



social care
institute for excellence

Roundtable series on national standards of care: purpose, quality improvement and personalisation

Insights from the first SCIE and The Access Group roundtable

20 October 2025



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About SCIE

The Social Care Institute for Excellence (SCIE) is an independent social care charity with deep experience of bringing partners and people with lived experience together to collaborate and innovate to improve people's lives (e.g. national government, DHSC, local authorities, care providers, academics, foundations). Working across social care, health and related services such as housing, for adults, children and families, we contribute to the development and implementation of better care, support and safeguarding at local and national level.

As we are not-for-profit, our income goes towards improving social care. We deliver four main offers, across all of which we support the DHSC annually:

- **SCIE Consultancy** – working with local and national organisations to identify and implement improvements
- **SCIE Insights** – research, evidence and policy insights to drive improvements and innovation, and influence national policy and practice
- **SCIE Training** – bespoke online or face-to-face learning and development, including safeguarding, co-production and strengths-based approaches
- **SCIE Resources** – guidance and tools to support best practice, co-production and innovation.

Co-production with people with lived experience of social care underpins and informs what we do, and with over 20 years' experience we bring a wealth of trusted, evidence-based expertise to work together to help transform care. Our staff – former practitioners in social care, researchers, experts in training – bring immense depth of experience and passion for the cause, based on frontline work, using the best available knowledge about what works in practice.

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Executive summary

The Government has set out its ambition to reform adult social care, pledging to establish a National Care Service underpinned by national standards to ensure consistency, fairness and quality across the country. To inform this work, an independent commission on adult social care, chaired by The Baroness Casey of Blackstock, has been launched to explore the design and delivery of a system that enables everyone to access the care and support they need.

In parallel, the Social Care Institute for Excellence (SCIE) and The Access Group have convened a series of four policy roundtables to explore what these reforms could mean in practice. Bringing together people who draw on care and support, policymakers, commissioners, practitioners, providers, and researchers, these roundtables are creating a shared understanding of how national standards might strengthen access, quality, and accountability across adult social care. At the conclusion of the four roundtables, we anticipate producing a framework for developing and implementing care standards in a future care service.

This paper captures insights from the first roundtable, which explored three foundational questions:

- What do we mean by national standards of care?
- What difference will national standards make to social care?
- What is the purpose of having national standards of care?

Across the discussions, participants recognised that standards could bring coherence to a fragmented social care system, but only if they are grounded in core principles like co-production, person-centred outcomes, and a shared understanding of what good care looks like.

However, significant questions about the purpose and scope of care standards remain unresolved, in particular tensions between consistency and flexibility, compliance and culture change, and aspiration and realism. Participants warned that without addressing underlying issues of funding, workforce capacity and societal attitudes towards ageing and disability, national standards risk becoming a bureaucratic exercise, not a transformative one.

What do we mean by national standards of care?

The issue

Across social care, there is strong agreement that the Social Care Future vision represents a brighter future: “We all want to live in the place we call home, with the people and things we love, in communities where we look out for each other, doing the things that matter to us.” In other words, people should be able to expect high-quality, compassionate and consistent support, regardless of where they live. Yet experiences continue to vary dramatically between local areas – the so-called ‘postcode lottery’ that undermines public trust and fuels inequity.

National standards were widely presented at the roundtable as a lever to bring coherence and clarity to a complex landscape. But defining standards provoked deeper questions about purpose and values: should standards guarantee basic protections or set out an aspirational view of what social care enables? Should they prescribe particular processes, or define outcomes and enable local innovation? Answers to these questions shape what standards can realistically achieve.

Where agreement exists

Fairness and consistency

Participants agreed that national standards must tackle the inequities that leave some people receiving far higher quality support than others, depending on where they live or who funds their care. Other factors contributing to inequities, especially protected characteristics, were also raised as important to acknowledge and address through national standards.

National standards should act as a ‘common currency’ – a shared language of what good looks like – that brings clarity and fairness to people’s experiences, wherever they live.

People called for clear entitlements, transparent eligibility criteria, and consistent expectations across England. Standards should ensure that people understand their rights and what they can expect from public services, while allowing local flexibility in how those outcomes are achieved. People should also understand more clearly their personal responsibilities.

This echoes the idea of a National Care Covenant, proposed by the Archbishops of Canterbury and York, which sets out the mutual rights and responsibilities of citizens, families, communities and the state in both providing and paying for social care services. A similar example is the NHS Constitution.

Person-centred and individual-focused

There was universal support for standards that focus on outcomes for individuals, not institutional processes. Participants described the need to embed “voice and choice” throughout the care system, empowering people to make decisions about their lives and how they are supported.

Some suggested that “individual-centred” might be a better term than “person-centred”, emphasising diversity of need and aspiration.

