CARE HOME OPEN WEEK 2026
PARLIAMENTARY ROUNDTABLE

Careers in Care: Inspiring the Next Generation

A roundtable discussion chaired by Sojan Joseph MP
19 June 2026
Brabourne Care Centre, Ashford

championingsocialcare.org.uk

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Foreword

As part of Care Home Open Week 2026, we were delighted to hold our first MP-led round table at the Brabourne Care Centre in Ashford.

The event was a fantastic opportunity to hear voices from key local stakeholders – we were especially grateful to Sojan Joseph MP for chairing the discussion.

This document is a brief summary of the key points raised in the discussion, as participants explored how the sector should respond to recruitment and retention challenges in the digital age. Championing Social Care does not seek to speak on behalf of the social care sector but we hope that this summary of the points discussed helps to inform the conversation about the future of care in the UK.

Care Home Open Week is a Championing Social Care Programme that aims to encourage care services to open their doors to their communities, shining a positive light on the extraordinary people who live, thrive and work within social care.

Championing Social Care's mission is to enhance public awareness of social care; and build a community of advocates for the sector.

www.championingsocialcare.org.uk

Vishal S

Vishal Shah,
Chair of Championing Social Care

Attendees

This roundtable was a Championing Social Care event, held as part of Care Home Open Week 2026. It was chaired by Sojan Joseph MP at Brabourne Care Centre, Ashford, hosted by Opus Care. The session was conducted under Chatham House Rules; remarks below are not attributed to individuals except where Sojan Joseph MP spoke in his capacity as chair.

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APPG for Social Care & Mental Health;
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Chatham House Rules apply throughout. Individual contributions are not attributed except where Sojan Joseph MP speaks in a named capacity as chair. This document is Private & Confidential.

Background & Context

Care Home Open Week 2026 concluded with a parliamentary roundtable hosted at Brabourne Care Centre, Ashford, one of the facilities operated by Opus Care. Chaired by Sojan Joseph MP, a former NHS mental health professional of 22 years who chairs both the All-Party Parliamentary Group for Social Care and the APPG for Mental Health, the session brought together care providers, national sector bodies, a university, a community organising charity, and parliamentary staff.

The session was convened as the independent Casey Commission conducts its review of the social care system, and as the government's landmark Fair Pay Agreement moves toward implementation. Against this backdrop, participants explored one central question: as AI reshapes the world of work, how do we inspire the next generation into social care?

The conversation ranged widely, from the life stories of individual workers, to the architecture of national qualifications frameworks, to the mechanics of hospital discharge funding. What emerged was a picture of a sector that knows its own value, but has yet to persuade the wider world of it.

"You've got to have something within you to work in social care. Not everybody can do this job. And you need somebody to believe in you as well."

~2,500
Social care workers in the average parliamentary constituency

£77.8bn
Contributed to the uk economy by adult social care annually

152,000
Estimated vacant social care posts in england at any one time

Changing the Image
Social care must own its story, larger than the NHS and worth £77.8bn to the economy, with confidence rather than apology.

Building a Domestic Pipeline
Young people and displaced workers need the same things: visible career paths and role models who look like their communities.

Small Providers as Community Anchors
The most effective providers are small, community-rooted, and already doing what government schemes fail to reach.

Structural Reform Cannot Wait
A Fair Pay Agreement is a start. Ringfenced funding, a qualifications spine from Level 2–7, and NHS–social care funding reform are all needed.

Reframing the Opportunity

The session opened with a frank acknowledgement: not everyone can do this job, and that is not a weakness; it is the point. Social care demands values as much as skills, and participants were clear that the sector should stop apologising for that and start celebrating it as a mark of distinction.

The discussion identified a structural image problem rooted in how wider society first encounters care: through a family crisis. Many young people's formative impression is shaped by watching a parent struggle, or a grandparent's sudden hospital admission. That version of care, reactive and distressing and framed as a last resort, is not one that inspires career ambitions.

> **"If you are a young person seeing your grandparent's family struggling to cope, why would you then go, 'oh yeah, care work is a great job for me'?**

Participants argued this framing must be disrupted early, in schools and in communities. Social care at its best is preventative and life-enhancing. The sector's economic contribution, £77.8bn in gross value added and a workforce larger than the NHS, is rarely communicated. During the pandemic, recognition and PPE arrived last. This shapes how young people weigh their options today.

