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DH) Department of Health

Putting People First
Transforming Adult Social Care

Supporting Micromarket Development:

A Detailed Practical Guide for Local Authorities

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Forewords

Phil Hope
*Minister of State
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This government is committed to transforming adult social care to help people live their lives as they wish, confident that services are of high quality, are safe and promote their individual needs for independence, well-being and dignity. Personal budgets are important to this transformation agenda as they provide people who receive social care funding with the power to choose their own support services. Equally important is the work that local authorities are doing to ensure that both people with personal budgets, and those funding their own support, have a wide range of services from which to choose.

The Department of Health sees micro enterprises as vital elements of a diverse market that provides real choice to people. We have therefore funded a two-year project, managed by NAAPS, which has successfully identified effective ways to stimulate and support the development of vibrant local micro markets.

It is with great pleasure that I now recommend this Practical Guide which distills the learning from that project. The Guide is designed for use by local authorities and other organisations wishing to stimulate and support micro social care and support enterprises. It provides local authorities with an important tool which will enable them to ensure that all local people who need support and services have real choice.

I believe this Guide will prove a valuable aid in bringing about the reality of a thriving market place where users of services are able to meet their varied needs as valued citizens of their local communities.

John Dixon
*President of the
Association of Directors
of Adults Social Services*

On behalf of ADASS I strongly commend this guide to everyone in the social care sector. It is an immensely helpful and straightforward guide for people who are commissioning services from and supporting very small organisations. These organisations can provide some of the very best tailored support arrangements of considerable creativity and variety but they need a different type of infrastructure themselves in order to thrive. Commissioners need to understand and support the conditions which make for healthy small organisations in order to provide a full range of choice and opportunity. This is particularly important with the advent of Personalisation, as many people needing support will choose micro organisations or personal assistants.

It is the job of local authorities to ensure that such organisations are available for their residents; also to ensure as far as possible that they are of good quality and meet, for example, standards on safeguarding. This can be a demanding task, and it is already clear from the national work on personalisation which ADASS has been involved with that Market Development is one of the areas where authorities are looking for assistance. This work, led by NAAPS but involving a wide range of organisations including ADASS, is the product of several years work and testing, and fills a gap in our knowledge at a providential time in the current global financial climate, support for organisations like these can also contribute significantly to regeneration and the creation of social capital.

Executive Summary

The government is committed to achieving radical change within social care in order to give people greater control over their lives and access to high-quality services. This commitment is set out in a number of key policy and strategy documents and confirmed in the *Putting People First Concordat* published in December 2007.

In *Putting People First* the government set out its intention to ensure that every person eligible for publicly-funded adult social care will have a personal budget – a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs. Personal budgets are a key part of the strategy to give people greater control of their lives but in themselves will not achieve the desired change. People also need a range of services and supports to choose from that reflect the full diversity of their lives, needs and aspirations.

There are many people who want to be in control of their services but do not want the burden of becoming an employer and do not want to rely totally on family and friends. Individual solutions to individual requirements are often extremely small scale. Very small family and community-based services (micro social care and support enterprises) established and managed by local people are in a good position to deliver individualised services to people living in the same community and are an important part of a diverse local market that provides real choice

for people. The number of micro providers has, however, fallen over the last five years as a result of the many barriers to setting up and sustaining a micro service, including regulations, legislation and commissioning practice designed for larger organisations.

Local authorities have been tasked with 'shaping and building the market' to ensure that choice is available and their effectiveness in this role is of central importance to the success of the government's personalisation agenda. This new role is not yet well understood and local markets in many areas still provide only limited choice to people. There has been a view that new services will simply emerge and existing services adapt and thrive in response to the growing number of people with their own budgets. Evidence from this project suggests that this does not happen so easily and in most areas the local market is becoming less rather than more diverse.

The Micromarkets Project

The Department of Health has funded a three-year NAAPS project to test a business model designed to support and stimulate the development of a range of micro care and support services in order to provide real choice for people that need care or support to live the lives that they choose as part of their local community. The project is directed and supported by a National Project Steering Board (NPSB), chaired by the Department of Health.

The basic business model was developed in discussion with micro social care and support entrepreneurs and informed by learning from micro entrepreneurs across all sectors. It was designed as a support agency with a full-time co-ordinator with good local management support. It offered current and potential providers the information, advice and help that they need in order to set up a small enterprise or adapt a current service to meet new local requirements as well as sign-posting people to other local sources of support and advice. The agency also has an important role in minimising or removing the local barriers and contributing to the removal of the national barriers facing micro providers.

