Coproduction in digital care: putting people in control

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Part of Digital Care in Focus: Coproduction

Chair – Katie Thorn, Digital Care Hub

Speakers:

- Dan Lacey, Social Care Institute for Excellence
- Paula Sardinha, National Co-production Advisory Group, TLAP
- Caroline Waugh, National Co-production Advisory Group, TLAP
- Jo-Anne Wilson, Royal British Legion
- Olivia Firth, Care Workers' Charity
- Amanda Jayne, Care Workers' Charity

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A summary of key messages, recording and presentations slides are available on the Digital Care Hub website – webinar recordings section.

Katie Thorn, Chair, Digital Care Hub

Hi and good afternoon, everybody. I hope everybody is managing to stay cool and hydrated in the very hot weather that we're having now. Welcome to our session all about co-production in digital care.

We've got a great lineup of speakers today, but we'll just give it a couple of minutes for people to have a chance to join before we make a start. And thank you very much for being here. Numbers are just ticking up, so we'll just give it just one more moment. But if you're just joining us, welcome. Really, really pleased to have you with us here today. I think we'll make a start.

So, hi, good afternoon, everybody. My name is Katie Thorne. I'm the Director of Innovation at the Digital Care Hub. And we're really, really pleased to be putting on this webinar today, focusing on co-production, digital, and technology. We've got a great

lineup of speakers, so I'll make sure to pass on to them as swiftly as I can, so we have lots of time for them to share their stories and to be available for questions as well. And just some general housekeeping from me. So this webinar is being recorded and you will receive a copy of the recording and the slides at the end of the session. There is an option within Zoom to turn on closed captions. So if you wish to do so, please go to settings and closed captions will be available for you.

If it would be helpful as well to receive a transcript of this call after the webinar has finished, please do let myself and my colleague Eleanor, who's here in the background, know. And we will be really happy to email out transcripts of this session to anybody. If you do have any questions, please do use the Q&A function rather than the chat. It just means that we can keep on top of everything.

And hopefully, you will all have a really interesting session today. So next slide then, please, Eleanor.

And if you haven't heard of Digital Care Hub before, we're a not-for-profit and we provide free support to adult social care providers across England around technology, data protection, cybersecurity. And we're really interested in sort of how digital can be used to support people and people can be involved in choices around how technology impacts themselves and their care or their work from a care worker's perspective.

And for the agenda for today, I will first be passing to Dan from the Social Care Institute of Excellence, and also Paula and Caroline from the National Co-Production Advisory Group at TLAP. We then have an update from Joanne Wilson from the Royal British Legion, and then Olivia Firth and Amanda Jane from the Care Workers Charity. There will be time throughout for Q&A, so... and a little bit of time reserved at the end in case we don't get to anything, so please do feel free to ask questions at any point.

Please do feel free to also put things in the chat to share your own experiences as well. And we will be finishing at 1:30 at the very latest.

Brilliant. So without further ado, I will pass over to Dan to share some findings from the co-production week, which was last week. Thanks, Dan.

Dan Lacey, Social Care Institute for Excellence

Good afternoon, everyone. Thank you, everyone, and it's a pleasure to be joining today's webinar on co-production in adult social care. I'm filling in for my colleague, Lisa, who led on the coordination of Co-production Week. So it's a pleasure to be joining myself.

I'd like to take a few minutes to reflect on co-production week, which we celebrated last week.

This year's theme was care equity: is care fair? Which is a challenge for all of us to think about whether people have fair access to opportunities, support, influence, and decision-making, regardless of their circumstances or background.

It encouraged us to consider who benefits from current systems, who may be excluded, and what more we can do to ensure everyone's voice is heard and valued. Throughout the week, we heard inspiring examples of people working together to create change, but we also heard honest conversations about the barriers that still exist.

Many of the reflections from the week connect directly to today's session about digital care and the importance of involving people with lived experience in shaping services, technology, and data use. So I'll start to go through the reflections. As you can see on the screen.

Technology can support equity, but only if it is co-produced. During co-production week, we reflected on the fact that technology can feel daunting, but when introduced thoughtfully and inclusively, it can create positive change.

Digital tools have enormous potential to increase accessibility, support independence, improve communication, and widen opportunities for participation. However, they can also unintentionally widen inequalities if the people affected by them are not involved in their design and implementation.

That is why today's focus on co production matters so much. If people help ship digital solutions from the outset, we're much more likely to develop approaches that reflect real needs, build trust and support care equity.

Moving on to relationships are the foundation for care equity.

One of the strongest messages from Co-Production Week was that relationships come first. Meaningful co-production and equitable care doesn't begin with policies, technology or processes. They begin with people. Strong relationships create trust, and trust creates the conditions for genuine partnership.

When we think about today's focus on digital transformation, this is especially important. If people don't trust the organizations introducing new digital approaches, they are unlikely to trust the technology itself. Digital transformation cannot simply happen to people. It needs to happen with people.

Building relationships helps ensure that people feel ownership, influence, and control over decisions that are affecting their lives.

Care equity means recognising lived experience as expertise.

Another important reflection is that achieving care equity means valuing all forms of expertise equally. The agenda for today's webinar reminds us that people with lived experience are experts in their own lives. Their experiences of drawing on care and support, caring for others, navigating services, and encountering barriers provide knowledge that professionals simply cannot gain in any other way.

If we want care to be fair, we need to ask ourselves who is currently influencing decisions. Whose voices are missing? Are people being consulted or are they genuinely sharing power?

Co-production Week highlighted that equity is not just about giving everyone a voice, it is about ensuring people have real influence and opportunities to shape decisions from the very beginning.

So be curious and brave. A phrase that came through strongly during the week was the need to be curious and brave. Curiosity encourages us to question assumptions and ask whether our systems are truly working for everyone.

Being brave means being prepared to hear difficult truths and act on what we learn. The theme is care. Sorry. The theme is care fair invites exactly these kinds of conversations. It asks us to examine whether some groups face greater barriers than others, whether digital services are accessible to everyone, and whether our approaches genuinely reflect the diversity of people's experiences.

Sometimes co-production reveals that the solutions we thought were right may not meet people's actual needs. Being brave means being willing to adapt and improve.

There is no one size fits all approach. Both Co-Production Week and today's webinar emphasize that there is no one size fits all approach. Every person, community and organization is different.

Care equity means recognising those differences rather than expecting everyone to fit into a single model. It means providing different opportunities for engagement, using accessible communication, understanding individual circumstances, and creating flexible ways for people to participate.

Fairness is not necessarily about treating everyone the same. Sometimes it is about providing different levels of support, so everyone has an equal opportunity to contribute and benefit.

And finally, small steps, big impact. One of my favourite reflections from the week was the reminder to start somewhere and celebrate the small wins.

When we talk about care equity, the scale of the challenge can sometimes feel overwhelming. But meaningful change often starts with small actions. Asking different questions. Inviting new voices to the conversations. Making a meeting more accessible. Acting on someone's feedback. Being more transparent about decisions.

These may seem like small steps, but collectively they create big impact. Every time someone genuinely feels listened to, every time lived experience influences a decision, and every time barriers are removed, we move a little closer to answering the question, is care fair with confidence?

