Social care innovation by the social economy in Manchester, Greater Manchester and the North of England: Preparatory material for webinar

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Introduction

This paper sets out four case studies of social economy social care models, approaches and/or activities, primarily within Manchester and Greater Manchester – PossAbilities (Page 10); Be Caring (P. 14); North West Care Co-operative (NWCC) (P. 19); and HMR Circle (P. 22).

These examples illustrate some responses to the 'crisis of social care' within the UK, whether by those delivering contracted public services, complementary services, and/or attempting a more profound system change in how social care is understood and delivered. They follow a discussion of the context for innovation within social care in the UK and Greater Manchester, and the related trends and developments that this has given rise to (including some shorter case studies of interesting models).

This report also formed the basis for a learning exchange webinar between the City of Manchester and Ville de Montréal on 1st October 2019.

Some caveats about this paper are necessary. The research itself was very short – there were only seven days to undertake a preliminary literature and practice scoping study, undertake interviews and do desk research, as well as writing up the case studies. The initial scoping paper found that the range of appropriate and useful examples within Greater Manchester is in fact limited, and the evidence base variable. The examples provided can therefore only be indicative, but illustrate the capacity for, and trends within, ongoing and future social innovation in this space.

Social care is both a challenging, as well as interesting, sector to explore. It is challenging because the low level of available public funding has meant that it is extremely difficult for organisations that work in this sector, particularly those delivering public sector contracts, to have spare financial resources or time in which to innovate. There is therefore a danger of what has been called 'isomorphism' which means that organisations come to resemble each other, even if they have

different motivations and structures, due to similar external constraints. The organisations and innovations covered here therefore cannot be understood separately from the national government framework for delivering social care, as well as the nature of devolved governance and delivery within Manchester and Greater Manchester. In other words, it is crucial to consider the entire system of social care within which these innovations operate, or which they are trying to change, rather than just the behaviour and outcomes of individual organisations.[1]

On the other hand, extreme difficulties inspire innovation to try to improve the situation and/or radically alter the environment itself.

What is the social economy? For the purposes of this report, the term 'social economy' is taken in a wide sense to refer to organisations and businesses, as well as informal activity and networks or collaborations that do not focus on profit maximisation as an end goal and which have the underlying principles of reciprocity and solidarity, meeting needs through co-operation and collaboration.[2] It therefore includes the overlapping areas of social enterprises, co-operatives, much of the voluntary sector, employee-owned businesses, community enterprises, as well as informal groups.

However, despite the limitations of the work, these case studies provide some useful insights into whether the organisational model, and related culture and motivations, is important to consider in care delivery, as well as the wider system-changing implications of these examples. It is also important to consider collaborations and wider system change that enable innovative practices to be scaled up.

They are also useful for developing a discussion around more general support for the social economy and social innovation, drawing on the considerable expertise of webinar participants. Some background to stimulate discussion on social economy and social innovation support (drawing on the experience of 10 international cities and 10 UK ones) can be found in the JRF publication *Cities, the social economy, and inclusive growth.* This paper, alongside the presentation and *The Action Plan for Social Innovation: Weaving together Montréal* was used to frame the discussion on general support for the social economy and social innovation.

The focus here is on the social economy, but this discussion is not meant to imply that the private or public sectors are not innovative. The overlaps between sectors are also important. Some local businesses may be just as committed to values and employee conditions – questioning any simplistic split between 'value-driven' and primarily 'profit-driven' organisations.

What is social innovation? Social innovation can be defined in many different ways. *The International Handbook on Social Innovation*, takes a predominantly welfare system approach seeing social innovation as that which "recognizes past failure of conventional service delivery to tackle poverty and social exclusion, and seeks to promote new ways of doing things, grounded in the social relations and experiences of those in need".[3] Montreal takes a wider definition and scope, which reflects that of many government bodies internationally: "A social innovation is an idea, approach, initiative, service, product, law, or type of organization that offers something new and provides a better and more sustainable solution to a well-defined social need than those already in place. It can also be a solution adopted within an institution, organization, or community and that generates a measurable benefit for the community, not just for certain individuals."[4]

[1] See for example: https://neweconomics.org/uploads/files/Sustainable-social-care.pdf and https://youngfoundation.org/publications/social-innovation-health-social-care-state-art-summary/

[2] See for full explanation of the social and solidarity economy within a UK context, the JRF report *Cities, the social economy, and inclusive growth*.

[3] Moulaert F, MacCallum, D, Mehmood A and Hamdouch A (2013) *The International Handbook on Social Innovation*, Edward Elgar.

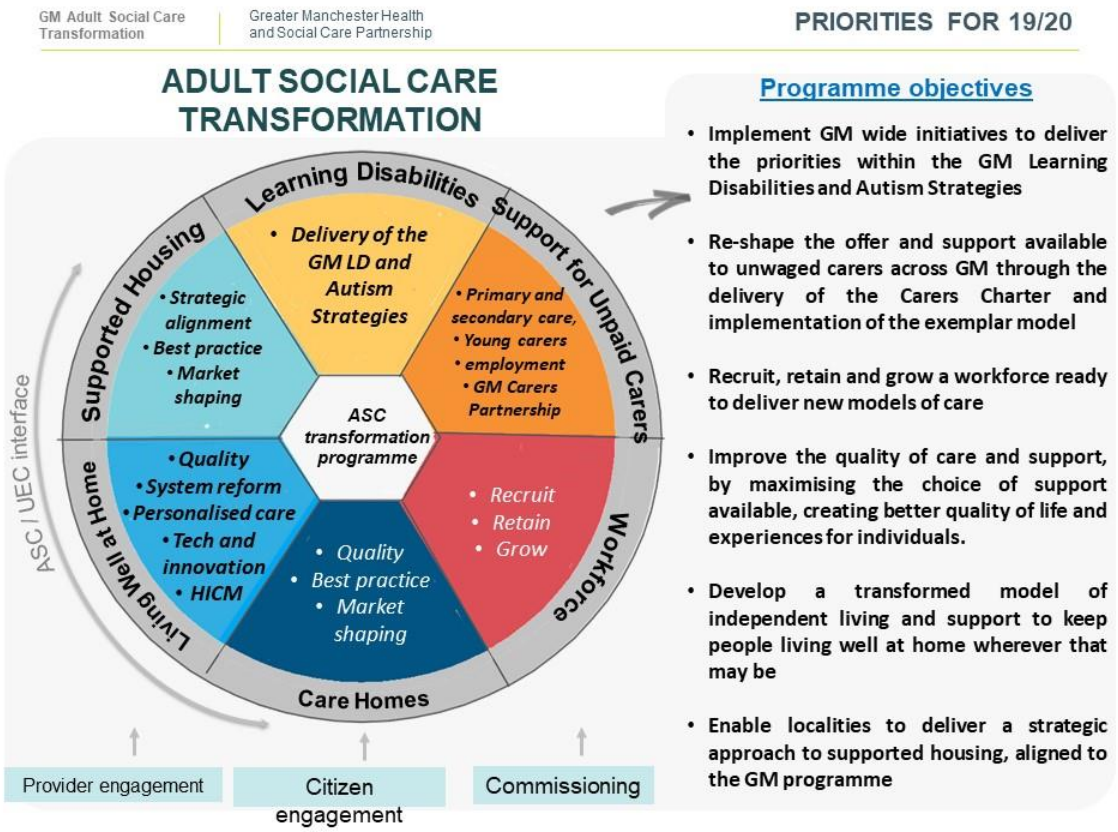
[4] *The Action Plan for Social Innovation: Weaving together Montréal*

Social care in Manchester and Greater Manchester

The challenges of social care are well known, ranging from under-provision (exacerbated for example by increasing numbers of elderly people requiring support) to poor pay and working conditions for employees. The long awaited Green Paper on Social Care has yet to appear but is recognised as crucial to the viability of care provision in future.

Devolution to Greater Manchester has enabled some public sector innovation within social care, building on trends towards more personalised care and local delivery, as well as bringing social and health care together. The Greater Manchester Health and Social Care Partnership, has for example developed an Adult Social Care Transformation Programme which has led to evidenced improvement in the quality of provision, as well as innovations which are improving working conditions. According to the Care Quality Commission (CQC), of those inspected, 72% of care homes in GM are currently rated as either good or outstanding – a 17% improvement since April 2016; and of those inspected, 85% of domiciliary care agencies are rated good or outstanding – up from 60% in April 2016.[5]

Elements of the approach taken are shown in the diagram below which is an overview of the Greater Manchester Health and Social Care Partnership Programme.[6]



[5] For full details of the current situation with regards to Adult Social Care within GM, see Atkinson C, Sarwar A and Crozier S (2019) Adult Social Care technical report, Greater Manchester Independent Prosperity Review, Decent Work and Productivity Research Centre, MMU.

