volunteering.	• To be recognised by Government and Council for the work that it does. • Community organisations should be **well-resourced and supported** (by the Council) to continue, enabling opportunities for volunteering.	• Community and connection can and does help, and keeps people healthy. • Recognition helps receive funding and will ensure more opportunities are provided.	• The sector would grow, and population-level engagement feedback shows resources are available. • Funding improves the quality of opportunities and support provided. • Community feels support is comprehensive (feedback via sur veys / questionnaires).

Paid Care Workforce

Summary	We expect the care workforce to….	This matters because…	We will know this expectation has been met if…
Provision of High-Quality Care People should be supported by a qualified, well-trained and accountable care workforce. • Care workers should have good communication skills so they can build positive relationships, including speaking a proficient level of English. • There should be consistency of care workers so people drawing on care can rely on getting the same carer regularly. • Employers should manage care workers well with regular 360 appraisals and clear feedback loops.	• Care workers to be **properly qualified and trained** and adhere to a statutory code of conduct. • Care workers to be able to speak a proficient level of English. • Care workers to be consistent so people drawing on care can rely on getting the same carer regularly. • Employers to manage care workers well with regular 360 appraisals.	• There is a risk of neglect, negligence, and poor care for people who need care. • Vulnerable people need to be protected. • We need to attract and retain staff. • We want carers to be treated fairly.	• Through regular appraisals, it's clear that those drawing on care are getting the great care they deserve. • There are clear feedback loops, complaints are taken seriously and carers falling short of standards are removed. • There are clear guidelines for carers and those receiving care around finances and time (i.e. who pays for travel, food, etc.).
Fair Pay & Career Progression Jobs in care and support are important and should attract and retain staff. The workforce should: • Ensure careers and jobs in care and support are valued and staff feel that it's a worthwhile role to play. • Fairly pay staff for the skilled and demanding work they do, so that staff are able to afford to	• Careers in care and support are valued. • Employers to **pay carers properly** as it is very big, hard job. • Provide good **progression** routes for staff.	• The jobs of those in care and support are important and we want carers to be treated fairly, feel proud to be a carer and that it's a worthwhile role to play. • We need to attract and retain staff.	• Standard of care improves. • More people join the workforce. • Fewer people leave the workforce. • Carers are paid more money and their salaries are transparently benchmarked against equivalent roles.

live in the area where they work. • Provide clear and attractive progression routes for care and support staff.			
Clear Scrutiny & Complaints Process People need to feel safe to complain when things aren't working. The care workforce should provide clear routes to complain and address concerns from both staff and residents.	• Provide **clear routes to complain** and address concerns from both staff and residents.	• People should feel safe to complain when things aren't working.	• The Council is meaningfully scrutinising complaints procedures for the sector. • People feel confident to complain where they are not receiving the care they need.
Values-Led Behaviour Everyone has a human right to be treated with dignity and compassion, feeling they and their loved ones are safe when drawing on care and support. The care workforce should: • Care about doing their jobs well and be trustworthy. • Treat those cared for in a way they would like to be treated, with respect, including respect for their cultural backgrounds.	• Employees to be passionate about their job, care about **doing it well**, trustworthy, and treat the people they care for in the way they would like to be treated. • **Treat those cared for with respect**, including for their cultural backgrounds.	• Everyone has a human right to be treated with dignity and compassion. • People want to feel safe and know that their loved ones are safe.	• The people receiving care (or those close to them) have positive feedback about their carers. • Better feedback mechanisms like immediate SMS feedback. • There are supervisor spot checks. • People have more trust in the quality assurance process and the ability to have concerns dealt with.

