Innovation in Social Care: Local, Personal and Together

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Intro

The last two years have seen social care featuring in policy and media debates in a way previously unseen. The demand for social care, its cost and the size of its workforce are all rising – employing 1.5 million workers in England alone, and yet it is broadly recognised that while there is high satisfaction among those who are receiving care, capacity remains inadequate, the market is not working for many providers and staff suffer from low pay and poor conditions. There are however, a number of innovative models emerging that are consistent with the cooperative principals and that can support the sector's potential as a driver of an inclusive economy at the local and national levels.

When this project was initially conceived by Kirklees Council it was planned as a one day workshop. The COVID-19 pandemic forced us to reshape it as a series of webinars which brought together CCIN members Bristol City Council, Cooperative Care Colne Valley, Locality and Power to Change as well as Equal Care Coop, Kirklees Better Outcomes Partnership, Somerset Council and Think Local Act Personal. A total of 84 individuals participated in these conversations including international participants. This report aims to bring together the innovative models discussed and the contributions they can make in transforming social care.

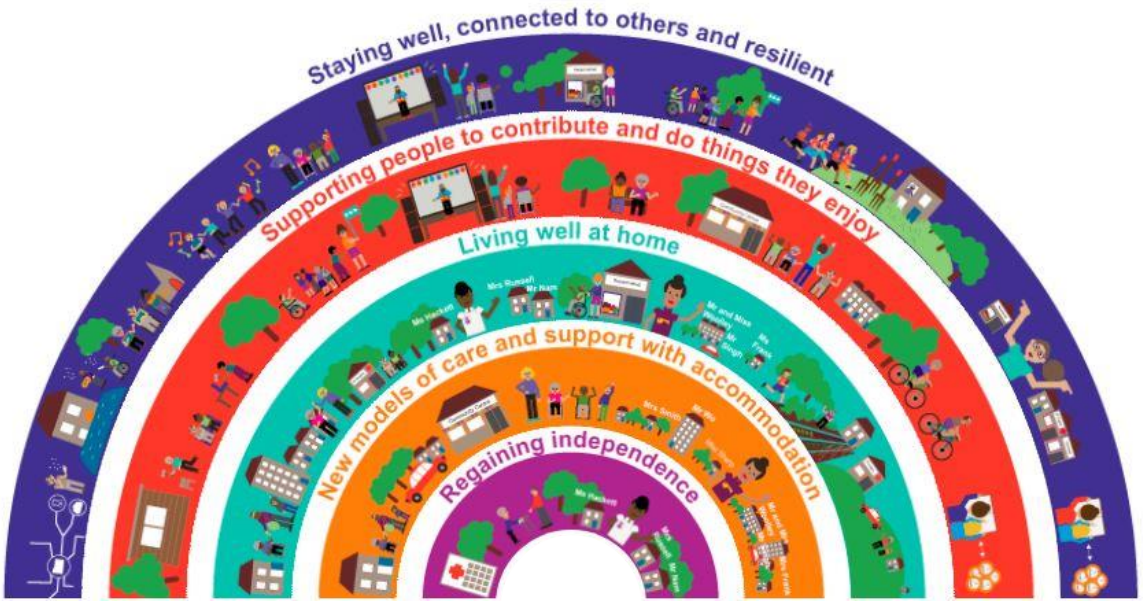
In 2019 the Kings Fund's report *What's your problem, social care?* identified eight key problems with social care in the UK. In August 2020 they argued that some of these had been magnified by the pandemic. It is our argument that by delivering care in a more co-operative way – Personal, Local and Together – that many of these problems can be addressed: in short micro-enterprises, greater involvement of the voluntary, community and social enterprise sector, and the development of care cooperatives can lower cost, raise quality, improve workforce pay and conditions and decrease disjointed experiences of care. At the same time these interventions strengthen local communities and economies. With such improvements, the thresholds for means testing could be lowered in turn decreasing levels of unmet need.

Personal

There is little more personal than the needs addressed through social care services, while a key enabler for personalisation is direct payments. These are intended to allow individuals in receipt of care to decide how best to meet their assessed needs, by choosing which service, activity, provider or individual can support them to live the life they want. This approach speaks directly to the co-operative values of self-help and self-responsibility. Direct payments were officially established through the Community Care (Direct Payments) Act (1996) and expanded through the Carers and Disabled Children Act (2000) and Health and Social Care Act (2001). However, they were fought for and won by disability activists as far back as the 1980s. While we are approaching a quarter of a century of direct payments it has remained the case that practice has remained distant from the rhetoric and intentions.