Co-production

Participants stressed that those who draw on care and support must be involved in designing, implementing and reviewing standards. This must go beyond consultation to genuine power-sharing. Standards should be co-produced at every stage – nationally, locally and individually.

Clear accountability

There was strong consensus that any system of standards must include transparent lines of accountability – from central government to local authorities, providers and regulators. Recognising the challenges posed by a fragmented care system, participants called for clarity about who is responsible for delivery and oversight, with mechanisms for regular review that go beyond inspection regimes.

Closer working across the system

Participants agreed that standards must support better integration between health, housing, social care and community support. Data systems, workforce planning and shared outcomes need to connect more effectively.

Areas of tension

Prescriptive vs flexible

Many participants supported national consistency, but worried that overly prescriptive standards could stifle innovation and local responsiveness. The challenge, as one provider noted, is to ensure “consistency with flexibility”.

Minimum vs aspirational

There was disagreement about whether standards should set a minimum floor or aspirational goals. Some feared that “minimum standards” would entrench mediocrity, while others argued that without fixing the basics first, aspirational visions risk being unrealistic. The sector would need investment and support to achieve aspirational standards.

Compliance vs culture change

A strong concern emerged that new standards might simply add to the ‘compliance culture’ already present in parts of the sector. Participants urged that standards must promote learning, reflection and continuous improvement, not just measuring performance.

Participants called for a shift from “inspection and punishment” to “learning and improvement,” where standards support good practice rather than policing failure.

Technology

Views differed on the role of technology in achieving consistency and quality. Some participants saw digital tools as enablers of independence and prevention; others raised concerns about surveillance and the erosion of human connection. Standards, they suggested, should enable better education and choice in technology, not prescribe it.

Workforce standards

Discussions around workforce requirements highlighted the tension between formal qualifications and values-based practice. Many agreed that values, empathy and commitment often matter more than certificates, particularly for personal assistants and

direct employers. Others argued that clear training expectations were essential to maintain safety and professionalism.

The need for commissioners to understand the complexity of people's needs and conditions was explored, to enable commissioning of 'individual' care packages (i.e. for people with a learning disability and autistic people) commissioners need a deeper knowledge of 'needs and goals' so the outcomes progress from minimum standards towards aspirational outcomes.

Unresolved questions

Participants identified several key questions that will need to be explored in later stages of this work.

- Who are the standards for – people drawing on care, providers, commissioners, or regulators?
- How can we balance national consistency with individual and local flexibility?
- Can standards drive improvement without parallel reforms to funding and workforce conditions?
- How will standards apply to self-funders and those using direct payments who sit outside local authority oversight?

What SCIE and The Access Group think

National standards should define what social care is for

At their heart, standards should describe what good looks like in terms of outcomes – supporting people to live the lives they choose, not merely to survive. They must articulate a shared vision of social care as part of the nation's social infrastructure, essential to how communities function and flourish.

The Care Act remains a powerful framework for rights and wellbeing, but its inconsistent implementation shows the need for clearer, co-produced national standards that make its vision real in people's lives.

Standards must start from people's experiences, not system requirements

This means embedding co-production, valuing lived experience, and measuring what matters: wellbeing, belonging, autonomy, and contribution, not just tasks and time.

Standards should drive equity through clarity

National standards can help eliminate geographic inequities, creating a consistent baseline of fairness. But to be meaningful, they must also tackle inequality blind spots – addressing disparities linked to poverty, ethnicity, disability and geography.

Standards should enable trust and shared accountability

Rather than prescribing uniformity, they should promote mutual trust between people and services, and between national and local systems. Accountability mechanisms should reinforce transparency and partnership, not control.

Standards must empower, not burden, the workforce

A strong, confident workforce is essential to delivering consistent, compassionate care. National standards should help raise the status of care work, support continuous learning, and align training with the values that underpin great care.

What difference will national standards make to social care?

The issue

For many people who draw on care and support, the social care system feels fragmented, opaque, and exhausting to navigate. Even professionals within the system admit that they struggle to help their own family members find and access support.

National standards are seen as a potential way to bring coherence and clarity – helping people understand what they can expect, who is responsible, and how to hold the system to account.

Yet as discussions at the roundtable made clear, standards alone will not fix everything. Participants described a sector where fundamental issues of funding, workforce capacity, and cultural value persist. They questioned whether standards could meaningfully transform experiences without tackling these deeper problems.

The roundtable explored what difference national standards could realistically make to people's lives, to professionals, and to the wider system.

Where agreement exists

Supporting navigation and access

Participants agreed that navigating the care system is currently too hard. Even those with professional experience find it complex and overwhelming. People described the process as “brutalising”, especially for those already under emotional strain.