The agency support model was tested in two local authority pilot areas, Oldham and Kent. There were clear criteria for pilot areas and the selection process ensured that the two pilot sites met all the criteria and were very different to each other. The two local authorities faced very different challenges in developing a thriving local micro market. Oldham, for example, had very few micro providers at the start of the project while Kent had a significant number of micro providers providing more traditional care services (e.g. very small care homes).

The agency model has proved successful in helping local authorities to work positively and creatively with current and potential micro providers and create an environment within which sustainable, safe and high quality micro services can thrive, providing real choice for people who need support and services. Our experience in the pilot areas of Oldham and Kent has helped us to understand what providers need and how best to help them and has generated helpful learning which is transferable to any local authority area.

Every local authority will have existing micro providers in their area but they can be hard to identify and engage; they face growing regulatory, legislative and other barriers and, in most areas, their numbers are falling. In every area there are entrepreneurs who would be willing and able to set up new, innovative and highly personalised service options if only they knew what people needed and had the information and support that they need to do so with confidence.

The Practical Guide for local authorities brings together learning from the first two years of the project and provides the information and tools that local authorities need to support micro provision in their area.

The main focus of the last year of the project will be the testing of an adaptation of the agency model to provide kite marking and a quality assurance service for micro enterprise. The learning from this will inform an addendum to the Practical Guide, which will address safeguarding and quality assurance issues and will be published in June 2010.

Introduction

The Department of Health's Social Care Green Paper, *Independence, Well-being and Choice* (2005) first highlighted the need for radical change within adult social care in order to give people greater control over their lives, and access to high-quality services. This was reinforced in the White Paper, *Our Health, Our Care, Our Say* in 2006 and confirmed in the recent *Putting People First* Concordat published in December 2007. A number of other key policies and strategies including Valuing People 2001, Improving the Life Chances of Disabled People 2005, Opportunity Age 2005 and Valuing People Now 2008 have a similar focus on prevention, early intervention and community inclusion in the context of giving people choice and control.

Our Health, Our Care, Our Say talked about direct payments and individual budgets as ways to give people more choice and control. In *Putting People First* the government made a clear commitment that every person eligible for publicly-funded adult social care will have a personal budget – a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs.

NAAPS is a membership organisation which supports providers of very small family and community based services, helping them to get the advice, help and representation that they need. We believe that the strategy set out in *Putting People First* and other documents has the potential to transform people's lives for the better and are working in partnership with others to take forward the government's personalisation agenda. The plan to give every person eligible for publicly-funded adult social care a personal budget is proving effective and evidence from the individual budget pilots and direct payments suggests that people, once they understand how much money is available, use that money flexibly and innovatively, choosing support and services that can be shaped around their own requirements. However, for this to work properly people need a range of services and supports to choose from that reflect the full diversity of their lives, needs and aspirations.

Local authorities have been tasked with 'shaping and building the market' to ensure that choice is available and their effectiveness in this role is of central importance to the success of the government's personalisation agenda.

This new role is not yet well understood and local markets in many areas still provide only limited choice to people.

Very small family and community-based services (micro social care and support enterprises) are vital elements of a diverse market that provides real choice to people. Individual solutions to individual requirements are often extremely small scale. Micro enterprises established and managed by local people are in a good position to deliver individualised services to people living in the same community. The number of micro providers has, however, fallen over the last five years as a result of the many barriers to setting up and sustaining a micro service, including regulations, legislation and commissioning practice designed for larger organisations.

Key point

Local authorities have been tasked with 'shaping and building the market' to ensure that choice is available. How well they do this is key to the success of the government's strategy for the transformation of social care and in particular for the government's personalisation agenda.

The NAAPS Project

The Department of Health has funded a three-year NAAPS project to test a business model designed to support and stimulate the development of a range of micro care and support services in order to provide real choice for people that need care or support to live the lives that they choose as part of their local community. (See Section 5 and Appendix A and B for more information about the wide range of services encompassed by the project)

The learning from the first two years of this project has been brought together in this Practical Guide for local authorities interested in supporting micro enterprise in their areas.

The main focus of the last year of the project will be the testing of an adaptation of the agency model to provide kite marking and a quality assurance service for micro enterprise. The learning from this will inform an addendum to the Practical Guide, which will address safety and quality assurance issues and will be published in March 2010.

Management of the project

The project is directed by Sian Lockwood, the NAAPS Chief Executive, and is managed by Angela Catley, the NAAPS Head of Projects. In each pilot area there is a local Project Co-ordinator: Tracy Turner in Kent and Helen Allen in Oldham.