Think Local Act Personal (TLAP), as part of the Social Care Innovation Network, identified "taking self-directed support back to its roots" as one of three broad themes for action in the Network's Stage 1 report *Getting Under the Skin of It.* It is their belief that doing so would allow it to offer "authentic choice and control and [enable] people to connect and contribute". Their Social Care

Rainbow illustrates the range of supports that can be provided for individuals with different levels of need and was referred to regularly throughout the webinars.



Community Catalysts actively promote community micro-enterprises as a model for the provision of personal support that is highly compatible with the direct payment approach while also offering a range of other benefits. Community micro-enterprises are very small organisations set up by people looking to provide care and support, run by one person or in some cases employing up to five staff. Many micro-entrepreneurs work part-time, sometimes with an additional job. They are social businesses that generally aim to pay the wages of those involved, while some are volunteers or work with volunteers. Micro-enterprises provide diverse care for a diverse range of groups. Most describe their offer as 'socialising and fun', while others provide practical assistance, such as help in the home or garden, or personal care. Their support is guided by an advice framework in line with the fundamental standards of the Care Quality Commission (CQC) and Community Catalysts' own 'doing it right' standards, designed to ensure that micro-enterprises are viable, sustainable and provide safe, high-quality, person-centred services.

The decision to become a micro-entrepreneur tends to be the result of both push and pull factors. Moving away from other jobs in social care brings autonomy to support people to a high standard in contrast to rushed 'whistle-stop care'. Being small gives micro-enterprises flexibility to respond to individuals' needs. It allows decision making by the carer and the individual receiving care – not a distant commissioner or care manager.

For those receiving support micro-enterprises are effective in helping them to participate in their local communities and, as locally connected organisations, supporting them to try new things.

Micro-enterprises are inherently well placed to be innovative: they are more likely to be set up and run by disabled people, to offer support to diverse groups, and to be flexible in the way in which they provide care. They bring creativity through their own diversity. In turn by providing alternatives they challenge more traditional providers to start thinking in new ways.

The benefits even go wider: an eco-system of small providers, including micro-enterprises, can provide resilience to an increasingly fragile sector and commissioners can support micro-enterprise in particular places to address gaps in mainstream support. By offering social care workers an alternative model, micro-enterprises contribute to retaining professionals within the sector. They

also build social connectedness as micro-enterprises serve clients in their local communities. This in turn means a reduction in carbon emissions as care workers reduce travel between clients.

TLAP's investigation of experiences in social care during the pandemic, discussed in their report *A Telling Experience*, demonstrates that ways of working forced on local authorities by the pressures of a global health emergency offer an opportunity to deliver on the spirit of what was intended for direct payments. During this period things that often take months or years – or seem unattainable – have been done rapidly. This has included getting around systems and decreasing bureaucracy, more liberating behaviours have been seen that can be built upon for the future. Direct payment recipients have experienced positive change that they want to retain though this may be challenged by budget challenges likely to be exacerbated by the unprecedented public spending that has been required to support the country through the pandemic.

Somerset County Council began to promote the micro-enterprise model in 2014 with support of Community Catalyst and a full time Local Catalyst six years ago now. Somerset had the second lowest take up of direct payments in the country and a model dominated by large, fairly traditional home care providers. Service users said they loved personalisation, choice and control but that there was not enough capacity of services to support people at home or in the community. Micro-enterprises were used to create the conditions for people with really good ideas to explore, test and setup their own supports or services to support other local people. After six years, the county has over 550 community enterprises in Somerset offering a range of different supports and services that can help people stay independent, well, at home and forming part of its support market place. For the first time in Somerset people not only have capacity but a choice of support and they're pretty passionate about what they do. They've actually come together to form local networks and a collective network to say this is who we are, this is a different way of delivering support and care at home.

Kirklees Council, started working with Community Catalyst to promote micro-enterprises in early 2020 recognising them as an innovative new model of meeting priority needs. These businesses play a key role in providing a market of services for direct payment recipients while also delivering significant social value through the local employment opportunities they create and the environmental benefits among others.