[6] This overview diagram was provided by GMHSCP for this research in October 2019 to update a previous diagram.

However, delivery challenges still remain. It is still hard to provide affordable and quality care provision, primarily because of the underfunding of social care. Key workforce challenges for example within Adult Social Care (ASC) include: low pay levels; lack of professional recognition and career structure; low skills and workforce quality; problems of recruitment and retention (turnover varies across boroughs between 18.7% and 36.2%); few progression opportunities; working conditions (20% of frontline care workers are employed on zero-hours contracts), and with limited diversity (predominantly female/older) and poor sector image.[7] Whilst much of the emphasis within GM has been on Adult Social Care, there are also difficulties in delivering appropriate care services to children and young people with mental or physical challenges.

The work done by MMU for the GMCA's Independent Prosperity Review did not explore the implications of considering different business models used by independent providers, and whether the difference in motivations and organisational structure impacted on the quality of provision and/or employee terms and conditions. This piece of work is therefore an exploratory start to fill that gap. It suggests that further work on business models, particularly in an area which is, by its very nature, of strong 'public interest' may help in formulating a way to address the challenges facing social care within GM and Manchester. These business and organisational models do not just refer to individual organisations but also to the potential for collaboration between organisations – whether public, private or social economy.

Innovation in social care

Professor Carol Atkinson from Manchester Metropolitan University (MMU) in her case study of social care as part of GMCA's Independent Prosperity Review identified a range of innovations created through the Transformation Programme and also by individual organisations and partnerships. However, she found these were small-scale, raising the challenge of how to scale.

Some answers came from an event held by the Inclusive Growth Analysis Unit (IGAU) in December 2018 which brought the different stakeholders in adult social care together.[8] The roundtable was held in collaboration with GMCA and MMU, and identified some solutions to the problem of scale (and lack of information sharing) from increased collaboration. These included local networks to share good practice on employment, or care quality innovations; as well as a portal or platform for digital innovation.

The current deliberations of the GM Co-operative Commission are progressing along similar lines. They have suggested that a secondary co-operative business structure could be used by small companies (and presumably by VCSE (voluntary, community sector and social enterprise) and co-operatives) delivering public sector contracts. This would enable them to work collaboratively as consortia in order to win larger contracts. This example applies particularly to social care where independent providers currently make up 80% of provision. (Case Study 1: PossAbilities – is part of such a consortium registered as a Limited Liability Partnership (LLP)).

There is much support across GM for VCSE delivery of public contracts particularly in recognition of their role in creating 'social value' within delivery. For example, Manchester Health and Care Commissioning and Manchester City Council have been "working together to review, co-design and

[7] Atkinson *et al* [ibid]

[8] The publication including this example as well as two more sectors, those of voluntary sector and social enterprise (VCSE), and digital industries, will be published by the IGAU later in 2019. It will explore the nature of good work across these sectors and the implications of the similarities and differences for the development of policies such as Greater Manchester's Good Employment Charter.

consult with the voluntary, community and social enterprise sector on the development of a new infrastructure support service for the city."[9] The scoping study for this piece of work identified four examples of individual social economy organisations which are pursuing both small and large innovations. Some are creating innovation within the current system, while others are pursuing wider system change. For some, it is the organisational form itself (such as pursuing a more mutual or co-operative approach to better engage workers and users, and improve working lives and quality of care) which should be seen as the innovation relative to more 'mainstream' providers. The focus of two is on improving the quality of care and employment conditions within existing public sector care provision contracts, whilst two provide standalone or complementary activities, part of a wider understanding of what care and a caring economy or society can mean. Each of these also illustrates some of the different, but overlapping, trends in social economy care support.

Public Service Mutuals (PSMs)

The idea of spinning out certain parts of local authority service delivery, including health and social care, to 'public service mutuals' was piloted in the New Labour years. The UK Government defines these as: "organisations which have left the formal public sector, continue to deliver public services and aim to have a positive social impact, and have a significant degree of employee ownership, influence or control in the way the organisation is run."[10] The subsequent Conservative administration continued this trend with further support. However, influenced by the success of the John Lewis model, the original support for multistakeholder governance models, primarily focused on community and users, changed to the promotion of employee mutuals.

There have been some studies of the impacts of these models on the quality of care, employee experience, as well as innovation. For example, Middlesex University undertook research (which is currently being repeated), on the impacts of being a PSM on health and social care innovation.

Key findings from *Innovation beyond the spin: Briefing paper on spin-out social enterprises and public service* included that: "Innovation has been shown to be faster and easier in spin-out social enterprises compared to experiences in the public sector"; whilst "The public sector was found to be playing an important ongoing role in terms of influencing innovation agendas and as a source of support". "Social enterprises had developed cultures for encouraging innovation and spaces for experimentation" and "Successful innovation in services is often linked to the involvement of multiple stakeholders including staff, service users, commissioners and close working with partners in the public, third and (to a lesser extent) private sectors". They also showed that the culture was more important to innovation than legal structure, and that innovation can be funded through retained profit and commissioning relationships.

A 2019 report by Social Enterprise UK, *Public Service Mutuals: the State of the Sector* showed that across the mutuals 'sector', 85% of organisations have a happier and more engaged workforce since moving out of the public sector; with 66% innovating in the last year.

Case Study 1 (Page 10) sets out one of Greater Manchester's award-winning PSMs, PossAbilities, which illustrates the potential benefits identified above, describes a range of innovations in both

[9] https://www.mhcc.nhs.uk/news/procuring-a-new-voluntary-community-and-social-enterprise-infrastruture-support-service/

[10] You can find out more about Public Service Mutuals at: https://www.gov.uk/government/collections/public-service-mutuals#introduction-to-public-service-mutuals

employment and service delivery, provides an example of the constraints and possibilities within current funding regimes, and indicates future support which would enable further social innovation.

Co-operative and employee-ownership models

Interest in co-operative and employee ownership within social care provision has been increasing. For example, the report *Owning Our Care: Investigating the Development of Multistakeholder Co-operative Care in the UK* published by Co-ops UK, and based on four case studies, concluded that, done correctly, co-operative approaches could be "seen as a way of bringing aspirations in care legislation to life" by creating more flexible and responsive services that benefit from a sense of "shared purpose". The study found that three out of four were relatively more responsive to service users.

In the press release for the launch, Mervyn Eastman, chair of the Co-operative Care Forum said: "If we are to fundamentally address the present fragmented and failing market, [we have] to evidence why co-operative care can address present relational power imbalances between people using, providing and commissioning care."

The research also found that the success of cooperatives hinges on "nurturing an engaged and empowered membership" who will participate in new organisational structures.[11] It also sets out challenges to creating a co-operative model: legal, financial (relying on public sector funding) and cultural.

An example of an employee-owned social enterprise delivering social care at scale is **Case Study 2** Be Caring. The case identifies some of the ways that an organisation working within current funding constraints is developing strategies to engage their staff, as well as some of the ongoing challenges that they face.

Co-ops UK and others are also supporting "digital platform co-operatives" as a way to both engage investors as well as reduce costs through shared provision. Platform co-operatives are: "any business that operates on or through a digital platform and offers democratic ownership and governance".[12] These models are also being explored as part of the GM Co-operative Commission. An example of a co-operative digital platform being used in social care is that of Equal Care.

Equal Care Co-operative UK is a start-up social care co-operative in the Calder Valley, Yorkshire, set up to address low pay and staff shortages in social care by bringing support workers and care recipients together through a co-operative digital platform. They "want to see a care and support system which puts the relationship between giver and receiver first, shares power and allows care and support to exist in abundance". Emma Adelaide Back, the founder said: "We're not looking at increasing the price of social care, we're just using the platform as a tool to achieve enough efficiencies so that more of it can go to the worker."

The aim of the new venture is to match workers and carers. "Rather than the people being supported feeling out of control, the co-op will allow them and their families to choose who cares for them. And instead of care workers having no say over their work, they will be able to choose the kind of work they do, who they support and whether or not they want to be self-employed or opt for the security of formal employment."[13]

Most importantly, CareShare puts peer support at the heart of its work – people who receive care can also offer support themselves and be fairly rewarded for the skills and experience they share with others. The

[11] As summarised by the review in *Community Care*, https://www.communitycare.co.uk/2017/07/26/social-care-co-operatives-can-create-flexible-support-finds-report/

[12] https://www.uk.coop/unfound

[13] https://www.uk.coop/newsroom/innovative-social-care-enterprise-wins-national-co-op-pitches-competition

approach is based around an online platform that will allow care workers, care users and their families to work together and achieve high quality, decently paid care.

This is ongoing work and they are "working with Co-ops UK to set up a bespoke set of rules for Equal Care as there is no standard for platform co-ops."[14]

The idea came out of an initiative *UnFound* run by Co-ops UK. They are (as of September 2019) prototyping the platform and have received financial support from the Paul Hamlyn Foundation's Ideas and Pioneers Fund. The have set out their journey on their website. They are a Nesta ShareLab grantee and have also been supported by the Reach Foundation and Bright Ideas. They are doing their first community share offer and are being supported by Finance Innovation Lab.