So just a closing reflection. As we move into today's discussion, I'd encourage us to reflect on some of the key messages from Co-Production Week. Care equity starts with relationships. People with lived experience are experts in their own lives. Be curious and brave.

Technology should enable inclusion, not create exclusion. There is no one size fits all approach, and small steps can create big impact. Ultimately, care is only truly fair when people have genuine opportunities to influence the decisions that affect them. That is what co-production is about, and it is why today's conversation about digital adult social care is so important.

I'm now going to invite Caroline, and Paula, from the National Co-Production Advisory Group to share their reflections on the following questions. So…thank you both. I'm just gonna move my screen about a little bit before I get started so I can see you. Right. Thank you. Okay.

So question one, care, equity and practice.
This year's co-production week theme was care equity. Is care fair? From your own experience, what does fair and meaningful involvement look like, and what difference does it make when people are genuinely included in decision making?
So I think we come into Caroline first.

Caroline Waugh, National Co-production Advisory Group, TLAP

Yeah. Hello, Dan, and hello, everyone, and welcome. I'm Caroline Waugh. I'm part of the National Co-Production Advisory Group that works with Think Local, Act Persona. personal.

And I suppose my best use of technology is it comes from, I had a really nasty accident, I fell downstairs and broke my shoulder, in like, broke my arm in 4 places basically. And I had to go into hospital and then come out and have lots of, lots of carers around and people like that, but the real problem was me living on my own and falling downstairs at midnight and not being able to, like, alert anyone.

Because I'd got my phone, which I needed, thank goodness, but it would have been a lot better if I could have just pressed the button, so I research getting a personal alarm, which, which I had a buddy alarm which I wore on my wrist, which looked like a Fitbit, didn't look like a, a big, big fat pendant around my neck, saying, look at me, look at me. It was a nice Fitbit on my wrist.

And I could press that, and it would notify, 5 different contacts, or it would call an ambulance if, if I didn't have... if they couldn't get hold of anyone, basically. So, so that was my first, experience of using technology, and I was give... I was afforded the opportunity because I... I had a direct payment. I could access that and buy it from using my payment rather than paying for lots of carers to come in and, you know, make sure I was alright, I got my person along.

But, and I did it because I knew I'd got that money. I could go on to Google and research lots of different care alarms, personal alarms. I chose the one because it looked trendy, like a Fitbit, and it was blue, and it was sky blue, and and not like a white pendant big thing. So yeah, so, so I liked it and that was put into my support plan as how I could use my direct payments flexibly and be in control of it. And I work with lots of people. But, but actually, I do wonder what would have happened. I would have needed support to research the alarm.

And I did research it myself, but I was fortunate... I am fortunate, is that I've got a personal assistant who's a bit of a down-hander, techie thing, so... so she just checked out what I'd decided was a good thing, and that was me.

And it's worked brilliantly. I've used it so many times. For me, failings, but I've used it a lot.

Dan: Thanks for sharing, Caroline. And Paula.

Paula Sardinha, National Co-production Advisory Group, TLAP

Good afternoon, everyone. Lovely to be here with you all. So, my, my thoughts around, fair care and equity.

I want to be involved and have a say in, in my care. We're all unique, we're all different. And to involve people with lived experience when services are being commissioned and products are being developed and made is fantastic because you can't develop and make a service or an item for me if you don't know what's going to work for me. One size doesn't fit all, as came up in co-production week. So I decided, and it took me 3 years to get listened to, that I wanted to get involved within my local community, within adult social care, within my local council. I kept knocking and knocking and badgering, and eventually got heard.

And they have brought in, about 18 months ago, a new, a lady who's, a co-production lead, and she has set up, a group where we have, there are about 32 people with lived experience. Coming from all walks of life, carers, physical disabilities, mental health, we have some, young people in their 20s as well, right up to people in their 80s who are part of the group, which is fantastic.

We're being listened to to make a change within our community, so that things for us are on our, not necessarily on our doorstep, but we are being listened to for what works within the area that we live in.

And that's just so important, and we've already made great strides and great differences. The one thing that all of us said, without exception, was we wanted a single point of access to be able to get support, advice, and help.

And over the 18 months, we've been able to develop that. We've developed a booklet, which is in the process at the moment of actually being physically printed, and it will go live online as well. And we've designed it so that we have an easy read version and a braille version, we have an audio version, lots and lots of different versions so that it's accessible to everyone.

And it has one contact number in it for those people who don't feel that they want to maybe go through the booklet and contact different services independently. And then we have a designated person within adult social care, who will pick up that phone call and then will support people and signpost them to the areas that they need.

To make this accessible to the wider community, we've also designed a leaflet that goes with it, and we're in the process of having that printed as well, and we will then be taking that out within our local community to all sorts of different places.

So we're taking it into libraries, doctors, surgeries, it's going up in shop windows, it's going on the back of toilet doors, in pubs, in restaurants, just everywhere that our community access so that they know that this piece of information is there and they can access it to hopefully support their requirements and their needs.

And because we've all designed that as people who access care and support and have lived experience of various forms of disabilities and caring, it just means so much to know that we've had a say and are making a change in our community, and that makes it, for me, fair and equitable. Thank you.

Dan: Thanks, Paula. I love the creative places that you're promoting as well. Okay, so the second question.

Digital care and inclusion. So we've talked about technology creating opportunities, but also potential barriers. From your perspective, what helps people feel confident, included, and able to influence decisions about digital services and technology?
Dan: So, Caroline, to you first. You're on mute. Still on there. Oh, there we go. It's good.

Caroline: It's very important to me to know that it's, that it is, supported and I am brain damaged and it just takes me longer to process things so it's very important that things are or audible if, if, if I have to read lots of text on, on the screen or anything like that.

And also, like I said that I used before, I have personal assistants that help me with digital tech computer things if need be, or set up my Wi-Fi, or... And it's just important that that... that people check in that it is accessible to me and I feel as if I can participate then in design and it's my life and if it works for me, that's the most important thing.

Dan: Thank you.

Dan: Paula, would you like to share your experience?

Paula: Yeah, I'm gonna share actually a negative story with you, just to sort of balance, Caroline's really positive story to start with that she, she said about her, her button and her watch.

My father-in-law is 95 years of age and he got knocked over in a supermarket and broke his hip. And he is completely independent, and lives independently on his own. He spent 7 weeks in hospital and was felt fit enough and discharged to go home, which he really wanted. He didn't want to be in any form of care facility.

He came home and all of a sudden, all these, bits of, tech were forced upon him without discussing anything with him or with us as a family.

So, the first thing that they insisted was that you had a red button system put in. The red button that they insisted that he have, and that he has to pay for monthly, sits in a bowl on the table, and yes, if I'm... if anything happens, then I'll... I'll press the button, but I don't need to wear it.

He didn't, he wasn't given the time to explain, to have it. Somebody explain to him how this would work. So it was forced upon him, he has no idea how it works, and because we are family and he is 95 and set in his ways, he's not going to listen to us about how this will really benefit him and could really support him.

The second thing they did when they came out and did an assessment was they asked him if he liked a bath. To have a bath? And he said, yes, I like to have a bath, without any other questions.

They put in this seat that goes across the bath and works electronically so he can sit on it and it can lower him into the bath and then it can lift him up when he's had his bath. What they failed to ask was and work out was that he can't get his legs over the edge of the bath to get onto the seat into the bath in the first instance, an amazing piece of technology. But it's not working.