Local

The last decade has seen local authorities facing incredible challenges as demand on social care services rose while budgets were reduced. A key strategy to tackle this was outsourcing large, bundled contracts which then went to national companies or big national charities for the lowest possible unit price. This has often resulted in what Locality refer to as 'scale fail' where big contracts have failed to deliver neither the quality of service required nor the desired savings. Locality's Keep It Local campaign aims to demonstrate that there is a better way that they call "unlocking the power of community" recognising that community organisations play a really important role in the local service landscape that has been squeezed out through increasing scale. As Locality's Ed Wallis put it:

> *"This is for those person centred services where individuals experiencing complex needs find themselves a long way from the labour market, might be experiencing loneliness or social exclusion - services where those relationships are really important. That's where community organisations have a unique role to play. That's because they know the place and the people. They're passionate and committed for the long term so really able to grapple with those complex problems. And they're adaptable, cost effective and responsive to people's needs."*

The term Locality use to describe the role of these community organisations is 'Cogs of Connection'. Their being at the heart of communities and being multi-purpose organisations plays a key part in their ability to play this role and allowing individuals to create embedded relationships. Connection is vital for services for older people to tackle loneliness and isolation, build strong relationships and keep people living in their communities. This is the idea that Locality – with the support of the Lloyds Bank Foundation – is trying to build a movement around through their *Keep It Local* campaign. The campaign's three arguments are:

- Better services for local people – harnessing the qualities that community organisations bring;
- This is the way to reduce long-term pressure on the public sector by solving people's problems at source and not allowing them to mount up over time; and,
- Ensuring precious public resources are invested in the local economy rather than leaking out supporting Community Wealth Building.

The campaign has 11 trail blazer councils and two pilot areas – Bradford and Bristol – where Locality have provided in depth support. In both areas adult social care has been the main area of focus. The reasons for this are clear: the need for new innovative solutions that drive change in the quality of service as well as driving down cost. A central strategy in driving down cost is to keep people living healthy, happy lives for longer in their own communities rather than needing expensive residential care, and there is growing recognition that community organisations have a particular role to play. More specifically, NEF and Power to Change identify a role for community organisations at the edges of social care; not in the formal, regulated end of social care provision but those activities that have a preventative role in people's lives as well as addressing the social determinants of health that drive social care use through broader community development.

In Bristol, the impact of austerity had led to the authority spending more money in what Carol Watson, Head of Adult Care Commissioning, describes as "the wrong ways". One of these was that reducing rates for home care had reduced supply leading to higher numbers in residential care – often for individuals for whom this was neither necessary nor appropriate. Similarly, despite now being commitment to strength-based, place-based practice that emphasises tier one provision – community provision that enables independent living – the council has disinvested around £5m from the VCSE sector in part intentionally and in part due to procurement barriers. The Council's participation in Keep It Local was therefore about trying to develop a much more flexible offer for people – where appropriate – by working with VCSE partners. In this way not only would they be providing for those needs but also where organisations generate a surplus this can be invested into other community development initiatives.

The work started by bringing together a number of VCSE organisations with Locality to talk about opportunities in home care and get a sense of what might prevent those kinds of organisations getting involved in this market. It was clear that some organisations were interested in becoming registered care providers but a lot weren't but would be interested in providing the other kinds of support that really enable someone to live at home independently. A subsequent discussion brought together some of Bristol's contracted home care providers, local anchor organisations and disabled people's organisations to talk about what the future might be. This conversation started developing a vision based on developing local alliances that could deliver a different kind of service – similar to the TLAP rainbow approach.

The COVID pandemic provided an opportunity to access funds to formalise a pilot project titled *Make It Local* with four pilot local anchor organisations alongside the city wide Centre for Inclusive

Living, the regional black network and Age UK ensuring consideration of equalities. The funding has been used to create capacity in those organisations for twelve months to work alongside us to understand what opportunities might be, to co-produce alongside members of the community – and in particular obviously disabled people and people with lived experience who need to use those services – and start to design a different kind of service, and work through with the Council how they could commission, procure or enable that: how could they actually fund that in a real way?