Digital platforms are also being considered as a means of balancing the employment needs of childcare and adult care organisations with people needing flexible work. This approach could save money on agency fees and enable people to build a working life across several like-minded organisations. This requires enough organisations to work together at scale to be feasible.

A collaborative approach to care can also be facilitated when smaller organisations come together to create a secondary co-operative or service company which provides administrative support or other ways of sharing resources to stakeholders. An example of this kind of approach can be found in **Case Study 3** (Page 19), the North West Care Co-operative Ltd, a pilot which is exploring the benefits of using a multi-stakeholder care co-operative model to arrange and deliver care for people holding personal budgets alongside setting up a service company which assumes responsibility for activities such as employing carers and compliance, such as with CQC standards. The idea is that this set-up has the double advantage of offering individuals more control over their care arrangements in a collaborative setting, without requiring them to assume direct responsibility for complying with regulations, and can also offer care providers better employment terms and conditions.

Rethinking Care

A Social Care Futures conference in November 2018[15] focused on creating models of locally-based care so other people could determine their own futures, using community assets. They wanted a "Shared Story of Change" away from just thinking about services and payments, to creating a society which included "how we want to include and support one another". The organisation Power to Change envisioned: "a different future in social care; one that is rooted in locality and driven by the needs of individuals and communities".

In one session – "Glimpsing the Future" - co-hosted by SCIE (Social Care Institute of Excellence), Nesta, In Control, Shared Lives Plus and Think Local Act Personal, countrywide examples were given which "share power with people and communities, use all local resources and build better approaches to support that are human sized and shaped."

Think Local Act Personal have been working to develop a framework to support more places to work with their local assets. One successful example of this kind of approach, is illustrated by **Case**

[14] https://www.independent.co.uk/news/business/indyventure/platform-coops-sharing-economy-uk-bank-social-care-a8368921.html

[15] Live recordings: https://www.youtube.com/playlist?list=PLSCQCP7Aa-Q8ZkqRTjs-2sH47d1IB2YMq&fbclid=IwAR28GcOGZdqW3HkVJrt4_Nu8WZpyt90p8ATWTrq14AmIdFPYk3oDk75KWkI.
Slides and presentations:
https://www.dropbox.com/sh/ptu1vcv8esyrsik/AAAwnn5lXvsaZ9SxlDWsQA13a?dl=0

Study 4: HMR Circle, (Page 22) which builds on the 'relational' approach to welfare developed by Participle as a social innovation trialled initially in Southwark. This focus on the importance of relationships is also the basis of a simple innovation designed to transform care within both residential and domiciliary care, by Unlimited Potential based in Salford.

First Impressions

The problem
People living with dementia resident in care homes are often treated as people with specific health-related needs, rather than individuals with a life history and skills. Much of this problem has arisen as a result of the limited resources and time available to care workers. Their priorities are often to ensure that a person's basic needs are met, ensuring an individual's safety and that of others around them.
It is presumed that enabling people living with dementia to have more fulfilling lives and improved relationships, both inside and outside the care home, will benefit their well-being and quality of life.

The social innovation
Unlimited Potential's original idea was to see whether a form of 'time banking' could enable people living with dementia to engage in meaningful relationships with others in the wider community, and to make best use of their skills. Whilst this approach was being piloted in a care home in Greater Manchester, it was clear that the practicalities of making this work were difficult. For example, there was no history in the local area of time banking and therefore few resources or culture on which to build. There were also no resources available to fund a co-ordinator going forward to ensure such an approach was sustainable.

The result of this learning was that Unlimited Potential created an easy to use A4 '*What makes me comfortable*' sheet that can be populated with personal information about a care home resident. The resulting visual fact sheet can be used by care workers to better understand and respond to a person's preferences. The idea is that this will both increase the quality of care provided, as well as improve job satisfaction. There is also a belief that, in the long run, this kind of approach may reduce so-called 'challenging behaviour' and thus decrease the number of staff required. It may therefore enable increasing both the pay, terms and conditions of existing staff, as well as job satisfaction and staff retention.

Challenges, wider application and ways forward
This idea was seen by Chris Dabbs, the Chief Executive of Unlimited Potential, as a way of increasing the 'productivity' of social care. He also felt that this simple solution is part of 'rethinking' care, seeing it as a valued role, and focusing more on the quality of people's relationships, rather than just their care needs. Evidence from similar approaches in New Zealand and Alaska has shown decreased hospital admissions.[16] An increased focus on relationships would bring carers and cared for closer together as people. This could beneficially work not only in care homes but also in domiciliary care.

The challenge for Unlimited Potential is to better evidence this kind of approach (perhaps through partnership with academia) and to secure funding to trial this innovation more widely. Potential funders in GM were suggested as CCG innovation funding. Opportunities for social innovation are also opening up through Health Innovation Manchester.[17]

Unlimited Potential would also like to work with the Salford Institute for Dementia to create a research project in this area, and believe that using this kind of academic link would increase its credibility as a social innovation organisation. An intermediary could also enable this initiative to spread: one possibility identified was the local (Community Voluntary Service) CVS or its equivalent.

Another example presented at the Social Futures Conference was that of Somerset Community Enterprises. Whilst this has been set up in a rural area it illustrates again how small organisations can be created and supported through collaboration and partnership, hence achieving viable scale.

Somerset Community Enterprises

[16] https://www.southcentralfoundation.com/nuka-system-of-care/
[17] https://healthinnovationmanchester.com/

Community Catalysts Somerset supported, in partnership with Somerset Council, networks of micro-enterprises to support choice and local delivery in social care.[18]

Somerset Community Enterprises was created because of difficult in providing quality care and support to a growing number of people, alongside decreasing public sector resources. The Council also faced the challenge that: "Self funders and people with Direct Payments also want something more and different". They used Community Catalysts 5 step approach to community enterprise development to create "community led development of home based care and support for older people – [to create] more variety, choice and capacity".

They believe that community micro-enterprises create personal and tailored support, co-produced, rooted in communities, responsive and with lower cost services. They "link to their community and build social capital" with "local people helping other local people" and "promoting wellbeing and independent living". There are 16 quality assured local and self-managed networks which benefit from central support. Research on impact by Community Catalysts showed that at the end of Year 4, a survey of 103 micro enterprises across the county identified over £2 million pounds in annual savings to the Somerset heath and care system (with £500k directly attributed to adult social care).

Pip Collins believed the impact was due to:

- Older people are well-supported at home by people from their neighbourhood
- Support is co-designed.
- People can work locally, earn an income and make a positive difference
- Commissioners, older people and families know good support is available. As a result people come home earlier from hospital. More people choose to take a Direct Payment.
- People stay connected to their community, contributing and avoiding loneliness
- Money is saved as the cost of care delivered by community enterprises is cheaper

Challenges included: information sharing; governance arrangements and approaches to quality when supporting providers at scale; developing self-sustaining micro-provider networks; and, commissioned core home care providers. Success factors included: partnership approach; investment; proven model and method of enterprise facilitation; trust, time and relationships.

[18] The example was presented at the Social Care Futures Conference by Pip Cannons, Somerset Council. Slides available at: https://www.dropbox.com/sh/ptu1vcv8esyrsik/AAACs1phL6M-BX00oSpWfMuza/People's%20History%20Museum%20-%20Day%201?dl=0&preview=Micro+Enterprises+in+Somerset+November+2018.pptx&subfolder_nav_tracking=1

Case Study 1: PossAbilities

What's the problem? Care services delivered in-house by local authorities may suffer from restricted funding, as well as lack of time, resources, flexibility, and freedom for staff to innovate in service delivery.

What's the social innovation? Under the New Labour Government, and continued by the subsequent Conservative administrations, the idea was developed and implemented to enable existing staff within local authorities to have the option to spin out and work independently as a Public Service Mutual. The presumed benefits were those of more motivated staff and engaged users which would contribute to innovation, better quality of care, enhanced employment pay and conditions. Evidence supporting this idea came from reviews of the benefits of existing mutual models such as John Lewis and has been and continues to be explored by the University of Middlesex.[19] PossAbilities spun out of Rochdale Council in 2014.

Impacts PossAbilities has been CQC graded 'outstanding' two years running for their Supported Living Services and Shared Lives, and have seen their employee absences halve since spin-out. They have created many innovations in both service delivery and improving the terms and conditions for employees. However, because of the low public sector contract funding, they say they are currently unable to provide the Real Living Wage for all employees.