And the final thing, that they said was he must have, a telephone. Well, he's very hard of hearing, which you know, goes with his age. He's also Portuguese, so we have a language barrier. And everyone's trying to contact him, on the phone and he can't hear them. So rather than actually discuss with us as a family what would work and what would help, they've just said, well, he needs a mobile phone.

You know, we are... because of the work I do and what I'm involved in, we, we purchased, a mobile phone very, specifically for the elderly, and there are lots of different versions out there that has very big buttons on it, but what we also did was we, got a couple of attachments, so there's a nice, a large, bell that goes with it so that it magnifies the sound so when the phone rings he can hear it and we've also got a flashing light so if I mean he can he can see it and we've put a couple of those in different rooms for him and we've also made sure that we set it up so that the volume on the phone. When he is speaking because he's very softly spoken, we can hear him, but he can also hear us because it's magnified.

Now, we had to do that because there was no thought given to what would work for him, nobody discussed what he would like or what he, thought would be helpful. So it's all very well having all this wonderful digital stuff and technology, but it has to be designed with those who it's, being designed for.

And the discussions have to happen with the person who's going to use it to make sure that it's the correct piece of, digital or tech equipment to work, so just please bear that in mind, and that is a true co-production. That is why, you know, we need to co-produce and talk to everybody.

Dan: Thanks for sharing your experience there, Paula. I'm sorry that it was such a negative experience, but I think, as you said, it's really important to hear both balancing and in the spirit of kind of being brave and curious. So thank you very much.

Dan: Okay, so final question for you both.

Dan: After everything you've heard during Co-Production Week, and, today's webinar as well, what is the one thing you would like organisations to do differently to make care more equitable and ensure people have a genuine voice?

Dan: So, over to you, Caroline, first. You're still on mute, sorry. There we go.

Caroline: I, I, I think I'd just like people to look at me holistically so they can see what other services I, I might be involved in, and look at the support I get. What areas perhaps need filling in. If, if something will fill in, like, like the personal alarm, what I'm comfortable with, what I can use.

For example, another thing is, I have a ring doorbell. Very, very simple to install, although it wasn't me who installed it, it was my personal assistant, but a ring doorbell, to watch me when I... I was very poorly recently. It meant that somebody could watch me via their mobile phone on my ring doorbell place in my... in my lounge.

So I think it's just so important that... that people are trusted with their own... identity, really, their their own capabilities, and and give them funding and support to enable that, however it may look. That's really accurate.

Dan: Thank you.

Paula: Yeah, so, three, three very short bits on this. First of all, I'm sure, a lot of people have heard when we turn around and say, just come and visit us with a blank piece of paper. I genuinely mean that. If you want to co-produce properly, then start with what is going to work for us, what is going to work for the individual. Start with that blank piece of paper and literally walk in with a pad with nothing written on it.

That's the first thing I'm going to say. The second thing is, and this is a real big one, don't just listen to what we've got to say, hear what people are saying, because that is absolutely vital to getting it right.

And the third thing is, which is a saying that we have in NCAG, is there's nothing about us without us. Thank you.

Dan: Great phrase. Thank you both. Thank you for your time and for sharing your experiences on this. Over to Katie. Thank you very much.

Katie: Wonderful. Thank you all. Just before I let you go, I do have some questions which have come through and I also wanted to say, Paula, your story about the pendant alarm really resonated with me. I used to do care for my grandmother before she passed away. She always refused to wear it because it never matched her outfits and I could not explain to her enough that it was really important for her to do so. So I think these sorts of things come up all of the time.

So one question which has come through for you, **Paula, somebody wanted to know if you can share the type of mobile phone that you were discussing, which was with the lights, I believe.**

Paula: Yeah, off the top of my head, I can't remember which one it is, but I literally, and this isn't a cop-out, please don't think it is, we literally just googled phones for elderly people. There's so many different ones out there, and then when we got the phone, we then, sort of, it took quite a lot of legwork. We then googled, adaptations to that phone to make them, louder for people, who are, have problems with sight, so they need it louder, or, people who, have hearing problems with the light. There is, there's not a huge amount out there, and it does take a bit of looking for.

But, I... I don't have anything, at hand, and it's not as if I can even find out very quickly, because my father-in-law lives 300 miles away from me, so, and...

Katie Thorn - Digital Care Hub: Don't worry, Claudia, that'.

Paula: Alright, so I'm really sorry, I can't be of more help, whoever asked the question, but it is there, it just takes a little bit of digging, and looking for, and, good luck with, trying to, get it sorted.

Caroline: If it, if it helps, I use a mobile phone, but again, I don't know which one it was, but my son uses it as an alarm clock. And that lights up and so it's the lights that that wake him up.
Katie: Oh, brilliant. Thank you, Carol
Katie: And I appreciate that it isn't right for all people, but the Alzheimer's Society, they have forums, which I always go and check. There's lots of people talking about new products that they have found, which for somebody with Alzheimer's, they find really useful, or family members talking about specific technology products from their own

experiences. So if you are looking for new forms of technology, it's a great resource to go and see what people are trialing, how it's working.

You get very, very honest reviews, I think it's fair to say, on there.

And then we've had a question come through from Chris. I don't know, Dan, you've been doing a lot of work at SCIE around sort of AI and social care. And Chris is raising **concerns around the dangers of using AI chatbots as friends and wondering if you've got any specific guidance or anything that you can help with here.**

Dan: Hi, Chris. Okay. So I'm not sure what's publicly available. On using AI chat bots friends. Maybe that's something I can check my colleagues with and get back to Katie as the slides get distributed. What I would say is that, as, as people start to use AI chatbots, whether it's through websites or Copilot, ChatGPT, etc. there's people can be given a lot of, personal data, sensitive data, and especially with the free versions, a lot of that data is used for learning. So it isn't safe to just be putting that in.

I can have a look. With regards to... adult social care. I'm not sure, what perspective you're coming from, on that. I'm assuming it's kind of public, but with adult social care, we've been working with a number of local authorities to help them through this piece of work to develop guidance and influence kind of careful use and look at the ethical considerations of using AI in practice.

Katie: Well, thanks for that. We will get a bunch of links over to you, Chris, so don't worry.

Those are all the questions for now. Thank you all. Please do keep questions coming. Also, if anybody who is watching this hasn't looked at the chat, would absolutely recommend that you do that. There's people who are recommending products, having conversations about ways to get the most out of different kinds of products as well, and talking very much about good and also negative experiences around people being involved in the technologies and their careers.
So please do keep that going.

Thank you very much, Caroline and Paula. I'm now going to pass over to, Jo-Anne, from Royal British Legion. Once we've got the slides ready for you.

Jo-Anne Wilson, Royal British Legion

Thank you so much. Hi. Hello, everybody. My name is Jo-Anne, and I'm the registered manager of Galanis House, which is a Royal British Legion care home in Warwickshire. We're quite a big home, 101 beds, and we obviously look after veterans and their

beneficiaries. We've also got a community hub and cafe attached to the home because we do a lot of work in the community. We have a day club. We've been outstanding for our last three inspections and actually part of this work has come into that and I'll share that a little bit later.