This process has allowed the organisations to receive input from Locality, Power to Change (who've provided some of the pilot funding) and SCIE as well as hearing from other organisations around the country who are trying to develop something innovative. It led to identifying two key opportunities:

- Care at home leading to working more deliberately and strategically bringing together local partnerships between local VCSE anchors, domiciliary care providers and the council's commissioning team to develop the procurement approach for this in a way that works for those organisations particularly as they build up to capacity; and,
- Supporting people with personal budgets making sure there is a much richer offer. Bristol want to increase the number of people with direct payments by at least 50% and are looking to locally based organisations but also see micro-enterprises as a possibility.

The Council also recognise that while geographic community is important, there are other communities that are not geographically defined specifically around groups of interest and also equalities issues. They are therefore developing a sister project called *Make It Work* where our Black Workers Network are going to be working with a number of BAME led organisations – some VCSE and some are actually small private organisations that are trying to deliver support. They will look at how to build their capacity as the city recognises that – like many areas – they have not got the right offer for some of our BAME communities. The challenge now is to take this model to capacity.

In this way applying the Keep It Local principles in the context of social care is based on social partnership between the council, providers and other local organisations creating a context for co-production, in turn supporting enterprise and social economy, maximising social value and leading to new models of meeting priority needs.

Together

Social care as a sector provides huge opportunity for the creation of community businesses: organisations embedded in a place, that serve and are accountable to those that live there, whether that be an urban neighbourhood or a wider rural area. Health and social care is one of the sectors in which Power to Change is particularly focused in seeing the creation of collectively owned businesses. Colne Valley Care Coop (CCCV) and Equal Care are two such organisations. Sunderland Homegrown (see inset box) is another that operates on a quite different model but that plays a role in the social care tapestry. The central idea is that collective ownership provides people with a real say not just in a real way about how care is provided and how the organisation is run. They also tend to enable the people that deliver that support to have good working conditions and to have a say in how the organisation is run.

Sunderland Homegrown is a kind of garden centre but was started to support people with learning disabilities, autism and behavioural problems from a local college to get work experience. They have taken on a long term lease on a peppercorn rent from the council and runs as a commercial nursery and garden centre. It sells to the local community but also has contracts to provide plants such as for Durham Cathedral. It's got real trading income and the surplus is reinvested to support local people to have work placements and internships to develop work skills. A lot of the people who use these services, particularly the volunteer aspect and the internships, have personal budgets. In this way collective ownership benefits a lot of local people.

The positive impact of collective ownership models in social care has not yet been fully evidence. However, we know that for community businesses 56p of every £1 stays in the local economy and this impact is similar for micro-enterprises and cooperatives. This could play an important role as part of the foundational economy as we recover from the COVID-19 recession.

Community businesses typically have a focus on the environment and limiting environmental impact – as is the case for CCCV. In some cases local authorities have realised that their adult social care team has the biggest carbon footprint due to the travel involved in delivering social care. If we can deliver social care much more locally, we can reduce the impact on the environment while also getting volunteers involved and connecting people into their communities.

Equal Care was founded in 2018 with the express purpose of rebalancing the power relationships in social care in favour of the people who give and receive the support. This purpose came from recognition of the structural factors that were producing really poor care and support outcomes in person centred care models, principally the hidden assumption of the interchangeability of care and support relationships and care and support providers and the individuals who are giving that care and support ignoring the nuances, significance and quality of care that builds up as a result of getting to know, and liking, a person. Equal Care therefore talk about *relationship centred* not *person centred* care. They aim to share power and do that in a variety of ways, both through the governance model and the platform and to allow care and support to exist in abundance.

Equal Care see social care as fundamentally a social justice issue. That means thinking about whiteness, class, age, able-ism, all of the different dimensions of prejudice that can result in people getting really poor service just because of the colour of their skin, or people getting a really poor response from their employers just because of the colour of their skin. Furthermore, being a care worker as a woman in the UK is very dangerous; this is the occupation group most susceptible to committing suicide at 70% above the national average.

Equal Care is a platform cooperative, this means economic fairness, training, democratic participation and giving stakeholders a proper say. The membership structure includes *investor members* whose votes are limited to 10% of the final vote, *worker members* who contribute their labour, *advocate members* who are family members and *supported members* who are receiving support.

Care and support is centred around the idea of teams in a remixing of the Buurtzog self-management model that places the person getting support as the team leader. They then nominate trusted people to help them manage their support: introducing new people to the team, having some oversight of the rota, making changes to the support plan, etc. Team members can include a neighbour, a community volunteer, a peer supporter (someone who is getting support themselves) and of course the paid worker. Initially all workers were independent but will later include directly employed carers with a ratio around a third employed, two thirds independent. In contrast to the traditional home care model, you have control over who joins your team and they choose you back. This relationship centred approach, is based on consent providing the foundation for lasting, resilient, respectful care relationships. Equal Care Facilitators help the team set up, to deal with any challenges and while the platform is in development have supported introductions into the team.

