

Putting community and cooperation into care and support: community of practice for community businesses and co-operatives

Phase one report: September 2022



About SCIE

The Social Care Institute for Excellence improves the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice. We are a leading improvement support agency and an independent charity working with organisations that support adults, families and children across the UK. We also work closely with related services such as health care and housing.

We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new
- supporting people who plan, commission, deliver and use services to put that knowledge into practice informing, influencing and inspiring the direction of future practice and policy.

About TLAP

Think Local Act Personal (TLAP) is an alliance of over 50 national social care, health and housing partners committed to improving the delivery of personalised, community-based care and support. It brings together people who use services and family carers, central and local government, provider bodies and other key groups to work together to ensure people live better lives.

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Executive summary

This report describes the insights and learning from the initial phase of a Community of Practice (CoP) established to support the development of community businesses and co-operatives in the area of home care. The CoP has been set up with funding and support from Power to Change in association with Co-operatives UK, based on a view that these forms of organisation represent untapped potential for playing a significant role in providing home-based support. It is facilitated by the Social Care Institute of Excellence and Think Local Act Personal with nine councils taking part. All those participating share an ambition to broaden the range of options available to support people at home through developing locally rooted provision, where the people accessing the support have a stake in the organisation, so the distinction between providing and receiving support is deliberately blurred.

Most of the councils are at a relatively early stage of development in achieving this ambition. What clearly stands out from the work so far is the importance of having an overall strategic approach to commissioning and market development, so that stimulating these specific forms of organisation forms part of a wider approach to shifting towards the direction of more personalised and community-based forms of support. In some of the councils a clear connection is also being made to corporate priorities, notably around inclusive wealth building, which aims to ensure that council funds are spent and retained locally.

In this initial phase, members of the CoP have together explored opportunities and challenges for fostering the development of community businesses or co-operatives in their areas. This is being done at a challenging time with a fragile and typically stretched market of home care provision, with limited headroom for commissioners to carve out the time needed to think beyond managing day-to-day demands. Despite these challenges, members of the CoP have identified some critical success factors or interdependencies seen as important to making progress.

Notable amongst these is the extent to which personalisation is embedded and reflected in each council's ways of working, including strengths-based practice, direct payments, and availability of individual service funds which afford providers greater flexibility. It has also been recognised that councils need to have a deep understanding of the needs and resources (assets) at the very local level, such as neighbourhoods, coupled with a requirement to build and strengthen co-production with people and communities. Councils also need to find ways of stimulating development which do not take away fair competition whilst using procurement and contracting approaches that are proportionate and not over-burdensome to small organisations.

The work so far provides the foundation for lifting ideas off the drawing board. The next phase of the CoP will therefore focus more on the 'how'. We hope that the learning and reflections so far will be of interest to all those who see a role for community businesses and co-operatives as part of a pathway to improve and diversify the support on offer, and help them move closer to the goal set out in

'Making it Real'¹ where more people feel able to say that 'I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals'.

¹ 'Making it Real', TLAP, 2018, https://www.thinklocalactpersonal.org.uk/_assets/MakingItReal/TLAP-Making-it-Real-report.pdf.

Introduction

The origins and context of this work can be traced to the Care Act 2014. The Act places a duty on local authorities to provide or arrange services to keep people well and independent and help prevent people developing needs for care and support. Any support provided should promote individual wellbeing and enable people to exercise meaningful choice and control. Essential to meeting these duties is market shaping and commissioning, whereby each local authority with social services responsibilities should ensure that they have a diverse, high quality and sustainable local care market. The reality in many places is somewhat different however, with people commonly experiencing little choice over the support they receive. Commissioning often remains largely service-based with limited scope for tailored person-centred support, exacerbated by pressure on contract prices and a growing workforce shortage.

The White Paper, '[People at the heart of care](#)', published in December 2021, recognises that progress has been patchy and contains a number of initiatives designed to support councils to improve how and what they commission, including a commitment to allocate some specific funding to help create the conditions for spreading innovative forms of care and support.