And I think really, if I'm honest, our digital journey didn't start until after COVID because we were pretty illiterate before then. And, you know, all our meetings were either in person or on a very awful, phone call. But obviously COVID pushed us into that space. And actually now we've, we've got to pace really. So digital care planning, medication, digital receptions. And actually what we're seeing, our youngest, youngest veteran is 51 right up to 104. And actually they are using technology in their daily lives. They're coming in with smartphones, they're coming in with iPads, they want digital TVs.

I think our biggest challenge is actually our infrastructure keeping up because we're not always ahead of the game. So looking at co-production, sorry, can we move on? Well, thank you. I just got this off the Department of Health website, and actually it just gives a really brief overview of the sort of the processes around co-production, what sometimes people think they're doing, but actually isn't sitting in that co-production place. So we previously had probably asked people's opinions via surveys, satisfaction tours, Resident of the Week meetings. So there was regular dialogue.

And we would listen to information, and we would share information. And our satisfaction surveys was, yeah, people were generally satisfied with the care, with they were being happy, they kind of felt they were being involved. But then I think the pandemic did change that slightly, because all of a sudden, all of us were being told there wasn't any co-production during that time. There wasn't even very much co-design or consultation.

So it kind of changes, and when we came out of that, we realised that actually we need to move into a different space. And actually, being dependent on health and care systems shouldn't be about loss. But it should be about ability, it should be about celebrating, what everybody can do, and understanding that it's not a one-size-fits-all approach. It's about trying to get a service, which with 101 people is different because… difficult because everybody has a different opinion, but trying to get that kind of sentence, but it's about people working together.

But what we found is, when we started to get together, we started to engage with people again after COVID, when we could all sort of mix. Food and the dining experience became a real hot topic for us, and it dominated literally every get-together that we had, and we realised that we really started to work together. Look at this and actually put some of these principles of co-production into practice. Could I have the next slide, please?

People come together as equals, and it really is, and we've heard already this morning, this is about everybody having an equal voice. It's not about anybody who knows better, and actually, when I think about the people that we have living here and working with us, how arrogant would that be to think that we know better than somebody that's had a full life experience, and the people that work here.
I've got really good skills to bring, but actually many of them don't have the life experiences that some of the people that live here do have, and actually they are our greatest asset.

So giving people an opportunity to come together with a real equal voice, with everybody being heard, and I really agree with the speaker earlier, it's not just about listening, it's about really hearing what people are saying.

And as food kept coming up, we decided to make it a priority. We took it away from every other meeting and gave it its own focus. And actually, the people that lived there and used the service should have the loudest voice and the greatest say. Because actually, if I sat in the dining room and had a meal, it was probably a great experience, but I didn't do it day in, day out, three meals a day.

Can I have the next slide, please?
So as a group, we really started to explore what this, what involvement, participation, engagement really looked like for us. And I think when any of us are asked to describe ourselves, most of us would do it with reference to our work, our role, our family, or our passions.

And they're kind of the building blocks of the people and how we see ourselves. And I think that sense of, sense of purpose, the need for a role, and that sense of being useful and worth never leaves anybody, regardless of your abilities or disabilities.
And many older disabled people often feel that their hopes and opportunities are limited and that their life has become a series, "Well, I used to do that and I can't do that now." But actually that's mainly due to the lack of the right support, funding, access and information. And in many cases that DIS is not about disabled but disconnected. It's about people not being connected to their community and what's available to them.

And it's great to hear that actually all those examples earlier are going on all those different places in the community so people can really access them.
And often the word sees the label and not the person. You know, moving into a care home doesn't make you anything less than you were before. You've just happened to move house.

And part of our work, we always say, is to start that treasure hunt and to unravel the story of who those people are and work on those reconnections and find those skills.

And recognising and utilising the skills, the knowledge and the life experience that people bring. Asking people to get involved with stuff, quality improvement, projects, work, and real co-production.

And it's really important to make that work fun. It's not all about, oh my god, this is awful, we've got to change. It's about, how can we making it a safe space so that people, and I'm saying staff and residents, and we have a big volunteer base, so volunteers come together and really learn and explore challenges together. We've learned a lot about apps, about tech, about AI, about Copilot that we never knew before, and actually we've brought it all together in this project that we've been doing. And it's really about bringing everybody's opinions, perspectives, seeing what's out there in the wider world, and seeing how it's going to improve things for us.
Could I have the next slide, please?

So we had something called Sausage Gate. One of the big things was sausages. We have sausages for breakfast, for tea, and for lunch sometimes. And in the cafe, it's part of our big breakfast. So we go through a lot of sausages. And at one stage, just after COVID, the people that delivered our sausages changed them without really telling us. And there was uproar.

So what we decided is we would have, the chef got sausages from 12 different suppliers, and we had a blind sausage tasting. But actually, the lady that you see here, she needed a modified diet, she needs an ITSE diet, so it was really important to make sure that everybody's opinion counted and everybody could be involved. So, the sausages were all modified to her specification, so that she could still have the taste test and be contributing into that.

This is very much about paper and pens at the time and ticking the right box. And we've actually moved this forward now so we can use this on a screen, on a tablet. And that's actually been really empowering for people because some people struggle to read that, to write that, but on a tablet we can make the font bigger, we can make it a happy smiley face. It doesn't necessarily have to be a lot of words and tick boxes.

So we've used a lot of communication aids to actually support people's involvement. And it's really important that we don't use jargon, we don't use the language that we understand that other people may not understand, so it's really breaking stuff down, and I've put ask, ask, ask, and listen, listen, listen, and actually that's what we need to do. We ask, and we ask again.

People really need to say, yes, come on, let's get together with this. And then what we're able to do with this as well is we can actually document the outcomes, and we can use graphs, we can use graphics that people really understand, and that data is really then important for what we're moving on with.

Can I have the next slide, please?

So, we have got a large home, but actually, with that large home, we've also got lots of stakeholders, which are residents, families, friends, volunteers, and some parts of the community. And it's about bringing everybody together. And I think the extent to which we all flourish is tied to our neighbourhoods and our community, and this is part of our community. And like baking a cake, you need all those people, all those ingredients before you can even start.

And really, if we think about it, some of the greatest innovations and ideas are not a result of very clever people sitting in a room. They are about people, normal people, coming together, connecting together, and then thinking of things that can be extraordinary.

And it's about really thinking about who has the power, and who should have the power. Because if we really believe we're all equals, nobody should know better. And I kind of say, you know, even with the staff. I might manage the staff, but the residents actually employ them, they pay their wages, so actually it is that partnership.

So getting people together, getting the residents, the staff, the families, the friends, all together, researching, brainstorming. We had some sort of Padlet, we had some, you know, just putting ideas in, making it into a word storm.

Getting that together, and in those collective actions and conversations, you can really discover the power and the value of that community and what they can bring.
And families don't always expect this. Families kind of sometimes expect that people are moving into a care home to be very much looked after, which they are, but it's very much about that sort of nurturing and cushion around people. But actually, people still have opinions, people still have values, and people can still take positive risks that are safe.

So this is about everybody coming together on an equal footing and sharing that decision-making. And sometimes it's the stuff we need to relearn, especially people that have been around for a long time, and we've had that sort of bit of that patriarchy that, oh, we know best, you know, but actually it's about listening and sharing.
Next slide, please.