Implications and wider learning

- Some level of support is needed to enable organisations to better account for social value cost effectively
- There are benefits from supporting innovations around available finance and local asset usage (eg local authorities can lend money at far lower rates than banks or even social investment funds
- Easy access to good practice could inspire similar organisations to innovate
- Greater partnership working between similar organisations could help realise economies of scale, whilst retaining the benefits of size and locality (for both care and employment quality)
- Partnerships with the local authority and other stakeholders can continue and extend innovation
- Consideration of outcomes-based commissioning, engaging providers during contract design

About PossAbilities

PossAbilities is an example of a successful Public Service Mutual which spun out of Rochdale Council in 2014. They have been promoted by the UK Government as a flagship example and are also a case study for the 2018 Civil Society Strategy: Building a future that works for everyone. Rachel Law, their CEO, who was interviewed for this case study, believes they get this kind of government recognition because of their contributions to increased 'societal resilience' as well as 'increasing inclusion'. PossAbilities provides a range of services for vulnerable people, primarily those with learning disabilities, as well as young people leaving care. Other groups include people with physical disabilities, as well as those with mental health problems, and acquired brain injury.

"Our approach focuses on getting to know people's aspirations and helping them achieve them. We support people to live independently and to contribute to life in their own communities. We have a strong track record of supporting people to build their independence and in reducing support needs over time. We build our approach around the preferred routines and activities of each individual we support, supporting people as active citizens, who have the capacity to engage in a variety of activities. This approach is called "active support" and is underpinned by our person-centred ethos and a positive approach to risk-taking."[20]

PossAbilities say they do not have a complicated mission statement, just values to: "remain passionate, person-centred; show integrity; apply creativity; and stay happy".[21] These values were created by the staff themselves on spin-out. PossAbilities also asked their service users to devise behaviours which fit with these values. They have four strategic objectives: promoting choice and control; promoting citizenship and inclusion; improving health and access to healthcare; promoting independence and keeping safe.

[19] See also a 2019 report by Social Enterprise UK, *Public Service Mutuals: the State of the Sector*

[20] Taken from filed accounts at Companies House

[21] Quoted material here and following comes from PossAbilities website.

Examples of services provided include: day services – which "give adults with learning and physical disabilities the opportunity to meet new people, learn new skills and take part in meaningful activities which are outcome focussed." Individual support packages are paid for through people's personal budgets. They have four wellbeing hubs in different locations. One example is Cherwell Wellbeing Hub which "provides opportunity, support and encouragement for people to learn new skills and to improve their existing ones, paving the way into employment or voluntary opportunities and a more active role in the local community. It also encourages confidence building, team work, friendships and health and well-being."

Supported Living and Outreach is provided by the Community Support Team which provides "flexible person centred services to young people and adults with learning disabilities with varying support needs including personal care." They also deliver a Shared Lives Service – where people are paid to support vulnerable people by inviting them into their homes for a short or long period, as a stepping stone to their own tenancies; as well as Family based support; Respite, short breaks and supported holidays; and Employment Services. Services include: assessment to identify individual needs; work preparation coaching, help with CV writing and application forms; and job search.

They have also developed activities for the whole community, for example through the Wellbeing Garden and Farm attached to the Cherwell Hub. It is looked after by people with learning disabilities, their staff and local volunteers, enabling vulnerable people to gain employment skills. This initiative was funded by Viridor Credits, ASDA First Steps Fund, Adactus Housing and PossAbilities' own money.

PossAbilities is a Community Interest Company (CIC) Company Limited by Guarantee (CLG) with 'co-ownership' by staff and service users with opportunities to participate in the development of the organisation. PossAbilities has a board including executive staff, non-executive directors, and an elected staff representative. All staff are 'associate members' and have voting rights with the right to elect an associate member to the board of directors. There are four advisory groups, chaired by a member of the board: for staff, service users, family supporters and carers thereby giving a greater degree of connection between the advisory groups and board of directors.

According to their last Annual Report, filed at Companies House, and covering the year to March 2018, PossAbilities had 521 staff and supported 321 people across the NW. They had 29 self-employed Shared Lives carers, 50 supported living schemes, 5 day centres, and 2 respite homes. From the interview with Rachel Law, there are, as of August 2019, over 600 employees and about 50 self-employed Shared Lives providers. The last official turnover up to March 2018 was £11,443,000 with £533,012 surplus. As of the interview, 16th August 2019, the turnover is now about £15million. Most of this income comes from contracts.

Origins and development over time

PossAbilities was set up in 2014 after spinning out of Rochdale Council with respite care, day care, employment services, Shared Lives and supported living. The staff within the Local Authority realised that because of spending cuts they could not compete with the private sector. The employees wanted to protect their jobs and continue to improve services.

The initial funding came from the contracts themselves, as well as from the UK Government's Public Service Mutual spin-out fund and support. They also had advice from another PSM, Social adVentures, that had already spun-out (Scott Daraugh CEO of Social adVentures is chair of their board) and from Mutual Ventures, a consultancy which supports PSMs, again part of their board.

Since its formation, PossAbilities has more than doubled its turnover; increased staff from 220 to about 600; built its reserves; and expanded from Rochdale into Widnes, Runcorn. Oldham, Todmorden, Trafford, Calderdale and Stockport. They have also developed a new model of supported accommodation – 17 Cherwell Village Apartments. This project was enabled by an asset transfer from the local council using spare land and which also included the Cherwell Wellbeing

Hub. This initiative was sanctioned providing PossAbilities delivers supported accommodation for vulnerable adults including services for the community. They had a loan from the LA at 2.3%, far less than the average 6% required by social investment funds.

As they have developed, PossAbilities has engaged staff, users and other stakeholders to develop new services and improve existing ones. New products and services include activities which enable their service users to engage fully in work and community opportunities such as through the Cherwell Garden. They have also started autism life coaching. These examples, as well as their increased number of contracts with different LAs, both in GM and other areas within the North West, have meant that they are diversifing their income streams which enables increased financial resilience. They are also part of an LLP together with other organisations such as Social adVentures. Through this they have tendered for a dementia centre, using an empty local authority building and included a nursery.

Their future plans are not to grow too much and lose the ability to create and maintain human-sized provision. They would like to stay at around £20m turnover. They want to keep having new and innovative ideas such as those which create intergenerational links between older and younger people. They also believe that they can partner for larger tenders, as well as innovate and explore new opportunities to grow and diversify.

Impacts and outcomes

They are CQC rated 'outstanding' for supported living and for Shared Lives. They pride themselves on having received such CQC ratings for two years running, a situation which only arises for 2% of health and social care providers. They feel that they get this rating level because they provide added extras such as a 'social lounge' which they funded themselves, a farm in the community, an immersive room with interactive cinema, and are continually innovating.

PossAbilities has seen its absences drop by 50% since spinning out. "The culture change from being a PSM social enterprise has enabled the staff to feel more part of the organisation with a sense of ownership to make it work."[22] Rachel Law also believes that with spinouts staff and users are more engaged, which leads to more productivity. An example of such an improvement is that of including the staff supervision, the results of discussions between the manager and the person receiving support to find out about quality of practice and conduct of staff.

They have also adopted the Driving Up Quality Code – (which requires: "support focused on person; person supported to have ordinary and meaningful life; care focuses on people being happy and increased quality of life; good organisational culture and leadership") - to improve services.[23] An example of the results of this process is that they have begun to involve the people they support in staff recruitment; from developing person specifications to the interviewing candidates.

They recognise that they have done very little so far in impact measurement and proving social value, due to lack of resources. They believe they would need a fulltime employee to do this. They also feel that some of their outcomes might not be captured by current methods, for example, providing Christmas meals for the homeless, summer fairs for children, employing local people or using local traders. Rachel Law asked how could they monetise the value of a child saying that a summer fair was the best day of their life, particularly important for someone from a low income family?

Rachel Law set out the secrets of their success in a video for the UK Government. "Our profit can be reinvested back into the services we offer….. we have been able to realise the benefits of being independent, such as being able to make faster decisions and opening up more opportunities to use

[22] https://www.gov.uk/government/case-studies/possabilities-a-public-service-mutual-in-adult-social-care

[23] Driving Up Quality Code – PossAbilities Self Assessment

innovative services. More importantly, it's meant we've been able to target new commercial opportunities and move away from being reliant on a single funding source."

Innovation

"Innovation, creativity, we can make things happen quickly, we can do it all. People really feel part of the organisation so staff really want to make it work."[24]

PossAbilities believe that their structure and approach enables them to continually innovate and improve. Ideas for innovation arise from different sources, for example, available funding streams or from staff and users. For example: "We have introduced peer review audits within our services in order to offer a different perspective and a fresh pair of eyes to identify areas of weakness and share good practice… We send out a yearly staff questionnaire to analyse how employees feel about their job. Information collated is used to improve the working environment and increase employee satisfaction." There is a 'Big Idea' initiative which encourages staff to provide their ideas. They also ask users and staff, 'If we make a surplus what would you like us to spend that on?'