A large part of the future ambition for better social care rests on shifting away from the current model of commissioning a narrow menu of services to creating a much wider range of support that is more personalised and more firmly rooted in local places, communities and economies. Whilst not a panacea our belief is that co-operatives and community businesses have a potential role to play in shaping this future.

Care at home

In line with the analysis offered above there is widespread recognition that commissioning home care using the currency of 'time and task' has had its day. But councils experience real problems in breaking the mould to commission differently. Making change is difficult when faced with managing the day-to-day demands of ensuring care and support at home for those who need it. In this challenging environment it remains all the more important to describe and support the development of promising approaches that can assist councils to diversify the range of local care and support available to people needing care and support at home.

With facilitation from the Social Care Institute of Excellence (SCIE) and Think Local Act Personal (TLAP) nine councils have come together in a Community of Practice (CoP) to share their ideas and experience for developing care at home provided by care co-operatives and community businesses. Whilst none of the councils have yet commissioned either type, all share a common interest in doing so. This report of phase one of the CoP describes the key learning generated thus far. It is expected it will be of use to commissioners and organisations who want to expand the range of care and support options in their local area.

Background to the community of practice

The CoP has been initiated by Power to Change² and Co-operatives UK³ because from their insight they believe that there is significant untapped potential to stimulate the development of community businesses and co-operatives in the area of home care (also commonly referred to as domiciliary care). SCIE and TLAP have been funded to establish and coordinate the CoP for an 18-month period and following an expression of interest process nine councils have joined (see Table 1 below). It is expected that as a result of being part of the CoP, participants will feel more confident and better equipped to deliver change in their local authority's processes to encourage and support more co-operative and community ownership of social care.

Table 1

Members of the Community of Practice

Bristol City Council
Cambridgeshire and Peterborough (combined)
Hertfordshire County Council
Kent County Council
London Borough of Bromley
London Borough of Camden
London Borough of Islington
South Tyneside Council
Suffolk County Council

This report covers the CoP's activity from December 2021 to June 2022. During this period councils came together four times online to share their ambitions and to begin exploring what is required to establish community businesses and co-operatives in their areas. This early learning is summarised in section three.

It is helpful at this point to provide some definition. Co-operatives are owned and run by members using co-operative principles. Community businesses can be co-operatives (but don't need to be), whilst having an additional emphasis on being locally rooted within a small geographical area with a mission to achieve community impact and accountability. The distinctive and essential characteristics of community businesses and co-operatives are summarised in the Tables below.

² Power to Change is a charitable trust operating in England, created in 2015 with a £150 million from the Big Lottery Fund that is solely concerned with supporting community businesses over a 10-year period. <https://www.powertochange.org.uk/>.

³ Co-operatives UK is a British co-operative federation as the central membership organisation for co-operative enterprise throughout the UK. <https://www.uk.coop/>.

Table 2**Characteristics of Community Businesses****Local roots**

A business started by local people that will benefit the community around it.

Accountability to the local community

The local community have a genuine say in how the business is run.

Trade for the benefit of the local community

Community businesses sell services and products in and around their local area.

Broad community impact

Community businesses engage with a variety of different groups in their community and address different community needs. They may have a specific focus on a disadvantaged group, or support the local community more widely.

Source: Power to Change.

Table 3**Characteristics of Co-operatives**

A co-op is a business or organisation that is owned and controlled by its members, to meet their shared needs. The members can be its customers, employees, residents or suppliers, who have a say in how the co-op is run. There are seven principles that define how a co-op operates:

1. A co-op is **owned and controlled by its members**. It exists for the benefit of its members, who may be customers, workers, suppliers or the wider community.
2. A co-op is **democratic**. This means every member has an equal say in how it's run and how profits are used.
3. Every member **contributes financially in some way** from buying products, working for the co-op, investing in it, or deciding how to spend the profits.
4. A co-op is an **independent business**, owned and controlled by its members.
5. A co-op offers **education and training** to everyone involved, so they can develop the co-op and promote the benefits of cooperation.
6. **It cooperates**, works with and supports other co-ops.
7. A co-op supports the **communities** it works with.