Camden Council

Summary	We expect Camden Council to….	This matters because…	We will know this expectation has been met if…
Access to Information & Advice Anyone may need care. Knowledge is empowering and the Council is here to help. Residents want to know how to prepare for drawing on support, what the role of a carer is, how to receive the best care possible, and what support is available for them. Access to information and advice helps people to know their rights and what is available locally. The Council should: • Proactively provide advice on prevention and provide access to information and advice, removing unnecessary complexity and making support accessible for all, easy to find and understand.	• Be more **proactive** to ensure carers and everyone in Camden have **simplified access to information and advice.**	• People should know what their rights are. • Knowledge is empowering and residents want to know how to receive the best care possible. • Everyone needs to know what the role of a carer is and the service and support available to them.	• Carers and those needing services know where to go to access information. • Information is available in more formats. • Camden has more care co-ordinators to support people. • There are more community information sessions to encourage information-sharing through word of mouth.
Support & Celebrate Carers	• Ensure that **quality care** is being provided by **carers (unpaid and**	• Everyone deserves high quality care.	• Residents drawing on and providing care have a fulfilling life.

Providing care, either unpaid or as a care worker, makes people's lives better. Those who care are heroes. The Council should: • Recognise the role unpaid and paid carers play, raising the prestige and pride of all caring careers. • Support unpaid carers to connect with each other, access training, and adhere to high quality standards.	**paid) who are supported** and feel proud of their role in our community.	• People who care (unpaid and paid) should be celebrated as they make people's lives better. Those who care are heroes. • Those working in care may feel isolated and struggle to relate to those who are not in similar circumstances.	• There is a celebration of carers in prestigious and visible places like the Roundhouse. • There is more investment in training for carers. • More people come to Camden Carers meetings. • Budget is allocated to support those providing care. • There is regular monitoring on how connected carers feel with others.
Support & Listen to Unpaid Carers Some people will provide care and support to their loved ones. The Council should listen to the voices of unpaid carers, involving them in the design and deliver of support services. • Provide unpaid carers with a sense of community (including online) to encourage emotional support, backing and strength. • Ensure carers assessments consider	• **Be accountable** by listening to the voices of **unpaid carers**. • For unpaid carers to be involved in ensuring services are delivered to a high quality. • Ensure unpaid carers are able to attend groups and meetings by providing support hours for people they care for.	• Accountability is important to people. • It is important that we co-produce services with people with lived experience. • Some people will want to provide care and support to their loved ones, but want to feel like there is a system that supports them.	

both emotional and physical wellbeing. • Enable unpaid cares to take breaks and have time for themselves, with support for those they care for, so that carers can also take care of themselves.			
Citizen Voice People are experts of their experience, and their voices should lead change. The Council should: • Listen to and work closely with people including people with lived experience, to understand what their needs are and what can be done to meet them. • Give people a platform to share their experiences and come up with answers together. • Make changes to the system that reflect what people say they want and need.	• Listen to and **work more closely with people with lived experience** to understand what their needs are and what can be done to meet them. • **Give people a platform** to be able to share their experiences but also to come up with answers together. • Make the changes to the system that people want and need.	• The Council needs to understand the reality for people living in the system (i.e. trying to access care, worrying about paying for it or losing homes).	• People are able to give their opinions and contribute their ideas.
Resident-Led Commissioning	• Create opportunities for resident involvement across the commissioning process, from tender to	• Make contracts more transparent. • People want to be involved in the	• Residents have opportunities to get involved in commissioning.

Residents should be fully involved in the kind of care and support they receive, especially unpaid carers and those who draw on care and support. Commissioning should be transparent, with resident involvement. The Council should: • Create opportunities for resident involvement and decision-making across the commissioning process, from tendering to the evaluation of care organisations.	the evaluation of care organisations.	commissioning and decision-making process.	• There is greater transparency and public understanding about the social care commissioning process.
Quality Assurance of Care Providers The council should be responsible for ensuring the organisations they commission are providing quality care. These commissioned carers should be fully trained with sufficient skills to provide the best care. Camden should: • Ensure commissioned carers are well-paid to remain in their careers, with clear guidance to have their expenses reimbursed.	• The council is responsible for ensuring the organisations they commission are providing quality care.	• We want to receive the best care possible. People should be safe and treated with dignity and respect. • Carers should know what they are doing through verified qualifications. We want good carers to continue in their roles. • Council budgets should be spent on	• The council is meaningfully scrutinising and quality assuring providers in the sector. • Residents trust the quality assurance process. • Care staff would be retained at commissioned organisations.