Employment pay, terms and conditions

Overall, PossAbilities has created a positive working environment which contributes to reduced absenteeism, engaged staff, increased innovation and the ability to offer and reward staff in different ways than when they were part of the local council. They also offer flexible working such as job sharing, term-time working and nine-day fortnights which they believe has had a positive impact on productivity. There is training and development for all staff, as well as progression paths and leadership training. They pride themselves on having a zero gender pay gap. 75% of their senior roles are filled by women, with a similar female/male split at all levels.

In terms of rewards, they argue that they have little flexibility on pay due to the nature of public sector contracts, but provide other incentives, for example, staff with excellent attendance records are rewarded with a 'duvet day', and every Christmas, dependent on company performance, all staff receive a £150 gift voucher as a reward." They also celebrate staff who have 'gone the extra mile' with gifts and WOW cards, as well as annual awards.

Though they would like to pay staff more, they see rises in the minimum wage as a risk factor. They do however, pay more to staff who do particularly challenging work. Rachel Law identified a problem that often the LA will not pay for rises in the Living Wage ie their fee uplift may not be the same as the increase in the Living Wage.

There are also challenges with recruitment and retention. They are bringing in succession planning to prepare future managers, and want to create: "a company values based recruitment process to "to identify those people that will care for our service users in line with the values we hold." They are also creating a training and experienced based programme "that allows individuals to see if Social Care is for them and if they are right for Social Care prior to attending an interview."

On diversity they work with Employment Links. If someone has been unemployed for a while then they offer them work placements so that they can see how it works. In terms of health and wellbeing of workers, they have signed up to the Health Charter, and have a mental health first aider, as well as counsellors. An Employee Assistance Programme helps employees deal with any personal problems that might impact on their work performance and health and wellbeing.

[24] Collette Crooks, Operations Director in UK Government video interview https://www.gov.uk/government/case-studies/possabilities-a-public-service-mutual-in-adult-social-care

Case Study 2: Be Caring

The challenge
Care work is often associated with poor employment terms and conditions.[25] One factor behind this is the tendency to commission domiciliary care services on a 'time and task' basis, which can lead to gaps in paid time (e.g. whilst travelling between people's homes) and insecurity for workers. Nationally, a growing share of care workers are paid the minimum hourly rate and turning to domiciliary care, many workers are employed on zero hour contracts (58%) and these roles are often associated with high turnover rates, with around 43.7% of workers leaving their roles in 2018/19.[26]

The innovation
Be Caring Ltd[27] is an employee-owned social enterprise which aims to demonstrate that an ethical, socially-focussed business model can operate at scale in the care sector within the UK. Be Caring employs roughly 800 workers, focussing on domiciliary (home care) services, though they also operate an independent supported living service in Newcastle which includes a residential facility. They have developed a consultative forum, the Voice, with elected members from each of their service locations, and are also introducing other means of engaging employees to share ideas and enable accountability. Given wider funding constraints within the sector there is limited scope to distribute surplus, but they provide staff with occasional vouchers (e.g. at Christmas and on birthdays) and have ambitions to pay a bonus.

While they pay the Living Wage in some areas (like Manchester), Be Caring are also trialling different approaches to organising care work so that workers have the opportunity to take on more secure hours and income. In addition, they have mapped a range of progression routes across different roles within the organisation and are developing a partnership with a learning provider to support workers to develop their skills, gain qualifications and progress within the organisation. It is hoped this will enable workers to progress within the organisation, enabling them to develop and use different skills and helping to reduce turnover.

Impact
Be Caring have adopted a new organisational model in the course of the last year, moving away from a social franchise to become a single employee-owned entity. While some of the changes will take a while to take effect (including implementing the progression pathway across their service areas), they have recruited someone to help with collecting data and reporting on outcomes. In the short-term, employees have been consulted on organisational values, which have been adopted and inform their approach to delivering care.

Implications & challenges
The employee-ownership model means that Be Caring do not have to distribute profit externally and can focus on building employee engagement. However, they still have to contend with relatively high levels of staff turnover. While they do not struggle to recruit, relatively few people currently apply to them *because* they are employee-owned. Supporting in-work progression may help to develop a more engaged workforce, but to realise internal progression opportunities they will need to be able to offer varied, skilled work opportunities within the organisation – requiring scale and variety across service areas.

About Be Caring

Be Caring operates in four areas across the North of England, with the group office based in Newcastle, and is the UK's largest provider of domestic social care services. It currently provides around 20,000 hours of care per week (3,200 hours of which is home care provided in Manchester and Trafford), and employs approximately 800 staff (including approximately 150 home care assistants in Manchester and Trafford). Most of the care they provide is commissioned by Local Authorities, though they also work with the Newcastle Gateshead Clinical Commissioning Group.

Be Caring provides person-centred care services. They have three strategic goals: to be a carer of choice, an employer of choice, and to make a difference in the communities that they serve. In the

[25] Resolution Foundation Pennycook, M. (2013) *Does it pay to care?,* Resolution Foundation https://www.resolutionfoundation.org/app/uploads/2013/08/Does-it-pay-to-care.pdf
[26] Skills for Care (2019) The state of the adult social care sector and workforce in England, September 2019
[27] https://www.becaring.org.uk/

main they provide home care services for older people, but they also provide support for adults with a learning disability and/or challenging behaviour, palliative/end of life care services, and complex care for children. They opened a residential care centre for young adults with autism and learning disability in Newcastle in 2018 where residents will be able to learn life skills over the course of a two-year license, with most then moving into the community.

The Be Caring employee ownership model includes a consultative forum – the 'Voice' – made up of elected members from each of the different service locations, plus representatives from management and the corporate function. The Voice holds the management board to account, informing the employee-owners about what the Senior Management Team is doing and why, as well as providing feedback and ideas from colleagues. The Chair of the Voice is on the Be Caring Board.

As an employee-owned organisation, employees have a say in the way that the organisation is run and have helped to define the wider values of the organisation. Be Caring have run a series of consultation events with employees to help define and shape the core values of the organisation. This resulted in their mission statement: to be 'day-makers, hope-builders, smile-givers, life-changers, community-warriors with the will to make a difference'.[28] However, not all employees are actively engaged, and they are experimenting with different ways of involving and talking to people; they are currently developing a 'colleague portal' on their website to share resources and have run coffee and cake meetings to bring workers together in each area on a quarterly basis.

Origins and future development

Before 2019, Be Caring Ltd was known as Newcastle Home Care Associates (originally set up in 2004) and then became Care and Share Associates (CASA). This model was inspired by the award-winning employee-owned social enterprise Sunderland Homecare Associates[29] which was set up in 1994, evolving from the Little Women Co-operative in Sunderland, with the aim of offering more autonomy as well as better terms and conditions of work and pay for carers

CASA was set up as a company limited by shares, which were owned by employees. CASA operated through a social franchise model: a head office provided back office and strategic support to majority employee-owned operations on the basis of a license agreement operating in different areas. They have now merged into Be Caring a single employee-owned entity with more standard operating procedures. It is thought this will enable them to share and spread best practice more effectively, though local branches have retained a small budget to enable them to maintain some autonomy (e.g. so that they can make hardship payments or top-ups for employees, or contributions to community events or foodbanks). Under the previous franchise model, they found that there was less of a sense of values and ownership.

Aside from providing high quality care services, they have wider ambitions to change the way that care is organised and funded. They are working with other organisations to campaign for change. For example they have a recognition and partnership agreement with the GMB Union, which sponsors the All Party Parliamentary Group for Social Care.[30] The APPG is examining the social care system, and calling for stronger integration of health and social care, an emphasis on personalised care and a cross-party commitment to a sustainable future for adult social care.[31]

Employment practices and innovation

Be Caring is aiming to be an employer of choice and they are exploring ways to offer better employment terms and conditions, particularly when it comes to pay and security. The terms they offer to workers vary between areas, in part reflecting the different rates that local authorities pay for care services. With regards to pay, Be Caring home care workers are offered hourly pay above the

[28] https://www.becaring.org.uk/our-core-values/
[29] http://www.sunderlandhomecare.co.uk/
[30] https://www.gmb.org.uk/news/care-company-offers-ground-breaking-approach-care-**crisis**
[31] Among the recommendations set out in the first inquiry report, APPG Social Care, https://adultsocialcareappg.com/inquiry

minimum wage rate for those aged 25 and over,[32] regardless of their age. In some areas, like Manchester, they pay the Living Wage as a base rate (currently £9 p/h). In August 2019, Home Care Support Worker roles across all their service areas were being advertised at between £8.25 and £9 per hour.[33] Care worker roles are generally advertised on an hourly basis, with additional contributions toward transport costs for those using their car for business purposes and, in some cases, a top-up payment of ~20p per visit.[34] Team leader and coordinator roles are advertised on an annual salary basis, in the region of £18,000-£20,000 in August 2019.