The NAAPS project is directed and supported by a National Project Steering Board (NPSB), chaired by Paul Brittain from the Department of Health. Steering Board members include representatives from government, statutory and voluntary sector organisations whose knowledge, experience, networks and contacts have been vital to the success of the project.

A local steering group has been established in each pilot area, chaired by a senior manager from the local authority. Steering group members have been drawn from key departments of the local authority and external organisations able to promote and support the work of the local programme. Steering group members are asked to take an active role in supporting the programme and the agreed terms of reference for the group make this requirement clear. The Steering Groups have continued to evolve as the programmes have progressed.

The Business Model

The basic business model was developed in discussion with micro social care and support entrepreneurs and informed by learning from micro entrepreneurs across all sectors. It was designed to be a support agency, offering a range of support services to existing and new micro providers as well as sign-posting people to other local sources of support and advice.

It required a full-time co-ordinator with good local management support.

The main services offered by the support agency were expected to be:

- A collective voice for small providers to engage in local planning and development
- Access to tailored training and learning
- Access to funding for training and learning activity
- Support to engage effectively with regulators locally and nationally and to meet regulatory requirements
- Sign posting to other appropriate information and advice services and work with those services to ensure that they understand the requirements of very small scale support and care providers
- Practical support in developing policies, procedures and methods of working
- Support and advice to manage individual situations and address identified problems
- Support to individual service providers involved in recruitment or disciplinary proceedings
- Access to tailored insurance or other products
- A place where people can get together for mutual support and to reduce isolation
- Access to Criminal Records Bureau (CRB) checks or signposting to umbrella organisations that can provide access to CRB checks (where required)

- Regular bulletin with information updates with a hard copy for people that do not have internet access
- Access to IT and IT training and support
- Library of information (books and on line)
- Information exchange
- Fair pricing tool to enable providers to cost their services transparently and fairly
- Promotion of the work of individual micro providers and the value of micro provision.

Pilot areas

Clear criteria governed the selection of the two local authority pilot areas. There were ten selection criteria in all, the most important being a demonstrable commitment to personalisation and increasing choice for people who use services and an active commitment to the project from the Director of Adult Social Services (DASS). With only two pilot areas we were also looking for diversity in terms of location and geography.

The selection process ensured that the two pilot sites met all the criteria and were very different to each other. One pilot area, Oldham in the North West of England, is a small and urban Metropolitan Borough Council whilst the other, Kent in the South East, is a large County Council operating across 12 Districts with a mix of both urban and rural areas.

These local authorities face very different challenges in developing a thriving local micro market. Oldham, for example, had very few micro providers at the start of the project while Kent had a significant number of micro providers providing more traditional care services (eg very small care homes).

Oldham is both an In Control Total area and an Individual Budget Total Transformation area and has the largest number of people with a personal budget in the country. At the beginning of the project Kent was not involved with In Control or the Individual Budget pilots but had a significant number of people using a Direct Payment to pay for the services that they need.[1]

In each area the pilot programme has been hosted by the local authority with the Oldham Co-ordinator placed within the Community Capacity team and the Kent Co-ordinator within the Contracting and Quality Assurance Department.

Why the project is relevant to all Local Authorities

Every local authority will have existing micro providers in their area but they can be hard to identify and engage; they face growing regulatory, legislative and other barriers and, in most areas, their numbers are falling. In every area there are entrepreneurs who would be willing and able to set up new, innovative and highly personalised service options if only they knew what people needed and had the information and support that they need to do so with confidence.

The NAAPS Project is testing a business model that helps local authorities to work positively and creatively with current and potential micro providers and create an environment within which sustainable, safe and high quality micro services can thrive, providing real choice for people who need support and services. Our experience in the pilot areas of Oldham and Kent has helped us to learn about what providers need and how best to help them. This learning, while immensely valuable to Oldham and Kent, is transferable to other areas, providing the information and tools that local authorities need to support micro provision in their area.

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1 *Personal Budgets were introduced in Kent in April 2009.*

PART ONE: Setting the Scene

What are micro social care and support services

What do we mean by 'micro'?

The providers of micro (very small) social care and support services are independent of any larger or parent organisation and truly stand alone in a sector of work that is complex, challenging and demanding.

Many providers deliver the service themselves, alone or as a couple, and employ no staff to help them. Others employ a small number of staff or work with volunteers or members of their extended family in order to deliver the service. For the purposes of our work we have defined micro providers as those working with no more than 5 paid or unpaid full-time-equivalent workers.