So be ready and be brave because it might take you out of your comfort zone, but you need to be open to all new ideas. So our residents decided they wanted to rate my plate, so they rate my plate at every meal. They design these fantastic tins and they have a little form, and for people living with dementia, it is the smiley face, the happy face, and the neutral face.

For people, who are in our, maybe our residential, areas, they can sort of write lots of comments, and they can really tell us how they feel. So we collect this after every meal, we do lots of taste testing, we inform people, we get together with the results.
Then the residents...again, it was this thing about who should do the auditing here because I can audit the dining experience or my quality lady can, but actually it looks very different when you're sitting in there every day. So the residents have designed their own audit and it looks at things that they really think are important. It looks at was I welcomed at the door? Was I shown to my seat? Did I have the opportunity to wash my hands? Is the menu what the menu said? Was it presented well? Lots of different things.

And we pull all this together, and we can get some graphs, we can get the comments together and every month now we have three different food forms which are led by the residents. So we have one for our people living with dementia, one for people who are receiving nursing care and one for people who are having in a residential area. So they're all very different and then we need to concentrate on each one.

Lots of this is then we're researching stuff on the internet and bringing it back to these meetings. The residents are researching stuff on the internet and bringing it back to these meetings.

But what's really happened is that actually we've got a service that's improved, that's meaningful, that's got some really positive outcomes, and that feels owned by the people that live there. But we have equally got data collection and evidence that we can use for CQC, for the local authority.

Next slide, please.
So, when I said be careful what you wish for, this opened up a whole plethora of things. So, a lot of our residents had, you know, lived abroad, they'd served abroad, in Europe and in the Far East, and they started to think about actually, the world is a much smaller place now. We've got all this technology. We can go and explore places. So on iPads, they looked at places they'd been. We use MotorTek, which is a cycling technology, and it's linked to an iPad, which is linked to a screen, and people can cycle from our front door to anywhere in the world.

And during COVID we did visits to other care homes. We always do the battlefields in France because that's what we would love to do. And there is a Road Worlds for Seniors competition in October, and there's a Winter Olympic competition as well now. And my residents are very proud that they always win in England, and we cycle in that month in October thousands and thousands of miles. But we also, not only do we cycle, we actually explore lots of different places, so it might be somewhere that people have been on holiday, where they have lived before, where they've served, and actually

when you're cycling, you're reminiscing at the same time, so that mental health is absolutely fantastic.

And it brings that world a small place, and we actually did some cycling. The British Legion do a pedal to Paris every year, so we pedaled alongside people, and then they FaceTimed us where they went every night, so we kind of had that feeling that we were traveling alongside with them.

But we also used, iPads to look at Google Earth, to research their QZ, and then they went out to people in our local area, so they went to the local mosque, could they share a meal with them, and then they invited them into us, and they went and had Chinese takeaways, and they went to a local Italian. So this has really broadened that, but they've all brought it back, and then they've written about it, and blogged about it in our newsletter.
Next slide, please.

So this particular chap, Alan, he came to live with us. He was in a bit of a sorry state when he came, but actually he has thrived. And this is really how you can see that co-production has really worked. So we had been part of a research study called the SONNET study, which looked at ways to measure social connections and empowerment of people living in care homes.

And as part of this work, residents had already been taking part in audits and projects and interviews, and we asked Alan if he'd like to be involved in carrying out and helping with those catering and dining rules, and this is before the residents had their own audit, this was the start of it.

So we began by auditing several Lunchtime Experience and he was really, really honest. It wasn't always comfortable to hear, but actually it was that honest feedback that we needed. But what he also did was when he found an issue, he came up with a solution or a suggestion. He'd been the master baker before he came into us, and he'd run a company, so suddenly, the master baker was back. The manager, the auditor, they all came out, and he worked with our quality manager to set up the food forums with a mix of residents, staff, and volunteers.

And they worked in ways to improve the dining room experience across all areas of the home, including food service, menu planning, table layout, staff training, and introducing rate my plate. So he trained the staff in what the expectations were.

And then this picture here was when we went, to speak at the National Institute of Health Research Conference in Birmingham. And it was a day of quite a few firsts for Alan, so the first time he'd been on a train in 25 years, that was quite the experience for him. It was packed, but we did manage to get him a space

The first time he'd been in Birmingham since 1962, so you can imagine the changes that he'd seen over that sort of time. He used his own slide deck that he had produced to, talk to the audience, and it was the first time that the NIHR had had a resident from a care home speaking to one of their conferences, and Alan literally had them eating out of his hand. The impact of him telling about his work, the co-production that he was doing, had a really positive feedback.

And he's gone on to do more than that, so he regularly now holds a baking class, he bakes for his own pleasure and for ours, and he organizes bake-off competitions in the home. He's also part of our resident interview panel, so the residents

Myself and my, sort of, management team, we shortlist, but the residents into all the staff, all the staff that are going to come in, because again, they've employed and managed staff over the years, and actually, they're the ones that are going to be here when we go home, and their insight and expertise is invaluable.

And Alan later told me when I thought I'd got to come and live in a care home, I resigned myself to sitting, drinking lots of tea in a large lounge, growing old disgracefully. But now I find myself in the bar, glass of wine in hand, baking, making, leading projects, busier than I've ever been for years, and I'm growing old disgracefully. It's absolutely perfect.

So that's at co-production when it really works well. Next slide, please.

And actually, we have… I mentioned that we were outside of CQC on our third inspection now, over 11 years, and they really… CQC really picked up on this. It was a really positive thing, and this… I've taken some quotes from,

the report, but they sort of identified that people were really involved in decision-making in the service, and that they'd introduced their own audit systems for sharing feedback and ideas, and that they developed their Dining Room audit, shared their feedback.

And people could give immediate and daily feedback about the quality of meals if I rate my plate.

They planned and organised their own events, were very much part of the wider community. They sat on a recruitment panel, so had a voice in choosing the staff who supported them. They also were involved in choosing all of the decor in the communal areas of the home. And…

what came across really strong was that people and the relatives were very positive about their involvement and the reviewing of care needs, and people comment saying, we really feel that we have a say here, we have meetings, people listen, and things happen. My opinion really matters. And that, I think, has been really powerful, and it really came through in the CQC inspection.

Next slide, please.

So we have this thing here that care shouldn't be driven just by treatment because not everybody needs treatment in the old-fashioned sort of way and actually well-being should be on a par to medication and our drug chart should probably have dancing, singing, gardening, baking, music, choice, activity, not patient on them as well as all the usual drugs.

This is, a bit of a... the Potting Shed, who became a spin-off from all of that co-production work, and it's our residence gardening group, and they have a From Seed to Table ethos. So, they collect seeds in the autumn, we have a Seedy Sunday seed swap, which sounds really awful, but actually it's a really great thing in February. And then they sow the seeds, they grow them, they harvest them, and then they deliver them to the kitchen where they are cooked for their lunch. And that's not only good for well-being, it's actually really healthy.

And the residents originally had a gardening journal, a paper journal.

And then they moved to planting spreadsheets.

And now with some volunteer support, they're using weather apps to look at the weather and the changing climate and predict the weather and what they're going to grow. And they're experimenting with an app called Seed to Spoon, which can track their year in the garden. So they're hoping that they can use that to track what's going to grow well in the hot summers and the wetter winters so that their garden and their production is going to really sort of ramp up and grow even more.