National standards could make a crucial difference by setting expectations for accessible information, advice, and advocacy. Standards might, for example, guarantee that everyone can access independent navigation support to help them understand their rights and choices.

Moving beyond the ‘crisis’ narrative

Participants called for a cultural shift in how social care is perceived and discussed. The sector, they argued, is too often portrayed as “broken” or “in crisis”. Standards could help reframe social care as a positive, enabling part of community life – not a failing service but the glue that holds people and communities together.

This reframing could also help attract and retain workers, giving professionals a clearer sense of pride and purpose.

Focusing on the basics first

Participants agreed that before the system can aspire to transformation, it must fix the basics. People frequently experience delays, poor information, inconsistent assessments, and insufficient support. Many said that clarity, timeliness and respect would already feel transformative.

Co-production

There was unanimous agreement that co-production must be embedded within any system of national standards – from national policymaking to individual care planning. Participants

stressed that meaningful co-production means shared power, not consultation. Standards should make it impossible for decisions about quality to be made without the voices of people who draw on care and support.

Recognising families and carers

Participants emphasised that care happens within relationships – not just as transactions between professionals and individuals. Standards must therefore consider the wellbeing of family and unpaid carers as part of what good care looks like. Support for one person should never come at the cost of harm or burnout for another.

Areas of tension

Relationship with the NHS

Some participants argued for closer alignment with the NHS, suggesting that positioning social care alongside health could strengthen its status and integration. Others warned against importing the NHS's top-down, medicalised approach.

Aspirational vision vs. practical reality

While many welcomed ambitious visions of transformation, others were wary of overreach. There was a shared frustration that fundamental problems remain unsolved: long waits, poor pay, and fragmented services.

National vs local responsibility

Tensions also arose around where responsibility should sit. Some valued the statutory role of local authorities as guarantors of local welfare, arguing that shifting too much power to national systems risks losing local responsiveness.

Others pointed to international examples, such as Germany and Japan, where national eligibility systems create clarity and consistency, ensuring that access to care does not depend on postcode or local budgets.

Can standards drive change alone

A recurring question was whether national standards can deliver improvement without addressing structural issues like funding and workforce. Many participants felt that while standards could set the direction, without investment they risk becoming symbolic.

What SCIE and The Access Group think

Standards should make the system navigable and fair

People need a single, recognisable framework for understanding what they can expect. Navigation support – independent, trusted, and available to all – should be an explicit component of any national framework.

Standards should rebuild trust

By setting out a shared vision of what good care looks like, standards can help rebuild confidence among people, professionals, and the public. They can shift the narrative from crisis to contribution – recognising care as a valued part of social and economic life.

Standards must start by fixing the basics

Ambition is vital, but the first step must be to ensure that everyone receives safe, dignified, timely support. Standards should guarantee the fundamentals: information, advice, eligibility, and fairness.

National standards should provide both a secure floor and a platform for innovation – protecting people's rights while enabling creativity and personalisation.

Standards must embed co-production and lived experience

Co-production cannot be optional. It should underpin every stage of design, monitoring, and review. Lived experience is the most reliable measure of whether standards are working.

Standards should promote whole-family wellbeing

Care is relational. Standards must recognise the interdependence between people drawing on care and their families, ensuring that support strengthens relationships rather than increasing strain.

Standards must be accompanied by investment and workforce development

Without adequate resourcing and a valued workforce, even the best-designed standards will fail. Implementation must go hand-in-hand with investment in people, skills, and conditions.

What is the purpose of having national standards of care?

The issue

The question of purpose goes to the heart of reform. It is not enough to agree that standards are needed, the sector must also be clear what they are for.

Participants repeatedly returned to a simple truth: people do not experience systems, they experience life. Standards must therefore reflect the purpose of social care itself: to enable people to live well, with dignity, connection, and control.

While there was strong consensus on values, the discussion revealed deep uncertainty about scope, ownership, and the relationship between standards and the wider reform agenda, particularly the Government's plan for a National Care Service and the work of the independent commission chaired by Baroness Casey.

Critical insights

The social contract question

Underlying much of the discussion was a sense that the UK has not yet renegotiated its social contract around care. Participants noted that since 1948, we have avoided a national conversation about what citizens, families, and the state each owe to one another in ensuring care and support. Without this shared understanding, national standards risk being built on unstable foundations.

Age and disability inequality

Participants highlighted persistent inequities in how care is framed and funded for different groups. Older people's care is often focused on safety and maintenance, while younger disabled adults receive support for education, work, and independence.

Standards must address these disparities explicitly if they are to create true equity.

The self-funder market

The 'wild west' of self-funded care emerged as a major gap. People funding their own support often pay more, receive less, and lack access to complaints and quality systems.