Most providers of micro services are happy to provide services on a very small scale. This may be because they are committed to supporting one or two individuals; because they believe they can better retain control of their enterprise if it remains small; because they equate small scale with high quality and user led or because they want to work from home and in their community. The majority are not aiming to develop their enterprise in order to support more people or to expand into a different area

Key point

Many providers of micro social care and support services do not intend this to be a stepping stone to bigger things and see their service as being the ideal size.

What do we mean by micro social care and support services?

Micro social care and support services are sometimes known as micro social care enterprises, micro support services or small care businesses. These titles are all used to describe services and support provided by individuals and families in local communities.

These services provide support or care to people in their community; people who may need help because they are older, disabled, have ill health or are vulnerable in some other way. These services can be purchased by individuals who are funding their own care themselves or through a direct payment or personal budget or they can be commissioned or contracted directly by a local or other statutory authority. In some instances services are provided on a voluntary or barter basis and no money changes hands.

In many cases the services do not fit neatly into the definition of social care or support services. Examples of micro services include:

Small Care Homes

Providers who offer accommodation and personal care must register their accommodation as a Care Home with The Care Quality Commission (CQC)[2] and must demonstrate that they meet the Care Home Regulations and the relevant National Minimum Standards (NMS). Care Homes are regularly inspected by CQC Inspectors and inspection reports demonstrating how they are performing in relation to the NMS are published on the CQC website and the home is 'star rated' on the basis of that inspection report. There are different NMS for care homes that cater for older people and those that support younger adults.

Key point

There are no differences in the regulatory requirements or rules for very small care homes (2 beds), medium (25 beds) or even huge care homes (125 beds).

Providers who offer accommodation and support but who do not offer personal care do not have to be registered with CQC.

Supported Housing

Supported housing services offer both accommodation and support to the people who live there. Supported housing providers usually own one or more properties in addition to their main place of residence. They provide tenancies for one or more people in each property, acting as their landlord. The landlord has to ensure the property meets a range of private sector housing regulations and standards.

Many landlords also offer help and support to their tenants. This could be simply the kind of support that people need to live in their own home (often called "housing related support"), for example, support with money management or to be a good neighbour. This housing related support can be paid for from the Supporting People (SP) Grant (a funding stream from the Department of Communities and Local Government (CLG) and administered by SP teams based in local authorities). Providers who receive SP funding must provide evidence that they meet quality standards set out in a Quality Assessment Framework (QAF) and other requirements set by the SP team. SP teams have the role of monitoring provider performance against this framework and other performance targets.

As well as "housing related support" landlords may offer additional low level support to their tenant.

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2 *The Care Quality Commission (CQC) was established by the Health and Social Care Act 2008 to regulate the quality of health and social care and look after the interests of people detained under the Mental Health Act. Operational from 1 April 2009, it brings together the work of the:Commission for Social Care Inspection, Healthcare Commission, Mental Health Act Commission and l regulates social care services such as small care homes. Changes to the required regulations and standards for registered services are expected in 2009/10.*

Examples of low level support include offering assistance to shop and cook meals or help with reading and writing. It does not include personal care; for example, help to use the toilet or take a bath. This kind of support can be arranged by the Local Authority or directly by the person who funds their own care and/or has their own budget. It will involve a contract between the provider and the local authority/individual. This contract will usually specify quality standards and contractual obligations that the provider will be expected to meet.

Housing related support and low level support can also be offered by providers who are not landlords and are not connected to the accommodation.

Domiciliary Care

Domiciliary Care Agencies provide support to people in their own homes (living with their own family, in a tenancy or as an owner occupier). If these agencies provide some personal care to the people that they support then they must be registered with CQC. The level of personal care that triggers the requirement for registration is lower than the level triggering the requirement for registration as a Care Home. In the same way as Care Homes, Registered Domiciliary Care Providers must demonstrate that they meet the Domiciliary Care Regulations and the relevant National Minimum Standards (NMS).

Providers are regularly inspected by CQC Inspectors against the national minimum standards and inspection reports are published on the CQC website. In the same way as for registered care homes, there is no difference to the regulatory requirements or rules for very small, medium or even very large domiciliary providers.

Practice example

Home Support Service was set up by Barbara Miller 2 years ago. Barbara and her 3 staff (1 full time and 2 part time) deliver a domiciliary care service to 23 older people, all of whom receive Direct Payments.

Barbara had worked directly as a domiciliary care worker and as a co-ordinator for a large agency since 1991. She decided to set up her own venture after becoming disillusioned with her employers taking on more care packages than they had capacity for. This sometimes resulted in service users seeing up to 12 different carers in one week.