Be Caring offers a range of contract types and is exploring the potential to offer workers more secure working arrangements. Home care workers may either be employed on a 'block hours' contract, where the number of hours of work are guaranteed, or on a more flexible hourly pay basis. Home care is often commissioned on the basis of 'contact time'[35] and so workers hours (and hence, their pay) can be affected when a service user goes into hospital, sees a change in their condition or passes away. In Leeds, Be Caring are trialling payment-by-shift arrangements, where workers will be paid to work a set period (e.g. 7am to 2pm, 4pm to 10pm) rather than for individual visits.

Employee turnover can be high in the care sector as a whole and remains a challenge for Be Caring. Though they do not struggle to recruit people to home care roles, when workers leave this can impact on the continuity of care. One approach that may help to combat this is to offer people the opportunity to develop their skills and progress in work, Be Caring are therefore aiming to support people to progress within the organisation. They take on people with no previous experience of caring and will provide workers with certified training. They estimate it would be possible for a worker to qualify as a nurse or occupational therapist within seven years, depending on prior qualifications and experience.

Be Caring have a partnership with Sunderland College and have mapped a range of possible progression routes and training opportunities for employees (see figure below). Care workers wishing to become a specialist care worker or a team leader or coordinator will need to obtain at least a Level 2 Diploma in Care Certificate (or the Adult Social Care apprenticeship standard). It is possible for those with more extensive experience and the necessary prior qualification to become a qualified nurse, occupational therapist or regulated professional. They are trialling the pathway in Newcastle and Leeds. To enable employee progression Be Caring needs to be able to offer employees the chance to undertake more skilled care work, and so this is partly dependent on the type and scale of the contracts they have in a particular area.

Finally, they have a recognition and partnership agreement with the GMB Union and employees are offered the opportunity to join the union. The Union also provides training, and access to laptops and other resources.

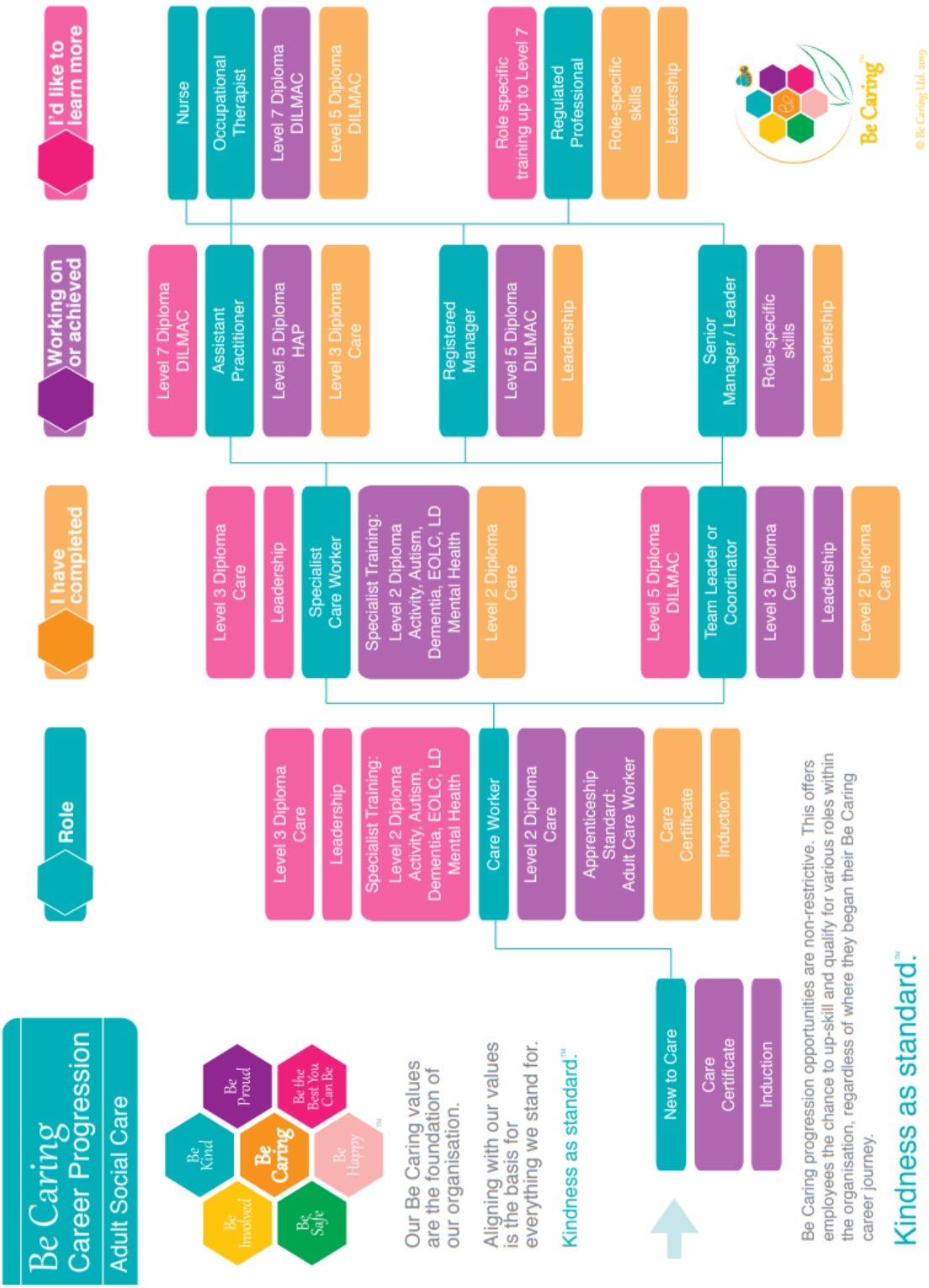
[32] The 'National Living Wage', or enhanced minimum wage, is currently £8.21 for workers aged 25+

[33] Based on the roles advertised via the BeCaring website in August 2019

[34] 30p per business mile according to vacancies data for the Manchester area https://www.becaring.org.uk/manchester/

[35] Pennycook, M. (2013) *Does it pay to care?*, Resolution Foundation https://www.resolutionfoundation.org/app/uploads/2013/08/Does-it-pay-to-care.pdf

Career Progression map, Be Caring[36]



[36] https://www.becaring.org.uk/wp-content/uploads/2019/06/Final-Be-Caring-Career-Progression-v3.1.pdf

Case Study 3 - North West Care Co-operative (NWCC)

The challenge

Local authorities in England are required, under the Care Act 2014, to provide people who have been assessed as having care and support needs with a 'personal budget'. These budgets can enable people to tailor their care to their needs and have been shown to have a positive impact on care-related quality of life.[37] For example, they mean that someone might choose to manage their budget directly and hire their own personal assistant, perhaps enabling them to commission a carer that they know and trust who will provide care each week.

However, many adults who receive social care are not getting the support they need in order to effectively personalise their care.[38] Some may find it more challenging to manage their care than others, including those with learning disabilities, and older adults. But purchasing care services as an individual can be daunting for other reasons - particularly if this involves employing someone directly, and therefore taking on the responsibilities of an employer (e.g. for holiday pay, sick leave, pay roll).

The innovation

The North West Care Co-operative (NWCC) was set up in 2018 as a two-year pilot project to test the viability of setting up small-scale care co-operatives to support disabled people to identify and create tailored care packages alongside personal care assistants. By bringing together groups of disabled people who are paying for care in their own homes (user members) together with personal care assistants (employee members) in a small unincorporated co-operative, the pilot aims to enable users to reduce the responsibilities and administrative burden associated with employing someone directly. It also enables people to be part of a collaborative approach to organising care which is focussed on enabling people to live their lives well, and treating people with respect. To achieve this, the North West Care Co-operative acts as a service company to the care co-operatives. It directly employs the personal assistants and also takes on other key liabilities, such as the responsibility for complying with Care Quality Commission regulations. The NWCC is currently constituted as a small private company limited by guarantee, with support being provided to the co-operatives by the Manager of the NWCC.

Impact

The initial pilot co-operative was set up in 2018 and has not yet been evaluated formally. A project evaluation toolkit, to be published in 2020, will summarise learning from the pilot. The pilot presents an opportunity to learn about the contexts in which this model works effectively as new co-operatives are established and join the NWCC – for example, whether this approach is suited to particular settings (e.g. urban, or rural) or for people with particular conditions.

Implications and challenges

The NWCC is exploring two linked propositions. First, whether a linked service company model can support more people to organise their care in a way that will enable them to live well, rather than simply to meet their needs, and how a co-operative can support this. Second, whether it is possible to offer employees better terms and conditions, both by operating on lower overheads, and directing any additional resource to employees, but also by offering employment terms and conditions that might not be considered by individuals, particularly those with little experience of employing others (e.g. offering paid leave, or paying people in regular instalments based on projected care hours over a set period).