Equal Care are already seeing some success delivering about 1,000 hours a month in September 2020, with 21 teams built and 22 workers, with turnover of workers at 7% compared to an industry average of 32%. The average hourly rate independent workers receive is £14/hour and reports from workers suggest significant changes in wellbeing and disposable income. They also have high matching success at 87% though this can't be compared as agencies wouldn't track it as they assigning rather than match.

When **Colne Valley Care Coop** (CCCV) started in 2018, they went back to first principles wanting to put people first, do something very much embedded in, and accountable to the community it serves. They also recognised that the majority of care is done informally by friends, family and neighbours and that it was important to tackle the social isolation that can destroy those bonds. This led to definition of its structure as multi-stakeholder, community owned and democratically controlled – though in practice taking a multi-stakeholder approach is not simple.

CCCV has seen a very substantial and positive response from elected members from the local authority Kirklees council, from local community members who have become investors, and from care workers who think it's a great idea. Their intention is to move away from the paradigm of time and task to being outcome focused.

Development of a theory of change showed them that wellbeing outcomes for an individual are very closely related to the wellbeing of the community in which they live. That those things are really quite interdependent and so it makes sense to take care of both of those aspects, to deliver a service that's actually going to have some benefits. This led them to get involved providing non-regulated support to vulnerable people in their community as part of the Kirklees COVID-19 Community Response as well as developing the regulated home care business. This is part of what taking a more holistic view of care means. CCCV has also been inspired by international examples of care cooperatives, particularly in northern Italy but also the multi-purpose cooperatives seen in some parts of Asia that take on an umbrella type role – not just social care but operating a range of other services and facilities to support their communities.

CCCV's vision is based on staying small and locally focused giving it strong bonds in their local community that they see as critical to their long-term success. Instead of growing, if they are successful they wish to scale by enabling other organisations like themselves to spring up through a

'strawberry patch' model, the mechanism used by coops in Northern Italy to great effect. In the space of thirty years they grew from a very small number to tens of thousands across that region. As such, part of each coop's growth plan is actually about supporting the next coop to start up and be successful: sharing the learning, expertise, tools and infrastructure that you build to make it easier for the next one.

Kirklees Better Outcomes Partnership (KBOP) operates on a different kind of 'together'. KBOP emerged from an attempt to remodel a former supporting people programme that had seen quite large budget reductions but increasing demand leading to shorter interventions and reduced support periods. This resulted in services addressing presenting need but not underlying issues so people were coming back. It wasn't working for service users, providers or commissioners. The intention was to prevent escalation, intervene earlier and prevent demand while being creative and flexible, encouraging staff to think differently and service users to maximise their opportunities.

The government's Fair Chance Fund social impact bond that supported outcomes for 18-24 year olds who were homeless and NEET provided an interesting model that could be applied to other cohorts while the Life Chances Fund – which funds 30% of outcomes achieved – offered the opportunity to look at the underlying issues with people and enable support services to focus on building the resilience of service users, encouraging sustainable skills, behaviours and outcomes. The focus of the services is more asset based, using mentoring to help service users navigate through things and looking at what difference you can make to an individual with some quite innovative ways of working. The people we work with have a complexity of issues around mental health, substance misuse, repeat homelessness, risk of rough sleeping; those people whose lifestyle factors or disabilities impact on their ability to live independently in the community.

The partnership itself is a community interest company that serves as a contracting vehicle, pump primed through a social impact bond from social investors Bridges Outcomes Partnerships, with services delivered by eight provider partners. The service was co-designed with providers, service users and the investors. It drive innovation with the ability to test approaches and share resources, and has created far more holistic, inclusive services that have removed inefficiencies, duplication and artificial competition.

KBOP funds the services delivered and the Council pays them for successful outcomes achieved such as getting someone into employment, education or training or getting them into accommodation. There is a small payment for achieving the outcome but a larger payment it has been sustained for a period of time. The social investor is constantly looking for innovative and creative ways to achieve the outcomes bringing a much more entrepreneurial spin, but also build up an evidence base of what works. From a commissioning perspective the Council pays for the outcomes and the social impact bond enables that switch of focus.