Barbara feels that her own very small and locally based service is well placed to give older people caring, personalised, flexible and consistent care and support. She also feels that older people "deserve the best" and that this is what they receive from the Home Support Service.

Barbara has to meet the same standards and regulations as a domiciliary care agency employing 500 staff and supporting thousands of people.

Brokerage, advocacy and planning services

As personal budgets become more widely available services are being established that help people to plan how they want to live their lives with the support they need around them. Commonly known as 'brokerage,' these services support people to find out what is available, signpost to other services, provide technical advice (for example in relation to employment, housing or legal issues), assistance with support planning and the co-ordination of support packages. They can also provide ongoing help with managing obligations and responsibilities in relation to somebody's budget. Though in their infancy these services represent a significant growth area and represent an opportunity to micro-providers who can offer individualised support of this kind.

Holidays and short breaks

Providers can offer short breaks in a range of settings including registered residential care or unregistered accommodation with support. Some offer specialist holiday accommodation with and without support services for the holiday makers. There are also are a number of supported holiday services that use volunteers or paid staff to accompany people who need support to enable them to take a holiday at a venue of their choice.

Support during the day

Traditionally, day services have provided support and activities for people in group settings during office working hours, Monday to Friday.

Increasingly it is recognised that people who need support wish to live their lives in the same way as the rest of the population and choose to spend their day time hours meeting friends, engaging in hobbies or leisure pursuits, in paid or voluntary employment, helping other people, travelling, maintaining their home, keeping appointments, learning new skills etc. People and their families want support to live their lives at all times of the day and night including evenings, weekends and public holidays and the traditional day service model is less and less relevant. Care Homes, Domiciliary Care providers and Supported Housing services often provide care and support to people during the working day. There are, however, many other types of providers springing up to meet people's changing requirements and offering activity-based services inside and outside traditional working hours.

Key point

Many of these very small services do not see themselves (or are not seen) as a 'social care' provider and instead view their service as 'housing support', 'community development', 'voluntary work', 'health promotion', 'sport and leisure' or similar.

Leisure and special interest services

There are a growing number of providers who offer support to people to pursue their hobbies and interests individually, with a friend, or in a group.

Services could be aimed at a particular group of people or "client group"; for example, older people or people with a learning disability. Alternatively, the service could exist to help people pursue a single hobby or interest eg line dancing or music or have a wider remit and offer activities or support on several days each week. The service may have its own premises, make use of community venues or simply take place in mainstream facilities eg local sports centre or library.

Practice example

Choice, Support and Transport

The service is run by business partners Mark and Keith. Mark has a background in traditional day services for people with a learning disability and Keith in transport and support services for the same client group. Mark and Keith became aware that people would need alternative things to do during the day once the local day centres closed and that many people, with their own budget, would want to do something that allowed them to meet up with their friends and acquaintances. The service provides transport and picks people up from home if they require it. People are then supported to undertake a variety of activities and pursue personal interests. The service supports a maximum of 9 people each day and people can choose to attend on one or more days a week.

Therapies and personal development

Independent providers of services such as psychotherapy, drama, art and music therapy can offer a valuable intervention for people who are going through a difficult time in their lives or who are trying to understand themselves better. Emerging services such a life coaching, image consultancy and life management can also offer something to people who are struggling to set personal goals or to improve their self esteem or confidence.

Employment services

People with a disability or illness sometimes need help advice and support to find work and to be an effective employee. Services are available that forge links with local employers and also work with people to help them get a job. Other services offer direct help and support to people who would find it difficult to work independently. Finally, there are services for people with a disability or mental illness who want to work within a more supported setting or to gain particular work skills before going it alone.

Who are the providers of micro social care and support services?

Micro services can be delivered by people using one of a number of business models including sole trader, partnership; small business, social enterprise, not for profit, charity or voluntary organisation.

Services can also be delivered on a voluntary or barter basis with no business model at all, motivated simply by a desire to help other people.

Providers often have a background in health or social care and see the provision of their own service as a chance to 'get things right' and to deliver a service of high quality over which they have full control.

Alternatively providers may have connections to the care world as a result of personal caring responsibilities or have no formal caring experience but an interest in learning new skills and working in a new area.

Providers may see the work that they do as voluntary, as bringing in a bit of extra money, as their main source of income or as a business needing to generate enough income to pay them a wage and employ a small number of staff.