Next slide, please.

And then on the back of that, this is really about breaking down those barriers to the community, about being in a care home is not being... not a label, it's not an institution, it's just a house in the bigger community.

And I think conversations and connections that we have are about nurturing, doing, learning, achieving, and living, and it's about how to make things happen, and about celebrating everybody's ability, and that working together, and what they can bring.

And as human beings, we're all wired for social connection and friendships. It's really important. It's the scaffolding that we need to navigate life, really. And those transitions, particularly maybe changing your house, losing what home means to you, can offer an opportunity for friends to grow and for new positive experiences.

So whether it's sharing a meal together, emotional support, companionship, or friendship, it all adds meaning to life, promoting mental health and self-esteem.

And the residents here extended the hand of friendship to other community groups associated with food. So they invited the food bank in, the allotment society, the gardening groups, all coming together to have a big lunch, and we themed it on the big lunch with the Eden project.

They planned the menu and theme of the day on reducing waste. So they looked at rationing, which many of them lived through, and they got some archive footage off the internet. They printed off ration books and recipes, and then they did a price comparison using a graph using Copilot showing how food had developed over the years. So they looked at the contents of a typical food ration from sort of the war years to a typical food bank delivery now, and they compared what was in there, what they could have done with that, the differences, and how they had to kind of make do without a lot of the stuff that people now expect in their food parcels.

Next slide, please.
So, at the end, what is next? Because this continues on, this doesn't stop.
So they're now using tech much more. They're menu planning. They're looking at where their food comes from. They're looking at, you know, trying to sort of grow stuff. They've got hydroponic growing now. So we have a men's shed on site as well, which they go to. So they made this hydroponic station. So that's just using water to grow. So there's no soil in that. That can be really adaptable wherever it goes.

Using smartphone and tablets, they are looking at digital audits. They're putting their audits onto a digital platform. They're looking at a Rate My Place app. So for people living particularly with cognitive impairment, something that's really easy, they can just press a button and it's recorded and it's saving all that and then we can upload some charts. So I think what this means for us, it's just the start.

And yes, there can be downside to that because people are not always, maybe tech-savvy, they can be a little bit trusting sometimes, certainly around AI and finances, but we are all learning together as an organization because there are none of us experts in this field. I just went on something this week and I was like, oh, I never knew any of that, so actually it's how you bring all that together.

And part of our co-production is that we learn together and we improve together. So plans keep on coming. So I hope people have got something from that. I think it's never say never, it's listen, it's the art of what's possible and it's just giving it a go. Thank you.

Katie:: Amazing. Thanks,. What an absolute inspiration that entire story was. Lots of incredible comments in the chat, including somebody suggesting an award that you might want to apply for. So do have a look out for this.

But we did also have some questions, if that's all right. So, one from Nicola who says that this all sounds so amazing, but how do you manage it when time and funding are so challenging? Sort of what are your tips you could share?
Jo-Anne: I think the thing with time is, yeah, we can be busy, and as managers, you know, I've been a manager for 20-odd years, and a lot of my time now is spent more in my office than it was outside, but you have to make that time. I think if you really commit to this, and you really want to say we are equal partners in there, you have to give the time to... you have to see it as just as important as any other pieces of work you are doing. But actually, it's about a whole-home approach as well, so I might not be the right person to facilitate all of this, and, you know, the chefs get involved, the dining rooms help assistants get involved, we have, as I said, a very big volunteer bank, and they all bring their expertise in as well. So it's finding out the gems in all of those people who are the best people to do that particular project.

Katie: Yeah, absolutely brilliant. And I'm going to be thinking about the concept of sausage gate, by the way, for the rest of the day. That really cracks me up.

I can't find it now, but earlier in the chat, we did have somebody who was sharing their experience of bringing in a new digital care record system and they didn't involve residents and service users at the beginning. So now retroactively having to sort of get some of that involvement, which I also personally experienced. I used to work in a nursing home. We had exactly the same thing. And I was wondering if you had any kind of tips about, you know, going forward, how people can make sure people are involved from the beginning.

Jo-Anne: Yeah, I mean, I think it was very new to us. So we did share it with the residents because we have this thing as well that, you know, are they going to think that people are just on their mobile phones all day?

Katie Thorn - Digital Care Hub: We had that all the time.

Jo-Anne: So we need to really show them and understand it. So we put it on a big screen and said, this is what people are going to be doing. We're going to be working with you to create your care plan, so please have an input in that. And I think just kind

of breaking down what that is, you know, the noises it might make or not make and what staff are actually doing. And what we say to staff, it's really good if you sit next to the person when you're doing your care records to involve them and kind of say, you know, I'm going to say you've had a good day. Have you had a good day? Let's document what you think rather than what I think. But it's amazing, I think, now how many people are coming in who are used to using tech.

Katie: Thank you.
Jo-Anne: Yeah. You know, and they're probably, you know, I had a lady came to see me just this morning. She wants to redesign an area of the garden. So she came with her iPad and she said, I think this would be really good. I found this. I've got a real bargain on this site here if we bought these, you know, and that's how people are now. And I think if you give them that empowerment, it just develops further.

Katie: Yeah, I think that's really stuck out to me through everything you were saying, is it's not about, sort of being like, oh, we're thinking about using tech. Let's get people involved and talk about people using technology as something to come to you and say, actually, this is what we need. And I just think.
Jo-Anne: It's amazing. It's great as well.

Katie: Brilliant. Great. Well, thank you so much. I think we will now, if we have more questions at the end, we'll come back to you. But now, I will pass over to Olivia and Amanda Jane from the Care Workers Charity. I'm really, really delighted to have representatives from the Care Workers Charity and Care Workers Advisory Board here because I know that it's not super often that we hear from frontline care and support staff in these situations, so great to have them joining us. Over to you, Olivia.

Olivia Firth, Care Workers Charity

Thank you very much and thank you for everyone for attending today. As Katie said, my name's Olivia. I am the Policy and Projects Manager at the Care Workers Charity. A little bit about myself. Previously to join the charity, I was also a care worker myself and I've had experience in both residential and domiciliary settings, mainly delivering dementia and palliative care. Next slide, please.

So a very brief background on the Care Workers Charity and what we do. So the Care Workers Charity was founded in 2009 and we exist to support care workers in times of crisis.
How we do this, we have three kind of prongs of support. The first is financial grants. So since 2020, we have administered over £6.9 million worth of grants to over 14,000 care workers, whether that's for everyday living costs, car repairs, funeral costs for a loved one. We also recognise that a crisis is often intersectional.

So through our partnership with Red Umbrella, we are able to offer care workers access to 10 free counselling sessions, whether that's for grief, burnout, anxiety, whatever it may be, we are there to support them. And we also are really championing our advocacy and campaigning efforts. Next slide, please.

Thank you. Yes, so at the Care Workers Charity, we advocate for the fair pay professionalization and recognition of the adult social care workforce. And we also advocate for a fully funded adult social care sector. Perhaps what is a little bit different is through our direct care worker engagement.
We are always hearing from care workers about the most prominent issues that they are facing in the sector. So we also campaign heavily for the rights of migrant care workers, for accessible training routes, and also through our Care Worker Advisory Board and Champions Project, which I will talk a little bit about in the next slide, please.