For the set-up to be sustainable, the NWCC will need to grow and operate at scale, potentially through setting up several care co-operatives. It is estimated that they will need to offer 3,500 care hours per month if the service is to be viable. It is also not yet clear under what circumstances and for what kinds of care recipient this model will work effectively.

The co-operative model also potentially poses challenges to the simple co-operative decision-making model of one person one vote if for example personal assistants outnumber care receivers with complex needs.

[37] Martinez, C. & Pritchard, J. (2019) *Proceed with caution: What makes personal budgets work?*, Reform

[38] House of Commons Committee of Public Accounts (2016) *Personal budgets in social care, Second Report of Session 2016–17, HC 74*.

About NWCC

The North West Care Co-operative began as a collaborative research project funded by the Big Lottery Fund and supported by the Cheshire Centre for Independent Living working in collaboration with Breakthrough UK, Disability Equality (NW) Ltd, Disability Association Carlisle and Eden, and Merseyside Disability Federation. It partly draws its inspiration from the Buurtzorg model of co-ordinating care via self-managing teams and the roll-out of Wellbeing teams in parts of the UK, including Greater Manchester.[39]

The initial pilot co-operative is multi-stakeholder, bringing together young people with learning disabilities and their personal assistants and supporters in order to enable people to live life well together. There are three categories of members – young people who are user members; employee members; and people who have responsibility for co-ordinating another person's care - supporting members.

User members do not profit financially from being members – personal budgets are spent to meet care needs – but they are able to have greater choice and control over how their care is organised. For example, when asked what they wanted from a personal assistant, one user replied that they wanted 'someone who is good fun to be around'[40] – they were not looking for a particular qualification but for someone that could help them to enjoy their life.

All members of the co-operative meet around three times a year to take decisions on a one member, one vote basis. For example, a recent meeting included the recruitment process for a new personal assistant: it was held at a bowling alley to allow potential recruits to meet with clients and supporting members. Members then discussed and agreed who they would like to recruit.

The NWCC itself has been established as a separate service company, which supports the set-up and administration of this and future care co-operatives. While the organisational model is still evolving, the NWCC is currently set up as a private company limited by guarantee. It assumes key legal liabilities and administration on behalf of the small co-operatives, including payroll and other employment arrangements and regulatory requirements by the Care Quality Commission.
The ambition is for each of the small care co-operatives to be largely self-managing, with the NWCC providing guidance and mentoring to ensure that they comply with regulation, rather than a more hierarchical management approach.

The Directors of NWCC are the Chief Executive Officers of three of the original consortium members. The Chair of the first pilot co-op has also been co-opted onto the Board. The NWCC currently has one employee, the manager, who provides support (including coaching, recruitment advice, payroll) to the pilot co-operative. As the pilot scales up to cover more people and different co-operatives this will change, potentially requiring more staff or the outsourcing of some functions.

Aside from enabling greater choice and control, the pilot is also exploring whether a co-operative model can run with reduced overheads and therefore offer better employment conditions to personal assistants as well as competitive terms to care commissioners. They have a relatively flat organisational structure, with self-managing personal assistant teams and unpaid board members in the co-operative and NWCC overall. This means they should have lower overheads than more traditional care providers, potentially making it possible to offer better pay and conditions.

[39] Sheldon T (2017) 'Buurtzorg: the district nurses who want to be superfluous', BMJ 2017; 358 :j3140. For further information see: https://wellbeingteams.org/ and https://www.thinklocalactpersonal.org.uk/innovations-in-community-centred-support/directory/Radically-different-care-and-support-at-home/

[40] Blog for Social Care Future, accessed 12/08/19 https://socialcarefuture.blog/2019/06/04/living-life-well-a-co-operative-approach-to-care/

Within the initial pilot co-operative, personal assistants are paid £10 per hour, which is higher than the average for personal assistants in England (at £9.28 in 2018, according to Skills for Care[41]) and significantly higher than the average rate of pay offered by private agencies. There are also benefits to being employed on a more formal basis, with provision made for annual leave, and sickness absence etc. This is evidenced by the fact that one of the personal care assistants within the pilot has reported that they have taken their first paid holiday.

Scaling up

The NWCC is currently working to develop care co-operatives in other parts of the North West, recognising that the model may need to be adapted for different client groups and may work more effectively under specific circumstances or at a particular scale. Based on the experience of those in the pilot, it is thought that each co-operative will need to be small enough for members to feel that they know and trust their personal assistants, whilst being big enough to sustain a team of personal assistants who can provide cover for other carers. They also need to consider whether users have similar care needs which might facilitate the sharing of personal assistants.

The one member, one vote approach was reported to be working well in the context of the pilot where there is a rough balance between users, supporter and employee members. However, this might pose more of a challenge where user members have more significant care needs, potentially requiring several personal assistants. This will be explored as further co-operatives are developed.

The project is still in the 2-year pilot phase (due to complete in early 2020) and learning is ongoing. The pilot has the potential to test the viability of care co-operatives in different settings – including urban/rural, different funding mixes, and for different types of condition. It is also a test of how the wider system of regulation and commissioning of care might need to change in order to enable a more diverse care market. In 2020 they will produce a project evaluation and toolkit, to bring together what they have learned from the pilot project.

Over the longer term, NWCC have ambitions to be added to local authorities' list of preferred providers for homecare services. They estimate that they would need to increase the number of care co-operatives and individual co-op members to total around 3,500 care hours per month in order to achieve long term sustainability.[42]

[41] Skills for Care (2019) *Individual employers and the personal assistant workforce*, March 2019

[42] Blog for Social Care Future, accessed 12/08/19 https://socialcarefuture.blog/2019/06/04/living-life-well-a-co-operative-approach-to-care/

Case Study 4 – HMR Circle (Heywood, Middleton & Rochdale Circle)

"people can be each other's solution … we back it up every day, week and month by helping each other out with life's practical bits and pieces… Circle is also about learning new things, and enjoying your hobbies and interests with others in the community. One number to call to help stay sorted, and a social network to help stay connected, that's the idea."

What's the problem? There is an increasing number of isolated people in the UK, particularly amongst older people. The impacts of loneliness on health and wellbeing are well known. Care services are in crisis - in many cases responding to severe ill health and need, with little time or resource for focusing on individual wellbeing or preventive care (which would reduce, for example, hospital admissions). The current approach has been variously criticised, but particularly for only supporting 'need', rather than seeing people as full human beings with their own life history, and capabilities – the support and development of which can create flourishing lives.

What's the social innovation? HMR Circle grew out of an experimental approach developed by an organisation called Participle which set out a new approach to care, believing that a flourishing life is one where people's capabilities, health and particularly relationships are supported through an approach called 'Relational Welfare'. This thinking led to the piloting of a Circle in Southwark – a membership organisation where members design their own services and activities.

HMR Circle developed this approach to work for the people of the Rochdale Borough and to become financially sustainable – something the original approach had not been able to do. Their 820 members can design and become involved in different activities, meet people, learn new things, as well as access practical help.

Impacts HMR Circle has shown an 80% increase in social connections by members, 60% increase in health and wellbeing, and self-confidence along with a 14.4% decrease in GP visits. It has also been recognised as one of the 100 most innovative companies in Greater Manchester and been visited by several representatives from South Korea as well as Japan and the USA, keen to see how this approach could be replicated in their country.

Implications This 'person-centred' and preventive approach, focusing on relationships and community, is not something that fits easily within a need-based and targeted welfare system, although the shift towards more person-centred care is widespread within statutory provision. There is however, currently little public sector financial support available for this kind of activity, even though it might enable savings to the public purse in the long run, being in effect an investment in people's lives (i.e. an 'Invest to Save' approach).

About HMR Circle

HMR Circle is a membership based organisation where people can both design and become involved in a range of activities, whether social or to develop skills, as well as access help with practical challenges and transport. "This helps people make new friends, and meet new people, along with getting out more and living the life they want to lead." There is a calendar of events (free and paid for), access to DBS checked practical helpers to help around the home and garden, fellow Members with a wide variety of interests, the ability to share lifts to and from events with fellow members, and discounts for events and local businesses.

"*Our practical team helps out with a variety of tasks. Some are great at DIY, others like teaching how to do things like using a mobile phone or setting up your email or computer and of course some have "green fingers" to help out with gardening. They have the right skills for your job… All our practical helpers are background checked and live locally. So getting help through HMR Circle means you're getting things done and meeting people who live nearby at the same time.*"

They have also piloted and adapted a Give&TakeCare timebanking scheme for 'CareGivers' and 'CareReceivers'.

Give&TakeCare (G&TC) was developed to find a new solution to the challenges of the care crisis – low levels of public funding and family members struggling to provide care, potentially at great personal and

financial cost. G&TC is a Community Interest Company incorporated in 2015, based at Brunel University, London. The G&TC timebanking project was initially funded by an award from Innovate UK to address the Long Term Care Revolution.