Practice example

Funky fitness and fun 1 – the background

Funky Fitness and Fun is a very small community based service that is operated by Carita Smith. Carita is also a Shared Lives Carer, a personal assistant for people with a disability and has run a drama group with a friend on a voluntary basis for adults with a learning disability for a number of years. Carita launched Funky Fitness and Fun in February 2008 as a small social care enterprise after organising a range of sessions in summer 2007 for people who used services, who had a lack of activity when many traditional services closed. Carita went to Oldham Collective (a support organisation for social enterprise in Oldham) and gained some business advice and she has also had a great deal of support and advice from Helen Allen, the NAAPS Project Co-ordinator. Due to the success of that provision and the opportunities that have arisen from In Control,

Carita made a decision to provide a service on a regular basis.

The aim of Funky Fitness and Fun is to provide a safe, secure and fun environment where adults with a learning disability, physical disability or mental ill health can meet and take part in a range of activities to enhance their overall wellbeing- via a range of physical activity, with additional input re healthy eating. The service is currently operating every Friday, at the Honeywell Centre, a very modern community centre in the hub of Hathershaw between 10am -2pm, at a cost of £25 per participant per session. Currently there are 15 people who use Carita's service (not necessarily all at the same time) and, due to the flexible approach taken by the service, people don't attend every week.

Funky Fitness and Fun has been operating for 9 months and in order to meet the demand for the service, Carita has taken the decision to make it available on an additional day.

Care and support services are often delivered on a very small scale to meet the needs of just one or two people, with the provider motivated by a wish to help out a neighbour or friend rather than seeing themselves as a social care service. The service may be delivered on an occasional basis or on only one or two days a week, fitting in with other employment, personal caring responsibilities or study.

Some providers have been established for many years. This group includes providers of very small care homes and supported housing services. Some of these established providers are running a highly successful enterprise but the majority are struggling to make sense of their place in a rapidly changing world.

Many people fund their own care. People who receive public money are increasingly being offered the chance to control their own funding through direct payments or a personal budget. These individuals are increasingly taking control and are looking for services to purchase with these budgets. There are a number of new and emerging service providers responding to this opportunity and the services they provide are often non traditional and highly individual, designed with the requirements of the individual purchaser in mind.

Some people with personal budgets are using them to buy the support that they need to set up a small social care or support service for other people.

Key point

The providers of very small services are extremely diverse and offer a range of very different types of service. They have many different motivations but what they all have in common is that they work independently, want to make a difference to the lives of the people who they support and have a personal interest in the service that is provided.

Why are micro social care and support services important?

Micro social care and support services offer real benefits to:

People who need support and services

Providers of very small services are firmly rooted in their communities and have a good understanding of local issues. They are local people providing local services to other local people.

These providers support small number of people, often delivering the support themselves or with a small team of workers. This enables the provider to get to know the people who use the service and their family and supporters very well. The service can offer consistency and genuine empathy and will often "stick with people" through difficult times.

The providers of very small services face different challenges to those facing larger organisations. They rarely have to work within the constraints of unsuitable buildings or meet the needs of large staff teams with complex rota systems. This can mean that they are able to offer services that are much more flexible and responsive than those that can be offered by larger providers

Practice example

Funky Fitness and Fun 2 – a user's experience

Michael has some difficulty with his mobility and uses a wheelchair on a regular basis He has attended Carita's service from the outset and pays for the service from his personal budget. Michael used to attend a more traditional day service run by the physical disability service of Oldham Metropolitan Borough Council. He did enjoy this but disliked the inconsistency of staffing and inability of the service to adapt what it provided to meet his needs and wishes.

In contrast Michael is very positive about the service that Carita provides and says that 'Carita is her own boss and can do it' and that 'she treats everyone 'as an equal' and listens to all the ideas. In Michael's opinion, Carita's service is not as costly as using a PA or more traditional service and provides an opportunity to meet old friends and make new ones. Michael thinks Carita and the service that she offers is 'fantastic' 'it gives you a good feeling'.

Local communities

Micro services offer employment to local people and help to build the capacity of the social care sector. This route to employment can allow people from excluded groups to become economically active and brings new people into the 'social care' workforce. This helps to promote community confidence in care and support services and ultimately leads to greater community cohesion.

People's access to social and economic opportunities, their resilience to adversity and deprivation and, more broadly, their quality of life, health and well-being is affected by the strength of their social networks. The term "social capital" is used to convey the understanding that people's networks of friends, acquaintances, relations, neighbours and organisational memberships and allegiances constitute a valuable resource. Small services can increase the social capital in an area by fostering citizenship, neighbourliness, social networks and civic participation for the provider, user and others in their lives and communities.

There are considerable environmental benefits from an approach that allows local people to provide support and services to other local people. People do not have to travel far to get to work and can receive support and services in their own community.