• Collect feedback regularly from those receiving care on the quality of their care, using this as a signal on what should change to improve things. • Hold commissioned organisations to account, by sharing quality insights with providers and requiring improvements.		the best quality providers.	
Support the Voluntary Sector Connection keeps people healthy. The Council should support and recognise the local community sector for the work that it does including around connection, care and support. • Ensure that community organisations are well-resourced and supported to continue, enabling opportunities and social interaction in local communities e.g. for volunteering.	• The VCS should be recognised by Government and Council for the work that it does. • Community organisations should be **well-resourced and supported** (by the Council) to continue, enabling opportunities for volunteering.	• Community and connection can and does help, and keeps people healthy. • Recognition helps receive funding and will ensure more opportunities are provided.	• The VCS would grow, and population-level engagement feedback shows resources are available. • Funding improves the quality of opportunities and support provided. • Community feels support is comprehensive (feedback via surveys / questionnaires).

(Central) Government			
Summary	**We expect Government to….**	**This matters because…**	**We will know this expectation has been met if…**
A National Conversation Adult Social Care is important and we need to talk about it more. Government should: • Lead a national conversation about social care that is positive, honest and valued, giving it the same importance and respect as the NHS. • Do not politicise or weaponise social care or changes that are needed. Stop the theatrics (“Death Tax, Dementia Tax”)	• Lead a **public conversation** about social care which is **based on a positive framing** like the NHS and given equal importance. • Not politicise or weaponise the care system or changes that are needed. Stop the theatrics (“Death Tax, Dementia Tax”).	• Social care and support is one of the most important services that is needed by people from cradle to grave. • Social care enables people to thrive. • A national conversation would help build public understanding and trust. • Language matters and the Government should value and listen to the voices of people needing and receiving care, carers (paid and unpaid) and the community. Lived experience should shape national policy.	• People coming together with politicians to look at and improve the system. • Social care becomes one of people’s top voting priorities.
National Standards of Care Adult Social Care should be available to all when they need it. Government should:	• Set **national standards** so there isn’t postcode inequality in terms of the care that people receive.	• There shouldn’t be inequality in the services that you can receive depending on where you live.	• If you move to a different area, you still qualify to receive the same standard of care.

• Be guided by a commitment to equity and openness, ensuring people experience a consistent quality of care and support nationwide. • Set national standards for social care, so people do not experience postcode-based inequalities in the care and support they can access and draw on. • Publish clear, accessible public reporting on how services perform, including provision, outcomes a nd quality across different areas.	• Share clear public reporting on how services are provided and the results of care in different local authority areas.	• Receiving care should be fair and of high standard between different areas.	
Citizen Voice People are experts of their experience, and their voices should lead change. Government should: • Listen to and work closely with people including people with lived experience, to understand what their needs are and what can be done to meet them. • Give people a platform to share their experiences and come up with answers together.	• Listen to and **work more closely with people with lived experience** to understand what their needs are and what can be done to meet them. • **Give people a platform** to be able to share their experiences but also to come up with answers together. • Make the changes to the system that people want and need.	• Government needs to understand the reality for people living in the system (i.e. trying to access care, worrying about paying for it or losing homes).	• People are able to give their opinions and contribute their ideas.