Source: Co-operatives UK.

Creating the conditions that will support the development of care co-operatives and community businesses

The following analysis is based on the views and ideas that have emerged during the CoP meetings facilitated by SCIE and TLAP. It identifies themes and issues to build a general picture rather than presenting a detailed account of each participating council. It is organised around the themes of 'ambition', 'as is', 'creating demand', and 'managing supply'. Many of the factors highlighted are generic, in that you would expect them to apply to a greater or lesser degree to commissioners when fulfilling their role to shape the services and support available to meet people's care and support needs in their local area. Some elements relate more specifically to community businesses and care co-operatives.

What's the ambition?

Participating councils share an ambition to move away from the large scale 'time and task' commissioning of home care which is not seen as sustainable in the long term. For some, planned or anticipated re-tendering provides an opportunity to rethink the service, typically associated with a commitment to develop outcome based commissioning and a desire to create more choice in the market. In a few councils the interest goes wider than this, aligning to a corporate agenda around inclusive wealth building where deliberate attention is paid to commissioning local organisations committed to spending and investing locally. Other drivers can be grouped under themes of creating better community-based support with greater partnerships and collaboration (see Tables 4 and 5).

Table 4**Better support by and for communities**

- Supporting personalisation with support that goes beyond narrowly defined care and can enable achieving broader wellbeing outcomes for people.
- The potential to support people to remain independent for longer (including self-funders) thereby playing a part in the council's prevention and early intervention agenda.
- A desire to commission support from organisations operating at a smaller scale of neighbourhoods which can promote employment opportunities for local people and more easily tap into community resources and assets.
- Support is provided in ways that deliberately aims to break down the boundaries and distinctions between care givers and care recipients.
- Developing the potential of locally rooted community organisations so they can start to provide care and support as an extension to their existing activity and are not seen solely through a narrow lens of care provision.
- Care and support that better reflects the diversity and variety that exists within different localities, both through the workforce and people accessing the support.

Table 5**Partnerships and collaboration**

- A wish to better integrate care at home support with what is available from the voluntary, community and social enterprise sector including knowledge transfer, sharing of skills, experience and training opportunities.
- Steps towards more joined-up working at the local level to support the establishment and development of the 'place' aspects of health and care integration required under the Health and Care Act 2022.

Summary points

- Desire for change can be linked to wider strategic goals, e.g. inclusive wealth building.
- More personalised holistic support, drawing upon and linked to communities, delivered more locally and well-integrated.
- Expanding prevention and early intervention.
- Able to meet and reflect the diversity of the population.
- Shifting from 'hours to outcomes' with greater flexibility and better treated workers.

Creating the conditions - 'as is'

The predominant model of home care remains standard 'time and task' contracts. Ensuring adequate coverage with constant demand, particularly from the imperative to support hospital discharges, means the system is running hot, often compounded by workforce shortages. Some of the shire counties reported particular difficulty in reaching their most rural parts. This pattern is not dissimilar to the rest of the country and whilst it provides fuel for change it also makes it difficult to change gear. At the root there is a tension between managing the here and now which limits the opportunity to find the headroom to develop clear plans. This is exacerbated when commissioners move to other roles or leave the council, leading to a loss of momentum.