Yes, so the Care Worker Advisory Board and Champions Project was established in 2024 when we received funding from the Raine Foundation as part of their Better Careers for Better Care programme.

We have recruited a diverse and national network of 40 care workers from across all four nations. They are also from a range of backgrounds, settings, etc.

And essentially, this is a platform for care workers to share insights, foster collaboration and learning, and enhance their skills and visibility. So members of our project have been involved in roundtables with the Department of Health and Social Care. They've also been involved in roundtables with CQC, the Health Foundation. They've done big bodies of academic work with Oxford University, specifically looking at the use of ethical AI in Adult Social Care, and also Sheffield University's center for Care. And members of our project have also been involved in national and international media, such as interviews with the BBC, the Telegraph, and the Wall Street Journal.
This is really rooted in a fundamental belief that we carry throughout all of our work at the Care Workers Charity is that care workers are also stakeholders in the sector because without them we wouldn't have one either. And we recognise them as skilled professionals and we draw on their expertise and insight.
Next slide, please.

So thinking about digital tools and systems, whether that is digital care records, medication systems, rostering, monitoring, AI, whatever it may be, these are conversations and things that are happening now. You know, we're not looking ahead to the future and we need to make sure that we are engaging with care workers at the start, during and after. Because when systems are designed or bought without the people who use them, whether that's care workers or people drawing on care and support, things will go wrong. So why digital tools and systems need care worker co-production from our side is that care workers and people drawing on care and support

are the daily experts of these tools and systems. They are using them day in, day out, and they can tell you exactly what is going right and what is going wrong.

The second is that there are fewer workarounds. So again, tools or systems that are designed without care worker input or people drawing on care and support input create workarounds and risks and also wasted spend involving care workers and people drawing on care and support early. And as I said at the beginning, during and after, actually can avoid that.

The third is safer and faster care. So care workers have such a great insight and expertise into what the digital tools and systems and how they are working and what could be done better. So we can actually, by involving care workers, make these tools quicker to use and safer to use, because what we hear so often from care workers is that technological systems or tools are handed to them with an expectation that they should know immediately how to use it. And because of that, when things go wrong, the blame will often fall upon the care worker's shoulders.

So, finally, the... I guess... the biggest reason, really, is that to include care workers and co-produce with care workers means that it will instil trust and not fear. Many care workers may be fearful of using various forms of technology, as I said, especially if they haven't been involved, if it hasn't been handed to them, and they haven't had the adequate training. Co-production builds this trust in the new technology, and so it also changes it from something that is done to care workers to something that is actually done with them.
Next slide, please.

Yes.
So on the screen here are lots and lots of statistics. So these were actually drawn from when we surveyed our members of our Care Worker Advisory Board and Champions Project after the first year of involvement, because we really wanted to understand the experience of them within this project.
And within this project, co-production is at the heart of it all.
So like I said, there's lots of stats on the screen, but the one that I really want to point out is the top one that says 92% either strongly agreed or agreed that being listened to, and valued has not only increased their morale, but actually led to them delivering better care.

So what we have from this statistic alone is a showcasing of when we treat care workers with respect, when we treat them with dignity, and when we treat them as the skilled professionals that they are, the entire sector benefits.
Next slide, please.

So we've talked about why co-production is needed, but we also then need to talk about how do we co-produce? So these are just some of the things that we have learnt now over the two years of the Care Worker Advisory Board and Champions Project, and some of them I've already touched on previously. So the first is to commit to consistent communication, not just one-off engagement, and that ties into my second point of closing the feedback loop.

As I said previously, we need to involve care workers at the beginning, during and after. And when care workers have, you know, put their thoughts and their experience to you, actually tell them what their input has led to, because that also leads to feeling valued.
The next one is to build trust through safe anonymous routes to speak up. This is especially prevalent for international care workers who are not necessarily afforded the privilege of being able to speak openly and honestly about their experiences.
The next one is to create a culture where feedback is welcomed and not punished, and also to see care workers as whole people, not just their job roles.

I guess the final one, really, that kind of leads into, my final two points is, we are asking care workers to come to us as the experts in the room. We are... you know, profiting, I guess, for want of a better phrase, off their knowledge and insight and expertise. And when we are asking them to meet us as professionals, it is only right that we pay care workers for their time and expertise to make sure that we then embed co-production as common practice.
Next slide, please.

So, one of the things that I really want to mention that we have done with our Care Worker Advisory Board and Champions Project, as I've said a lot, co-production is really embedded into the work that we do at the Care Workers Charity, is we have co-produced Centering Care Workers, a guide. So we actually published this last year. And it's a bit of a convoluted sentence, but I'm going to get it out, as best as I can. Essentially, what we did is we co-produced with care workers a guide on how to co-produce with care workers. So it asks the questions of what does co-production look like to you?

What does meaningful engagement look like to you? What are the things that are needed to be put in place to make sure that co-production can actually become an everyday part of the sector?

And we recently went back to members of our project to ask them, if there was anything that needed to be updated, to republish the guide again. So yes, if you scan that QR code, it will take you directly to it. And I guess...

before I end and pass over to Amanda Jane, you know, one of the things that we often talk about is the cost of what it will be to introduce co-production or to introduce digital tools or systems.

But one of the things I think we need to also reframe is what is the cost of getting it wrong? And I'm going to leave that there because I could go on forever and ever, but I really want to pass over to Amanda Jayne, who is here today and is a member of our Care Worker Advisory Board and Champions Project, so she can speak more about her experiences.

Katie: Amazing. Thanks, Olivia. And hi. Welcome, Amanda Jayne. Okay, let's get you both spotlighted, and the slides are down so we can see you bothWould you like to, Amanda Jayne, would you like to introduce yourself and your background, please? Oh, you're just on mute if you're trying to talk.

Amanda Jayne, Care Workers' Charity

Can you hear me now?
Katie: Yes, can hear you now.
I've been working fine all the time through. Now it's my turn. We stopped.
Katie: No problem. Amanda, do you want to tell us a bit about your background, where you work, and your experiences around technology as well?

Amanda: So, my life in social care has come mainly through family first, through looking after members of dementia, end of life, I have a disabled son, so I've used both sides of the service, where I've had to get them a bit like Paula, looking for telephones and everything. And then, just before COVID, I started working as a carer in a support service for people with disabilities.

It's... and, do you know the job itself is absolutely wonderful to make your job as making something, but we need to remember that technology should not replace the human touch. It should free up the time for us support workers to make them smile and spend more time with them.

With the technology, I've used a lot of technology during my work as a care worker, and I've also had to try and fight through my way to look for it, to enable others, a bit like Paula with her dad, and you've got to find out all the information you need. Nobody gives you anything. You have to go and find it and sorted out to make your own way through things.

With on the side of work, we started using an app called Nourish. And I became a champion of that so that what we did with that was, as we... trial discounts in so many homes. To find out which is, but it was also a matter of, it was already chosen for us

before we actually. He started to work on it, but also, with the app, we could then go back to them and say, this isn't working, that's not working. And also, the apps also gave us the ability to put in the parameters and to take reports back and gain more information. And then we can work with the basics and work and extend it.
But also the apps do save you time because then that paperwork, that you'd have to duplicate somewhere else would automatically go somewhere else into the care plans and things.