Local authorities

Providers of micro services add choice and diversity to a market that can otherwise be dominated by a small number of larger providers. They provide an important alternative to people looking for personalised services who do not wish to directly employ their own staff. Tiny care and support services are able to help people in ways that are flexible, responsive and individual, making their services very attractive to service users and their families. They can put individuals rather than process at the centre of their service in ways that many larger providers would find difficult.

Providers of very small services face different business challenges to those facing larger organisations. They do not have to pay off capital investment or meet the requirements of shareholders or maintain buildings and a large staff team. Their business model is sustainable and allows greater flexibility in delivering services that people want to buy.

Local Area Agreements (LAAs) set out the priorities for a local area that have been agreed between central government and local people through key local organisations who are members of the Local Strategic Partnership. The extent to which local authorities are meeting their local priorities are measured against National Indicators (NIs).

Providers of very small, community-based care, support and housing services can contribute to the achievement of NIs, in particular those that relate to a reduction in the use of temporary accommodation, stronger communities, adult health and wellbeing, economic regeneration, job creation, tackling exclusion and promoting equality.

The entrepreneurialism, innovation, creativity and pioneering approach of very small providers can offer a great deal to the wider social care sector by giving a clear demonstration to local authorities and larger providers of what can be achieved in response to the personalisation agenda.

Barriers and Challenges

Local Barriers

Information

Potential micro providers need good accessible information covering all the areas involved in setting up a successful social care or support service. The project has demonstrated that the information available to micro providers is often limited. Access to information is dependent on the publications people read, groups and organisations to which they belong and local contacts that they have. As a result some people are reasonably well informed and others have little or no up to date and accurate information.

Advice

There are a large number of local and national advice organisations and initiatives that potentially have relevance to very small providers. Unfortunately few if any of these provide advice that has an exact fit with the work that they plan to do. At best this results in people getting tiny pieces of advice and information from many different places and then struggling to put the pieces together into a coherent picture. At worst this can result in people feeling daunted by the diversity of advice on offer and deciding that the process of setting up a new service is too difficult.

Marketing

Providers need to promote and advertise their service in a way that is attractive and meaningful to the individuals requiring a service and to other purchasers. Marketing is a specialised skill that few providers possess. Evidence from the project suggests that there are few resources available to providers wishing to improve their marketing skills. Those that are available provide general marketing advice which is neither tailored to social care nor sensitive to the subtleties of the personalised care agenda.

Training and learning

Training courses and learning opportunities can be difficult to access for small providers who have little time available outside their caring role.

Courses are often held at times when providers are working or at venues at some distance from their community. Training courses are often partially but not completely relevant and take no account of the situation within which the provider is working. The cost of attending a training course can be too high for many providers, particularly if s/he has to pay someone to deliver their service while they are away. It can also be very difficult for people to get good information about the availability of training opportunities and funding to access training in their area.

Business support

Evidence from the project suggests that there is a lack of tailored business support for very small businesses other than the light touch advice and brokerage service provided by Business Link. The advice that is available is rarely geared to the requirements of the potential family and community-based social care and support provider and is limited and less relevant as a result.

Local commissioning and contracting practices

A number of current commissioning and contracting practices place barriers in the way of micro social care enterprises. Many local authorities are seeking to reduce the number of contracts they hold with individual providers to reduce transaction costs, make maintenance and monitoring easier and also to comply with national directives to improve value and efficiency.

These consolidated contracts tend to be for larger parcels of work and/or delivered over wider geographical areas than a very small provider would be able to manage on their own. The consolidated contracts are usually put out to tender and the tender process used is often lengthy, complex and bureaucratic and inaccessible for smaller providers. There is a view that vehicles such as consortia and large-small partnerships will enable smaller enterprises to gain contracts but these vehicles are complex, inaccessible to very small providers and rely heavily on larger organisations to include smaller ones in the arrangement whilst giving them no incentives to do so.

Key point

The reality is that providers of micro services do not form consortia, are rarely involved in partnership bids and are not in a position to bid for tenders alone. They are in practice excluded from contracts for which they would be well suited if the competitive process were approached differently and more equitably.

Supporting professionals

Some Care Managers and Brokers have concerns about the perceived risks involved in using less traditional or familiar forms of care and support and filter or block information about these types of service.

Communication

Providers of micro services have little or no time to actively engage in local forums, groups or associations. They are providing services to individuals or very small groups of people and as a result have limited contact with the small number of professionals who are also working with these individuals. They may have been successfully providing support to people for many years with little or no incident and as a result there may have been no need for contact with outside agencies. They may only provide support to people who are self funding, have their own budget, are on preserved rights or come from 'out of county'. For all of these reasons providers of very small services can be unknown to local authority staff and can be all but invisible in the map of local services.