There were also felt to be some risks from introducing new organisations to an already fragile existing market. During the pandemic councils have developed closer and better working relationships with their home care providers (sometimes including with those they were not commissioning) and there was a wish not to disrupt or damage these relationships particularly as we are not yet out of the COVID-19 woods. There was also a concern that developing new organisations could be perceived by existing providers as 'cherry picking', concerned that they would be left only to provide personal care, with reduced opportunity for any innovation that could help improve services, and risk further de-motivating the existing home care workforce. An additional risk factor concerned continuity of supply. People receiving council-commissioned home care services have, by definition, high needs and are very dependent on the support they get, typically requiring several visits a day for personal care. Whilst large standard contracts are no longer seen as ideal they do provide for some economies of scale and a degree of flexibility to cope with demand. Any changes to the existing supply must therefore be handled carefully to avoid disruption.

This is not to say that these barriers and risks were seen as putting a block on change. A number of the councils were, for example, already actively promoting the development of micro-enterprises as part of attempts to diversify provision. It is more a case of entering change with your 'eyes wide open'. It also points to the need to be

clear where community businesses and care co-operatives sit within an overall strategic commissioning framework which is discussed later in the report.

Summary points

- Large scale standard 'time and task' contracts still predominate with existing home care services under pressure.
- Tension between managing current demands with shaping future development.
- Risks to disrupting existing provider relationships and continuity of supply.
- Some development of micro-enterprises as a commitment to create more choice and diversity.

Creating the conditions - demand side

Although it was clear that maintaining the status quo was not a desirable option there was little evidence of voices calling for the establishment of community businesses or co-operatives, either from people drawing on care and support or local organisations/groups. Few social entrepreneurs were reported to be champing at the bit to set them up. One council reported that there had been some interest in other areas such as gardening and cleaning but not any that directly concerned care and support.

There was a view that the distinctive organisation of community businesses and co-operatives was hard to explain which made making the case for them tricky. There was also a perception that how they are organised (their governance arrangements) could make them more expensive, although on the reverse side there was recognition that they tend to have relatively few layers of management and that surpluses are available to re-invest. We also heard at one of the CoP sessions from two existing care co-operatives, the North West Care Co-operative and Equal Care Co-operative, both of whom shared a common experience of finding it difficult to engage with councils. This suggests that there is a need for councils to review some of their internal processes (see below).

The combined effect of these factors was that commissioners were finding it difficult to know where to start. A significant exception is Islington council who have established a funded programme to kick start the development of co-operatives across the borough with a specific aim that some are for care and support.

Summary points

- Lack of consumer champions or social entrepreneurs.
- Concern over complication, particularly governance, hard to explain.
- Worry they cost more.
- Council processes not supportive.
- Moving from 'what' to 'how' - starting off to set-up.

Creating the conditions - supply side

A number of factors were identified that could hinder development. Councils lack the cash to pump prime development linked with a concern to avoid breaching procurement and contracting rules designed to ensure a level playing field for organisations wishing to work for the council. It was also recognised that council systems are not always conducive to small organisations with onerous procurement and contract requirements such as framework contracts and approved lists.

There was also a significant decision to be made over whether to 'make or buy'. By that is meant whether the council is better off investing its effort in encouraging existing local organisations to become 'start-ups', or instead try to attract into the council area already established care co-operatives (community businesses by their nature are locally grown).

Whichever option is decided, both commissioners and the prospective organisations themselves need confidence that there will be sufficient business to make it financially sustainable. This leads directly back to the fundamental question of deciding their place in the pattern of provision which requires a shift away from service based commissioning to a more strategic approach. Commissioners must reach a view on whether the establishment of community businesses and co-operatives is intended over time to become part of their mainstream care at home provision or more niche: either to cover particular places, certain groups, or to support specific policies such as prevention and early intervention. The degree of alignment sought with the development of micro-enterprises is a particular aspect to consider.

Summary points

- Lack of funding for incubation.
- Concern at breaching 'fair competition'.
- Procurement and contracting systems not great for small organisations.
- Need to decide where community businesses and co-operatives fit within the overall pattern of provision.

Creating the conditions - enablers

As with any commissioning led change nothing can be undertaken or achieved in isolation. There were felt to be a number of interdependencies that affected the ability of commissioners to make progress: leadership, personalisation in practice, and co-production with people and communities.