• Make changes to the system that reflect what people say they want and need.			
Fair & Sustainable Funding The cost of care should not push people into hardship. People want to make fair contributions to keep costs sustainable for us all. Government should: • Fund social care in a predictable and stable way, giving local authorities the resources they need to provide high-quality care & support. • Give people meaningful influence over a portion of the tax they contribute, so they have a say in how care and support is shaped. • (If the current funding system does not change) Raise means-tested thresholds in line with inflation to ensure there is not an increasing financial impact on individuals who need care and support.	• **Fund local authorities properly** to be able to provide social care. • Give people some say over at least a small proportion of the **tax** that they pay. • **Raise means tested thresholds** by the rate of inflation and provide predictable funding.	• We're all likely to need social care. • People want to know their contributions are fair, sustainable, and prevents us all from being pushed into financial hardship. • The rising cost-of-living means that everything is expensive. We *have* to have social care funded properly. • If some tax is ring-fenced for social care, then people will understand so cial care better.	• People are getting the care that need. • Individuals aren't fac ing massive costs or losing their homes because care is properly funded. • There is a better retention of care staff as they'd be paid properly.
(Financial) Transparency Funding arrangements should be fair, transparent and sustainable. Government should:	• **Be transparent about the money** that is provided for social care to councils. • Act transparently about how and why the **thresholds** are set	• People need to know how much money is being allocated for care annually (e.g.: has	• Social care funding figures are published, easily found, and easy to understand.

• Be transparent about money that is provided for social care to Councils. • Act transparently about how and why financial thresholds are set, including the criteria used to decide when people must pay for their own care.	where people have to pay for their own care (means test).	there been a real increase or decrease). • It's important that government is held accountable for money spent. Taxpayers should be able to see how their money is distributed (nationally and locally). • People will have a better idea about how social care funding compares to other spend so we can think about priorities for spending public money.	• There is greater public awareness about how and why the threshold figures are reached.
Funding: Independent Oversight Funding decisions about care shouldn't be political. Government should: • Be guided by independence and meaningful public voice, ensuring decisions reflect the needs and values of the people they affect.	• Set up an **independent body that assesses the funding** for social care (i.e. how funding is allocated and how thresholds are calculated). • Include a panel of the public to advise government on how to spend the money wisely, including with lived experience. • Put into law that government has to implement what the independent body says. • Ask an independent body to look at how social care is funded fairly, balanced with	• We need to take the politics out of the decision-making about funding for social care. • An independent body can hold the government to account on the decisions it makes. • If changes are made at this level, it will prevent more people from falling into poverty due to social care costs and reduce further knock-on effects as less people draw on benefits	• The independent body calls out poor decision-making. • There is better public awareness of adult social care.

	individual and collective contributions that meet everyone's needs.	if they can't afford to pay for care.	
Support the Care Workforce Government should: • Mandate that care workers are paid fairly. • Ensure care workers receive a national standard of training.	• Mandate that care workers are paid fairly. • Ensure care workers receive a national standard of training.	• The jobs of those in care and support are important and we want carers to be treated fairly, feel proud to be a carer and that it's a worthwhile role to play. • We need to attract and retain staff. • Care workers should be held to a standard of training and in return, be fairly paid for the skilled and demanding work they do.	• Residents drawing on and providing care have a fulfilling life. • Fewer people leave the workforce.

Appendices

Appendix 1: Refined actions (71) ranked on PSi

Ranking by # of votes	Action ideas
1	Council to bring more care in-house
2	Increase wages for paid care workers
3	Get input directly from people who draw on care on what they need/want
4	Increase local awareness of care services and how to access them
5	Recognise unpaid care as a form of volunteering, entitling them to any volunteer benefits/support
	When receiving a care plan, people should be given information about standards, & what and who they can contact regarding quality and safety
6	Keep care providers accountable through clear protocols for care workers to report to a body if things are not being done properly
	Employ more carers
7	Create clear, accessible routes for raising concerns and complaints, such as an ombudsman-style service
	Find out who is providing unpaid care by sending out a census-like letter to households
8	Council to fund a volunteer advocacy organisation for mental health conditions
9	Council to create a centralised care service to have more control over costs and quality
10	Improve communication with young carers so they understand social services are there to support, not split up, families
	Raise the prestige of care work by providing qualifications and public recognition for excellent care (such as an award scheme)
11	Create an incentive travel pass for carers to use for work and leisure
	Provide respite for unpaid carers by arranging professional care cover for a day or weekend