National standards could begin to close this gap – for instance, by guaranteeing transparent information and access to advocacy for all.

Care as part of society's infrastructure

A powerful reframing emerged: care is infrastructure – as vital as roads, schools, or hospitals. National standards could help embed this perspective, positioning care as a fundamental component of national life rather than a residual service.

Where agreement exists

Standards should complement, not duplicate, regulation

Participants agreed that national standards should not replicate the Care Quality Commission (CQC)'s role in regulating services. CQC already sets expectations for safety and quality at provider level. The gap, participants argued, lies in the wider system, how people experience access, coordination, and accountability.

National standards should therefore focus on the purpose and outcomes of social care rather than service-level compliance.

Culture change over compliance

Participants consistently stressed that meaningful reform will not be achieved through rules alone. Standards must support a culture shift from process-driven delivery to values-based practice.

The focus should be on enabling relationships, autonomy, and inclusion, i.e. moving from doing for people to doing with people.

Reframing the purpose of social care

There was broad agreement that social care is too often defined by deficit and dependency; a service for people seen as "in need" rather than as citizens with strengths and aspirations.

Participants called for standards to help reframe social care as social infrastructure: the foundation that allows people to participate, contribute, and live well.

Tackling inequality and the postcode lottery

As in earlier themes, there was universal agreement that standards must end geographic inequity. People should know what support they are entitled to, wherever they live, and how to challenge poor practice.

This clarity was seen as essential to restoring trust between the public and the system.

Valuing the workforce

Participants highlighted that no standard will succeed unless it recognises and values the people who deliver care. This means standards must address pay, progression, and professional identity, alongside values and relationships.

Areas of tension

Minimum or aspirational

Some argued that standards should provide a guaranteed minimum, i.e. a foundation beneath which no one should fall. Others worried that focusing on "minimums" would cement low expectations.

Many preferred a model where standards describe both a baseline and a set of shared aspirations, i.e. a vision of what excellent care can look like, evolving over time.

Prescriptive or flexible

The debate between prescription and flexibility recurred. Participants valued clarity but feared that overly detailed standards could reduce care to checklists. The challenge, they

agreed, is to develop standards that define outcomes, not methods, allowing creativity and personalisation.

Who are the standards for?

Different audiences will use standards differently:

- people drawing on care and support – to understand their rights
- providers and commissioners – to guide delivery and improvement
- national government and regulators – to set policy and allocate resources.

Participants agreed that the primary purpose must be to make sense to people, not just professionals.

Qualifications vs values

There was division over whether workforce standards should prioritise formal qualifications or values-based recruitment and ongoing learning. Direct employers and personal assistants raised concerns that professionalisation could drive out skilled, empathetic workers without formal credentials.

Integration or independence from health

Views differed on whether social care should align closely with the NHS. Some saw integration as inevitable and beneficial; others feared that importing the NHS's medical model would erode social care's unique identity as a system focused on living well rather than treating illness.

Unresolved questions

Purpose and scope

- What specific problems are standards meant to solve that legislation like the Care Act does not already address?
- Should standards focus on fixing failures or setting a new direction for reform?

Application

- How will standards apply to the self-funded market?
- How can standards embrace community, unpaid, and family care as well as formal services?
- How do we avoid new barriers for people employing their own personal assistants?

Implementation and accountability

- Who should oversee and enforce standards, if not the CQC?
- What mechanisms will ensure accountability without bureaucracy – for example, citizens' assemblies or peer-led review panels?
- How do we measure what matters – wellbeing, connection, purpose – rather than what is easy to count?

What SCIE and The Access Group think

To articulate a shared vision of what social care is for

National standards should capture a collective understanding that care is about living well, not just surviving. This means recognising people as citizens with rights, not recipients of charity. Standards should help make visible the contribution that care makes to communities, inclusion, and the economy.

To create coherence and accountability across the system

Standards should provide a single framework through which individuals, providers, and public bodies understand their roles and responsibilities. They must clarify who is accountable for outcomes and ensure that accountability includes people who draw on care and support.

To build public trust and confidence

Consistency of experience and transparency of expectation are key to restoring public trust in social care. National standards can give the public confidence that, wherever they live, their rights, dignity, and wellbeing are protected.

To drive culture change

Regulation can only go so far. Standards should help shift the culture from compliance to compassion, supporting continuous improvement, reflection, and innovation.

To support the workforce as a valued profession

National standards should help elevate the profile of care work, aligning values, pay, and training with the importance of the role. This means recognising care as skilled, relational work essential to the fabric of society.

To ensure co-production is embedded at every level

Finally, the process of developing, implementing, and reviewing standards must be co-produced. People who draw on care, carers, and frontline workers must have equal voice and agency in defining what good looks like.



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