The idea was to set up and deliver a time-banking scheme where volunteers (CareGivers) provide befriending support for older adults (60+) (CareReceivers) - regular one-to-one support visits which can become long-term, meaningful friendships. CareGivers then use the hours they bank when they need them in later life, or donate them to others.

"We believe this will improve the quality of care for many older adults by increasing connections with others and providing additional support with day-to-day activities… Central to the scheme is the Care Savings Account, a personal account where CareGivers record the hours of care they give to elderly people. In the future, when CareGivers reach age 60, they can become CareReceivers and 'spend' their credits to gain the support they need." Available support could include: "One-to-one befriending support - keeping someone company; helping around the house, with for example cleaning, tidying; giving lifts to appointments or for shopping. Group befriending is where a CareGiver volunteers with a local charity."

The unit of accounting for hours spent are GATs - time credits **-** Give and Take. They are credited into or spent from a Care Savings Account. 1 GAT = 1 hour of care. With the longer term goal of expanding across the UK, people could potentially therefore transfer GATs across locations.

Overall, they found that this time banking approach had generally proved ineffective for a range of reasons – practical, cultural and behavioural. The original goal was that the scheme would be offered through charities with a local presence who would administer the scheme with the ultimate goal of financial sustainability (each hour costs the CareReceiver a nominal £1). However, many charities provide similar but paid services thus affecting their business model, and therefore were reluctant to take G&TC on. Overall, financial sustainability was also a challenge, which meant that they could not promise that GATS could be used in future.

Dr Gabriella Spinelli interviewed for this research believes that this kind of approach is a grey area where LAs and others are not keen to invest. G&TC are now moving to a combination of tools to create a different model of 'ageing in place' - where there is also recognition and reward for care eg through considering a complementary social economy. For example if you volunteer, then you can go to a course for free. Or, if for example, a housing association is providing support, they might have a discount from the LA on council tax.

Going forward, there are plans for community labs in Berkshire to enable "socially innovative models for experimentation and complementary economies[43] In Windsor and Maidenhead they are working with councillors on small projects eg young offenders who take a course to access work and then provide say a meal as a result of a catering course in a venue for free. Another example might be intergenerational courses to teach eg upcycling skills and have environmental impact. They are capturing the impact of what they do and working on appropriate governance models.

HMR Circle's G&TC includes individual support for befriending as well as volunteering for a 'blokes breakfast'. They have made this model work because it is not a stand-alone activity but rather fits with other activities, and costs very little. For example, it enables HMR Circle to offer a wider package of transport options. It also helps with inclusion, by for example, targeting groups who may be under-represented or in relative need, eg BAME. Befriending may well also encourage people to engage with the wider Circle. They don't use the original concept of 'GATs', since they believe that people volunteer to do good, and not to get a reward in the future. People might rather like a free cinema ticket occasionally - rewards which are more like green shield stamps or nectar points than a future payback.

Membership of HMR Circle costs £35 a year, and e-Membership £20 with discount for couples. HMR Circle was set up as a Community Interest Company. They currently have 820 members and a board including the CEO, Operations Director, one member and a representative from Burnley

[43] Spinelli G, Weaver P, Marks M and Victor C (2019) "Making a case for Creating Living Labs for Ageing-in-Place: Enablinng socially innovative models for experimentation and complementary economies", *Frontiers in Sociology*, 4:19, doi: 10.3389/fsoc.2019.00019

Football Club. Their turnover is around £200,000 and their team (four full and one part-time) all come from outside the third sector.

Origins and development over time

Originally HMR Circle was part of the Participle experiment. Rochdale Borough Housing was the first mutual housing organisation in the country. As one of their 'good deeds', they created a seed fund to support the creation of a Circle in their offer document. HMR Circle launched in Rochdale in 2012.

Participle

Participle was an organisation set up to realise the implications of Relational Welfare - "an approach that puts people and communities in the lead and develops their capabilities and relationships".

For example, they asked, *what would support a flourishing third age? and* worked with over 250 people in Southwark, South London to set up the first Circle.[44] Participle wanted to bring about real change in people's lives, as well as sustained change within the welfare system. Related innovation projects included Our Life work in Wigan which underpinned The Deal for adult social care. Their Circle work developed in Nottingham and Rochdale by "shaping a new approach to ageing, starting deliberately early and pooling resources (personal, private and public) through an offer which has a significantly different look and feel.

"*The Beveridge welfare state transformed Britain: it led to longer life spans, good health, universal education and a safety net for those out of work. But today, in the 21st century, it is not working. … our population is ageing, long-term health conditions are more prevalent and our family structures have changed. At the end of his life Beveridge himself confessed that he had made a mistake: he had left out people and their communities from his vision. This omission he declared was a fatal error; it was de-humanising." They therefore started "not with the institutions and the failings of the current system but with people, their families and communities, and the lives that we want to lead."*

They advocated five core shifts: from meeting needs to fostering capabilities; from targeted services to models open to all; from a financial focus to a resource focus; from centralised institutions to distributed networks; and seeing four 'capabilities' as core for a flourishing life – the ability to work and learn, to be healthy, contribute to community and particularly relationships.

Relational welfare means that for example health work needs to recognise that your relationships can help or hinder; sometimes they might be more important than a service or intervention. Where services are important they should rather be "*human, warm and nurturing"*, implying changes in culture and caring roles.

They also developed a way of measuring capability growth at a personal level as well as understanding the wider systemic measures of success. These approaches enable both individuals and care givers to see where they have made progress and in which areas they wish to develop further.

The HMR Circle is slightly different in several areas from the original idea. For example, Mark Wynn believes that if you give things away for free people will not value them. They started on day one requiring people to pay a membership fee, albeit with the first year being half price. They believe that this approach has worked even though they are situated in a poorer area than where most of the other examples were set up. They also say that they have more of a 'working class' mindset than the original model, and respond to what members want, such as pub lunches or hot air ballooning.

Their success they believe comes from using marketing strategies, attending networking events to create opportunities and market themselves, and using outreach to engage members. Mark Wynn said that they put the hard work in, not just posters in doctor's surgery, and stressed a positive

[44] *Circle Learning Report; Circle's social impact figures to September 2015*

message as well as positive things to do. He also believed that this entrepreneurial approach is necessary, since local authorities will not pay for initiatives like Circle, since it is universal.

HMR Circle are expanding both their activities and locations, as well as considering franchising (all of which should help improve their financial sustainability). They have opened 'pockets' in Oldham and Bury as well as developing franchises – eg in Haringey (social), Moston (VDS), Abingdon, or Wigan. As part of the Ambition for Ageing programme in Oldham they are piloting Circle within and around the Crompton ward, developing suggestions and ideas from older people from the area. They will also be using an MBA student to help develop the franchise approach.

When the local CVS closed, Rochdale Adult Care asked HMR Circle to run the Volunteer Driving Service (VDS) for older people and other vulnerable adults in Rochdale through a contract. They recently had to recontract and won now creating a surplus from their provision. The reason for including the service was summarised by Mark Wynn in a news item on their website: "a lot of the Circle Members use the Volunteer Driver Service and we also have Members who volunteer as drivers as well, so we are very aware of the vital service it delivers around the borough. So when we were approached by Adult Care to see if we would like to help keep this service going we jumped at the chance".

Impacts and outcomes
To determine their impact they originally used the Participle methodology and questionnaire. This data collection and analysis showed an 80% increase in social connections by members, 60% increase in health and wellbeing, and 14.4% decrease in GP visits. They now work with undergraduates and postgraduates from MMU to determine their outcomes as well as to innovate.

In 2018, HMR Circle was recognised as one of the 100 most innovative companies in Greater Manchester, in a report produced by BQ and the Business Growth Hub, part of The Growth Company. HMR Circle also hosted a visit from the South Korean government.

Innovation
Mark Wynn believes that innovation for them is simple – "deliver what people want". They believe their ability to innovate comes from 'having a free rein'. They are not rigid and can change continually. The idea, for example, for G&TC came from a conversation at the Business Growth Hub who linked them to Gabriella Spinelli from G&TC. This is also an example of their tendency to look to business support, rather than voluntary and social enterprise support intermediaries.

Social events are suggested by members, with 40-50 events per month. A member/volunteer host at each event feeds back further informal suggestions. They also have postcards which people can fill in with ideas, and twice a year they have formal meetings for suggestions.

Employment pay, terms and conditions
The employees in their team are relatively older than average. Three out of the four full time staff are over 50, and one part-time employee is over 40. They pay more than the Real Living Wage, looking at what similar organisations were paying and paying slightly more. They believe that part of the offer to their employees comes from being in a nice office and the quality of the work. People are promoted internally, and they have a high staff retention. Following Mark's experience in sport, they look for people rather than use open recruitment. Since their staff have transferable skills they can also easily transfer roles within the team.