	Run a campaign to normalise the fact that we will all likely need care and support in the future
	Create a “CareBnB” scheme where people can offer their homes/spare rooms to give unpaid carers a respite break
	Regularly review the care provided and how its being provided, to make sure that people get the care they need
	Offer care workers benefits beyond wages, such as gym memberships, perks to assist with their personal wellbeing, etc.
12	Train care workers to provide talking therapies whilst providing care
	Provide opportunities to shadow experienced carers
	Monitor carers' training to ensure it is delivered consistently and to a high standard
	Encourage young people to volunteer in the care sector (e.g. matching them up with someone receiving care)
	Introduce an app for people to volunteer to provide care and support
	Get funding for care and support from corporates and businesses by reallocating a portion of tax sacrifice (e.g. 2%)
	Put managers on the front line of care work so they get a better idea of what it is like delivering care and support on the ground
	Provide preventative emotional support for those who care (i.e. not only in the aftermath of burnout or grief counselling)
	Better support carers wellbeing by creating a coordinated network across family, community, services, the council, and others
	Make sure there are nearby community centres used by everyone (not just those most in need) for social connection and activities
	Ensure that the person receiving care is part of the review and monitoring of the care they receive
	Increase the thresholds at which a person must self-fund all their care needs
13	Partner with fitness providers to give carers and care receivers access to personal health and wellbeing activities
14	Pay care workers to attend training

	Create pathways for young people to enter the care sector (opportunities for school leavers, apprenticeships and internships)
	Council to commission care providers who recognise travel time for care workers
	Provide training opportunities for unpaid carers (e.g. first aid)
	Ask businesses to donate money towards care and support.
	Provide low-cost or free self care opportunities for unpaid carers (e.g. discounted therapy, mental health days, etc.)
	Encourage communities to be friendly (e.g. say hello, have a chat) to help tackle loneliness and isolation
	Ensure each area of Camden has its own local carers so that travel distances aren't too far
	Provide those receiving and providing care more flexibility to work out how best to meet the needs of each person
	Improve and join up communication between different services to make accessing support easier for unpaid carers
	Make sure care is delivered in a way that also provides entertainment and friendship to tackle loneliness and improve quality of life
	Offer group social activities for carers to support connection and reduce loneliness
	Establish a mentorship scheme to support both those drawing on care and those providing care
	Ensure paid carers speak a good level of English
	Encourage work experience in the care sector and provide incentives, such as vouchers or certificates for involvement
	Campaign for immigration rules to support care professions, such as by allowing overseas care workers to bring their families and dependants
	Streamline the process and cost of getting people out of NHS hospital care and into care in the community. Reinvest savings to fund care.
15	Reduce paid carers' workloads
	Put systems in place to encourage community care and responsibility at all times, not just in crises, eg volunteering, caring for neighbours

	Perform randomised quality observations to strengthen oversight of care
	Provide activities and entertainment for those drawing on care to keep their minds active
	Create clearer terms and conditions for paid care workers
	Provide free and accessible English lessons for paid care workers
	Reduce paid care workers' travel time by keeping care local
	Community to create fundraisers for care and support
	Pay care workers for their travel time
	Provide National Insurance credits for people providing unpaid care so it is calculated as part of their state pension
	Match carers to the person drawing on care to make sure they are right for each other
	Assess carers' soft skills like kindness, compassion, reliability, patience, awareness of cultural needs, and empathy
	Increase the accountability of private care providers through more oversight
	Offer reduced cost accommodation in exchange for providing live in care
	Consult voluntary sector organisations on how volunteers could be mobilised to help provide care and support
	Increase number of staff on shifts for care in community
	Introduce care and support volunteering as a job centre scheme (suited to their skills e.g. cooking, caring)
	Offer more specialist training for those who provide care - e.g. handling crises
	Create a community social media group for supporting unpaid carers
	Amend tax and pension rules so people are not penalised for providing Personal Assistance support
	Create more co-operatives/social enterprises led by employees that provide care with transparent governance & clients having a stake