One person's story

One participant described leaving school with no GCSEs, neurodivergent and without a plan, and falling into care work as a stopgap.

Twelve years later, they lead a project team. The turning point was a specific person in a specific setting who showed them what progression looked like.

Without that encounter, the story would have ended at the front door.

The image problem in brief

- Care is associated with crisis, not opportunity
- Social care's economic contribution is rarely communicated
- During COVID, the sector received PPE and recognition last
- The profession spans care assistants, chefs and finance directors, yet is discussed as if it is one job
- Sustained change requires visible leadership: the PM, Secretary of State and Minister for Care must actively champion it

Small Providers as Community Anchors

A recurring theme was the disproportionate community impact of small, independent providers. While large organisations have dedicated marketing and HR functions, small providers are physically embedded in their communities. This proximity is an untapped recruitment asset.

Where large providers' outreach can feel institutional, small providers can show rather than tell. One participant drew a sharp contrast between care homes that bring children in to sing at Christmas and those that sustain year-round, values-driven community engagement that builds genuine relationships over time.

> **"We don't have to work too hard on recruitment because everyone knows us. They also understand that there is a space for everybody.**

Participants called for government and local authorities to recognise this model. The Youth Guarantee scheme is designed for organisations with dedicated HR teams, a structural bias that excludes precisely the small providers who may offer the most to young people.

The Opus Care model at Brabourne

- Active outreach into local schools: ongoing relationships, not seasonal events
- Funds and facilitates ILRs for sponsored international staff
- Funds and fast-tracks care staff to qualify as nurses; one returns this July as a junior clinical lead
- Cross-working with QEQM and William Harvey hospitals: social care staff train in acute settings, and vice versa
- **Result:** exceptional retention and deeply embedded community reputation

Building a Domestic Pipeline

One of the strongest threads of the discussion was the unexpected overlap between two groups the sector tends to treat separately: displaced care workers and young people who are not in education, employment or training. Participants who support displaced workers, many of whom lost their jobs when a sponsor lost its licence, described people who arrive demoralised and under-confident, needing help with English, CV writing, interview skills and wellbeing before they can return to work.

The insight was that these are precisely the same supports a disengaged young person needs. A school-leaver who, twelve to eighteen months on, feels the world is no longer their oyster requires the very same scaffolding. Build the capability to support one group and you have largely built it for the other.

> **“By the time they get to us, they’re damaged. But the skills you learn helping a displaced worker into a valuable job would absolutely transfer to a young person.**

Community organisations are already doing much of this work, but on very limited budgets. Participants argued there is a real opportunity to join it up: to treat skills development for the care workforce as a single, shared pipeline rather than two parallel and under-resourced efforts.

The Shared Toolkit

- English language and communication
- CV writing and interview preparation
- Confidence and wellbeing support
- Cultural and workplace skills
- A trusted, legitimate route in

A shared vulnerability

Both groups are targets for predatory operators who promise a job in exchange for a fee or a cut of early wages. One participant was blunt: the young person is just as exposed as the displaced worker. The protection is the same in both cases, legitimate places they can go for help.

Skills Pathways & Qualifications

One of the most concrete outcomes of the session was the articulation of a clear educational pathway, running from a Level 2 social care certificate to a postgraduate qualification, and the identification of the specific obstacle blocking it.

Participants mapped a route that currently exists in outline but lacks the institutional support to function as a genuine pipeline: the Level 2 Adult Social Care Certificate opens the door to a foundation year at university; from there, a foundation degree (Level 5) leads to a top-up to a full Bachelor's degree (Level 6); continuing development takes practitioners to Level 7.

Level 2	Adult Social Care Certificate (Ofqual-regulated); entry qualification that opens foundation-year access
Level 3	Foundation year or Access to HE Diploma; bridge into higher education
Level 5	Foundation degree; work-based evenings model, students remain employed throughout
Level 6	Top-up to a full BSc (Hons); leadership for senior roles in social care
Level 7	Postgraduate study and continuing professional development
Care Tech	New lateral entry (National Care Forum); currently funded at Level 3, with Level 4 being sought

Skills Pathways & Qualifications

The T-level emerged as one of the most promising routes in. Because it pairs classroom study with an extended industry placement, students arrive having already worked in real settings, bringing genuine hands-on experience alongside the enthusiasm and creativity the sector badly needs. One participant recalled meeting a young man on a health T-level, already working in hospitals and gaining real knowledge, and wanting him on her social work course on the spot.