Establishing the partnership has been a lot of work and it is very complex but it has meant really getting opportunity to solve individual issues and find personalised solutions that work for people and can hopefully lead to sustainable outcomes.

Co-operatives such as ECC and CCCV have a significant role to play in providing alternative models of care while the values of such organisations are likely to lead to improved pay and working conditions for their staff. Support by councils to creating an environment supportive of cooperatives as well as direct supports can contribute significantly to their success. In some cases such as KBOP alternative approaches are required to provide a context for successful social partnership and innovation.

Conclusions

It is clear from the vast range of models presented through the webinars that no one model will solve social care's challenges but that there are various approaches Personal, Local and Together that can serve individuals and communities in different ways, empowering workers and those receiving care and support but also allowing partner organisations to work together in new ways that are complimentary rather than competitive. For Kirklees these models embody the Adult Social Care Vision endorsed by the Council's Cabinet during 2020 after being co-produced with staff, residents, unpaid carers and partners and which forms the future of plans to keep individuals in communities in Kirklees well and independent. This 5-year vision (the subject of a separate Policy Prototype Project) contains the guiding values and principles of how Kirklees plan to co-produce and co-deliver services in adult social care with individuals, unpaid carers and other partners. The objective is not only to keep individuals well and safe within their homes as long as possible but also to use innovative assistive technology and stronger links with services such as housing and planning.

The models described are as refreshing as they are varied and in all instances build on pre-existing assets. One of the enduring experiences of the pandemic is that our communities do care and want to connect: every part of the country saw Mutual Aid Groups emerge quicker than most councils were able to react and subsequently became the vehicle for a historic mobilisation of volunteers. We've also seen that more localised models of care have the potential for significant positive impact on reducing carbon emissions including local authorities' own climate targets but also potential to engage individuals in volunteering or social enterprise activities with positive impacts through horticulture.

All of the models considered are consistent with the co-operative values of self-help and self-responsibility, play a role in strengthening democratic engagement in a range of ways, and can be expected to contribute to increasing equality, equity and solidarity. Furthermore, the CCIN principles can be found at the heart of this work with service design based on Social Partnership and Co-production while the resulting services not only represent New models of meeting priority needs – including hrough co-operatives and mutuals – but support Enterprise and social economy and Maximising social value in their delivery.

That said, there remain barriers to their growth which need to be addressed:

- TLAP's research demonstrates that officer attitudes continue to hold back the potential of direct payments. Social care teams need to consider how they can increase the number of individuals in receipt of direct payments and empower them to have greater freedom to decide how they spend those funds. It is also necessary to address their invisibility in the national picture through creation of a national representative body for direct payment holders and their carers.
- Another factor holding back direct payments is the supply side offer: for individuals to have freedom to choose the type of support that will give them the best outcomes, a range of different services must be available to contract. Simultaneously, the micro-enterprise model taking off requires an adequate number of personal budget holders to exist to contract them.
- Staffing may present a challenge in some contexts – as in Bristol – and new models may be considered risky for those seeking employment particularly in the current economic context.
- Working in different ways with VCSE partners presents funding issues. KBOP's social impact bond (SIB) approach is one way to resolve this but the complexity and availability of capital to fund SIBs may be prohibitive.

- Procurement is regularly cited as an issue and while approaches to reducing barriers to local SMEs and VCSEs are now well documented, making these the norm may benefit from strengthening the evidence base for the additional benefits these organisations bring.
- CQC regulation provides an invaluable guarantee of quality, it is essential that this does not prevent quality services being provided on the edges of social care that play a key role in enabling individuals to live independently and to engage in their communities.
- It is also clear that none of these models can be applied 'off the shelf'. Each place and local community has different needs and assets. Co-production of services and commissioning approaches form a vital part of giving communities opportunity to define the services they wish to see and how they want to see them delivered.
- A final consideration is that of inclusion. While Bristol's approach combining services developed for communities defined geography but also by interest and demographic characteristics intends to ensure that services are inclusive and available to meet all needs, it was noted in discussions that some models – particularly where individuals choose their carers – may be susceptible to exclusionary choices. This will need to be monitored as new models grow and if this occurs look at approaches to mitigate against it.

Resources

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