The role of leadership

Leadership in councils operates at different levels: political leadership⁴, leadership across the council and within social care. All of the participating councils had the support of their social care leadership as a prerequisite for joining the CoP. Further progress is likely to require pro-active leadership that sticks, otherwise the risk is it becomes just another thing on busy commissioners 'to do' list. This reinforces the importance of situating the development of community businesses and co-operatives within the overall strategic commissioning context.

As mentioned earlier in the report, in some places the development of community businesses and co-operatives fits with wider council priorities such as inclusive wealth building. It can also support other related areas such as developing a local skilled workforce, tackling inequalities, devolution and shared decision making with local people and communities. Where a strong link is forged with council priorities there is a greater chance of accessing support and assistance from other parts of the council such as economic development and procurement.

The role of social care

The extent to which councils have implemented personalisation in line with the Care Act 2014 was felt to be a significant factor in how far and fast the establishment of community businesses and co-operatives will go.

Personalisation in practice

Person-centred and strengths-based practice was seen as an important dependency. When and where embedded practitioners are more likely to support this sort of innovation as opposed to adopting a menu-based approach to services. Direct payments were regarded as particularly important, as direct payment holders were seen as a potentially significant 'customer group'. Where a council's direct payment offer is not well developed, for example, if it is limited to those who wish to employ a personal assistant, this inhibits creating demand.

Similarly, relatively few councils (in the CoP and more generally) have developed individual service funds (ISFs) at scale, where the organisation providing the support

⁴ The role of elected members was mentioned in discussions but not yet fully explored.

holds funds on behalf of the council and agrees a flexible plan with the person. ISFs were seen as a potential good fit with care co-operatives and community businesses.

One further aspect that was highlighted was the use of digital technology based on the recognition that now all service development should build it in from the outset, making greater use of digital technology to support the provision of care and support, as well as to empower people.

People and communities

Developing more localised forms of provision depends on having a detailed understanding of places and people; both what the needs are, but also the resources communities have, through a process often referred to as asset mapping. Being armed with this intelligence can help commissioners identify where community businesses and co-operatives are most likely to be needed and where they are likely to take hold and thrive. This asset-based approach must be informed by co-production with people who draw on care and support and local residents more widely.

Summary points

- Pro-active leadership support is essential for making progress within an overall agreed strategic commissioning framework.
- Alignment to council-wide strategic priorities can be a driver and source of help.
- Embedded personalised approaches to care and support are a key enabler.
- Developing a deep understanding of the needs and resources of places and their residents through co-production is an essential building block.

Future focus

Phase one of the CoP has concentrated on sharing the ambition, opportunities, risks and barriers to developing community businesses and co-operatives. In the next phase the emphasis will change from looking at the 'why and what' to the 'how', in order to identify the steps required to move from the drawing board to detailed planning.

This will be include looking at ways that councils can support the incubation and development of community businesses and co-operatives in line with their market-shaping responsibilities and the important role that co-production can play.

Members of the CoP are also producing personal action plans to help guide the action they need to take within their councils and to identify areas where support from the CoP is most needed. The CoP is also changing how it works to maintain the core group whilst offering to a wider audience of those interested the opportunity to access some sessions.

Conclusion

Community businesses and co-operatives have the potential to make a significant contribution to supporting people to live well at home, realising the ambitions in the social care White Paper that people can access high-quality support over which they exercise genuine choice and control. This report has shared the insight and learning that has come from the first phase of the CoP of interested and committed councils.

The biggest takeaways are that development needs to form part of an overall strategic approach for commissioning to improve the range and quality of care and support, which requires time and capacity to be thought through. Progress is significantly dependent on the extent to which personalisation is working well, and alignment with wider council priorities can act both as a catalyst and source of necessary support. This is definitely work in progress. As we move into phase two we expect to be able to chart and document a clear path from the initial idea to set up.



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