> **He's got that work experience, he's gaining that knowledge, but it's the enthusiasm and the creativity he brings. In social care we have to be creative, because we don't have a lot to work with.**

The T-level for health already exists; the equivalent for social care is not due until September 2028. More critically, Skills England was reported to have indicated that a Level 4 qualification for social care is unnecessary, a position participants argued reflects and entrenches the very image problem the sector is trying to solve.

> **Why would you want a Level 4 worker with a qualification in social care? They don't need those skills. This was reported as Skills England's position. Participants fundamentally disagreed: to attract the most able people, the sector must show a career path that is credible, visible and nationally recognised.**

Why T-Levels matter

- Built-in industry placements: students arrive with real work experience
- Bring the enthusiasm and creativity the sector needs
- A credible, hands-on route into care and social work
- Already established for health; social care must follow

The Fair Pay Agreement

The government's commitment to a Fair Pay Agreement for social care workers, backed by an initial £500m investment, was broadly welcomed. A negotiating body, to include providers and trade unions, will be established on the model of the NHS Pay Review Body. Participants were clear: this is a historic first for the sector.

However, two critical concerns were raised. First, the £500m risks being absorbed by local authority management fees before it reaches frontline workers. Participants called on the MP to raise this directly with Stephen Kinnock (Minister for Care), who was acknowledged as engaged and accessible.

> **"I don't think I've heard any minister frame it in these terms: we are doing this because your workforce matters.**

Second, participants argued that the way the Agreement is communicated matters as much as its content. Framing it as a response to a sector in crisis, rather than as recognition of an essential workforce, reinforces the very image problem the sector is trying to overcome. The ask to ministers: say it differently.

Above all, participants stressed that pay must be matched to skill. The £500m is widely seen as only enough to begin the process, not to deliver pay parity, and a fair settlement only works if the balance is right: as workers take on more skilled and delegated responsibilities, reward has to rise with them. Get that balance wrong and the sector trains people into demanding roles for pay that drives them straight back out; get it right and career progression becomes a genuinely attractive prospect.

> **"We are willing as a sector to progress and learn. But if we get ourselves into a very skilled role and the pay is so poor, people are not going to come into it. If we don't get that scale right to the skill, we've got problems.**

The funding mismatch

One illustration cut through: local authority funding for a care placement can sit at around £700 a week (roughly £100 a day, just over £4 an hour), while a hospital bed costs in the region of £3,200 to £3,500 a day, or about £1,700 a week even once medical staffing is stripped out. Investing modestly in care to avoid an admission would pay major dividends, yet the funding system does not allow it.

NHS and social care funding divide

- Healthcare tasks increasingly delegated to social care settings without corresponding funding
- Local authorities asked to spend money to save NHS money, which makes no political sense at council level
- Hospital beds occupied by people who could leave if social care was properly resourced
- The "who pays" argument between NHS and local authority wastes valuable clinical time
- Neighbourhood health cannot work unless funding follows the person, not the institution

CONCLUSIONS

Six Key Asks for Parliament

The roundtable concluded with Sojan Joseph MP inviting participants to distil the discussion into direct asks. Six commitments were identified for the MP to carry forward to ministers.

1

Challenge Skills England on Level 4.

The reported position that social care does not need a Level 4 qualification signals low status and must be contested. Sojan Joseph MP committed to raise this directly with ministers.

2

Ringfence the £500m Fair Pay Agreement funding.

Participants asked that the MP press Stephen Kinnock to ensure this money reaches frontline workers and is not absorbed by local authority management overhead.

3

Reframe the Fair Pay Agreement communications.

Government should articulate this not as a sticking plaster for a broken sector, but as recognition that social care workers matter, and use that framing consistently.

4

Pilot the community-anchor workforce model.

The Youth Guarantee scheme and DWP workforce programmes should be redesigned to engage small providers, not just large ones. Small providers reach more people, more deeply.

5

Fix the NHS–social care funding model.

As neighbourhood health rolls out, a mechanism must be found to fund complex care in social care settings at a rate that reflects the work being done, not the institutional category of the provider.

6

Establish a Secretary of State for Social Care.

The sector's absence from Cabinet-level government, diluted within a joint health and social care brief, leaves it consistently underrepresented in public discourse.

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