And on the other side, with the good digital tools, it should cut down on our paperwork, and or the time spent looking down, but the only thing is, is when we are on these apps, it looks as if we're on the phone constantly. If we're out in public, people think we're on our phones. Phones. If we're in the buildings with the people, it looks like we're on our phones. The apps have now become a box check-in, and it takes as long to do the apps as back in the day, you would write up all your notes at the end of the day. Now, on that point, you would have missed most of the diary.

But with the app on you, you can click into it and have a full itinerary of what you've done with that person for the day. So you're capturing every moment as and when it happens. You can record the fluids, the medication, everything's there to hand. If you should have an accident, then you can go to a button with an ambulance on and it will have all the information about that person.

You've got everything to hand whereas before you wouldn't be carrying out folders full of paperwork out into.

But we just have to make sure then we've got the co-production really good, like everybody said this bad and this good. What we need to do is to make sure that everybody's listened to, that other people aren't using us as a checkbox, and just saying, Oh, well, we consulted them, but we didn't really listen.

And but they have to listen to people who's actually using these things, Caroline… was saying as well about them. A real example for me was when we actively involved the code so by putting them in and it could give you your scores straight away.

And also, I'm part of the… game changers, so we could take, I could be a listener for others, but again, when you're co-producing all of this, you've always got to remember the people who aren't technically savvy.

And they don't like changes, so there's so many people that don't want to change, they don't want to use the app. Oh, I can't use that, I'm not using that, but they're also missing out. I think what we need to do is, we've gotten so that we're getting too much of the recording on these apps that we need to step back and go back to actually caring for the person that we're there to support.

I'm not sure whether that makes much sense, but we really are starting to spend more time looking at this screen instead of actually dealing with the learning disabilities, you can easily be on your phone and then what will happen is somebody will just wacky one. If you've been assaulted, then it's like, right, I better keep my arms distance, but the thing is that they're becoming bored because you're spending that much time and then you've also got your co-workers coming to you with the apps and saying, can you help me?

So then you're using valuable time, and then you just get behind with everything. So I think some of them need to listen to what we're feeding back, and take some out, and put some others in. Umm.

So that's the biggest barriers is time. It's also bought by people at the top, so they think, oh, we'll get the app, and then we can pull everything out. Oh, this person's had this to eat all week, and they… they're having the same meals all the time, or they've not had enough fluids, or appointments, so there's lots of things to do. But bringing frontline workers into the procedure before they start having short systems and also not being afraid to say, this one isn't for us, let's change and use a different one, or let's look into something else.

But also we've got so many people, who might be cultural differences that. We just can't cover everybody and there's so many people who are lacking the ability to learn and we need to make sure that everybody is trained to use these apps and they know what they're doing because so much time is we are pushed in and we're just expected to do it.

So you might have a completely new app, and you've got to go and… work with somebody who's got learning disabilities as an anger management things, you need to be looking at their caseloads and there's just so much to do and then we suddenly say oh where's this come from oh what what do we do with this bit.
But then if you don't do them, you're not actually told and trained with things. But yeah.

The staff with the feedback actually see results in the system. Like I say, it needs to be tweaked and fixed. It is nice, though, that when you are talking to people, and being part of the Care Workers Charity and on the Advisory Board, and make me feel so listen to and absorbed and people actually take things on board.

To just be… to just be listened to, because we are… we're always treated as the lowest of the low, but we're not. We're the people who keep these people alive and entertained, and that nursing home that the lady was talking about, that just sound amazing, and that is what I think should be set as standard.

But, we've just got to think about everything that nobody can offer the same way is, again, it's budgeting, finance, and the biggest thing is staff and retention. But, that's another conversation completely, bits. We just need to make sure it works for everybody of the team, no matter what their background or role is.

Is that all the questions or is there another one that I've missed?

Katie: No, I think you've covered everything in a huge amount of detail. Thank you, Amanda. And I don't know, Olivia, if there's anything you wanted to add on any of those. I'm thinking **particularly I hear a lot from care workers that they don't feel that they're necessarily comfortable to come to their employers around, sort of, you know, both providing feedback, so maybe for both of you, like, what should employers be doing so staff feel comfortable to come to them to, sort of, be involved in decision-making, or to, you know, provide feedback and ask for changes?**

Olivia: I think there are a couple of things, and I think it partly goes back to what I was saying. It's all about culture. And I think Amanda Jane touched on that really well when she spoke about how adult social care workers are treated as the lowest of the low. There is this profound misconception that care workers are not skilled, they're not professionals.

And so there's kind of this culture of we don't need to go to care workers because there's this framing, there's this automatic framing that we see of care workers where it's almost like they're not important to engage with. And, you know, I think quite funny.

Amanda: any one.

Olivia: It’s as if they're robots or if they're cogs in a machine, you know, they're actually human beings. And so I think it's about really shifting that narrative and changing the culture and kind of actually seeing the fact that care workers can be open and give feedback will only be… able… it would only be good for development and continued learning, because care workers hold so much insight, and I do think, you know, again, going back to what I said earlier, we do need to recognise that not everybody has

You know, the ability to speak out, as I said, especially prevalent for international care workers who face a level of hyper exploitation, where threats are made against them, saying, you know, if they speak out, then their sponsorship ties will be cut. So it really is about looking and just engaging with, with members of your or care workers in your organisation, and making sure that routes are accessible.

Katie: Thank you so much both and there's lots of fascinating comments in the chat, some of them talking about sort of the importance of bringing care workers to the table, but also some.

You know, really hard ones about, you know, if we don't have digital technologies to collect data, then people's hours will be cut. And that's happened to, this particular individual just last week.

And sort of the need for data to evidence tasks being completed, and I know that we're all sort of trying to move away from time and task as a sector, but the reality is it's still very much, the way that funding models are working.

Amanda: Everybody's just so frightened of speaking up and saying something, because they know that we are just a number, and we literally are in and out, if they don't like the phase, or if you say, I don't... I don't understand this, or we need to put this on, like you say, nobody listens to you, but again, that is another topic and another conversation.

Katie: Thank you. And I think what we've sort of discussed throughout this webinar today, through I appreciate it's an hour and a half, which I appreciate people giving up their time for all of this.

It's actually some of what can happen when we really do involve people and people with lived experience, we involve care workers and we have everybody around the table with care providers, registered managers to really design things together and to work together in a meaningful way and some of the incredible outcomes that come from that.
The chat has been incredibly active, which I'm very, very grateful to everybody for. Lots and lots of comments have been pulled out. I will make sure as well, if there is anything which has been missed throughout the duration of this webinar, we will come back to you via an email as well.

But really, I just wanted to wrap this up by thanking everybody who has taken part today. It has been absolutely fascinating for me personally, and I'm hoping that it will be for everybody else as well. Thanks you all and I hope you have somewhere cool and relaxing to be for the rest of the afternoon or you're gonna spend some time outside in the garden in some way because, you know, don't wanna complain too much about the heat that isn't being ideal all the time. But thank you very, very much, everybody, for joining us today, and we will send the recording slides and transcript to you all very soon. Thank you.

Dan: Thanks, Katie.
Katie: Cheers.