Many established providers of very small services do not have useful access to Information Technology (IT) and do not use the internet or email as a method of keeping informed and communicating with the outside world. Small registered Care Homes whose contact details are publicly available are inundated with marketing emails and this adds a further disincentive to using email. Local and national government, organisations and agencies increasingly rely on IT as the sole method of informing and consulting with people. The lack of IT skills and confidence amongst smaller providers can exacerbate their sense of isolation and disengagement.

Practice example

Anna runs a small Care Home in the South of England which accommodates 2 people with a learning disability. The people Anna supports seem very happy in their lives and Anna has regular feedback about the excellent quality of the very personal service she provides to them. She has been supporting both of these people for 18 years and both are funded through Preserved Rights to the higher rate of Income Support. Neither of the people who Anna supports has a Care Manager nor, because of the way their placements are funded, have they had an annual review of their care package. Anna has taken time to work with the people she supports and their families to ensure that each person has a person centred plan that provides a clear basis on which her service is provided. These plans are reviewed regularly and are valued by the people who use Anna's service.

Anna lives in the Care Home alongside the people she supports and she provides all the help that people need. Anna has little or no contact with anyone from her Local Authority, never attends any meetings or consultation groups as she is too busy fulfilling her caring role. Anna does not use email and has only limited access to the internet. As a registered home her contact details are publicly available and she is inundated with letters and irrelevant marketing mails from companies as a result – this makes her very wary of written communication.

Anna has heard about self directed support and would like to make sure she is in a position to deliver the kind of service that people want to buy in the future. No one from the Local Authority (or anywhere else for that matter) is communicating with Anna about her service and future plans for the area. Anna does not know who to contact to ask the questions to which she needs answers.

Market information

Evidence from the project suggests that there are barriers which prevent potential micro providers from obtaining useful information about the kinds of services that people want to buy. There are similar difficulties for people with personal budgets in finding out about the range of support and services available, especially where those services sit outside social care. The web-based solutions that are being developed may address this problem but in the meantime systems need to be in place that facilitate good communication between potential providers and potential customers.

Start up funding

Many potential providers would benefit from small amounts of accessible start up funding to enable them to cover the initial costs of setting up a new enterprise or to cover living costs until their new business is established.

Current providers similarly may need a small loan to help with the restructuring of their existing service.

The project has demonstrated that even where such money is available it can be difficult for very small providers to access. One obvious example is the Small Firms Loan Guarantee which is available via high street banks that participate in the scheme. In order to access this funding, a small provider must produce a detailed and comprehensive Business Plan and many very small providers can find this an overwhelming barrier. An alternative source of funding – a loan from a Community Development Finance Association (CDFA) – is not available in many areas. CDFAs tend to operate in areas of urban disadvantage and have only patchy coverage of the country.

Local authority approaches to implementing personalisation

While the policy of personalisation creates an environment in which micro social enterprise can flourish, the way in which it is implemented can cause some difficulties. The early focus of the personalisation agenda has been on the local authority processes that need to be in place to make personal budgets available for people who are eligible to receive public funding. There has been an assumption that people with personal budgets will want to employ their own staff (Personal Assistants [PAs]) and in some areas limited work has been done to help current providers to

understand the change in government strategy and respond to that change. Equally there has, until now, been little focus on creating an environment within which new services can emerge in response to the requirements of individuals with personal budgets.

National Barriers

Government strategy to improve efficiency in procurement of services

A number of Government departments (Office of the Third Sector, Department of Health, Communities and Local Government and Business Efficiency and Regulatory Reform) have adopted a strategy which aims to improve efficiency in procurement of services. The result of this overarching strategic approach is that Local Authorities are cutting the number of contracts they hold with individual providers in order to reduce transaction costs and create efficiency savings. An example of this is the Value Improvement Programme implemented by local authority Supporting People teams as a result of the strategic direction taken by Communities and Local Government.

Regulation of Care

The current approach by government to the regulation of care services means that the regulations and national minimum standards for a particular category of care service are applied in the same way regardless of the size of the service.

Some of the regulatory requirements designed for larger services are inappropriate for very small services. There is little room for flexibility and this can place the regulator in the difficult position of 'failing' a very small service that achieves good outcomes for people but does not meet some of the regulations dealing with process.

Practice example

The Limes is a small residential care home that supports 2 young men with mild learning disability and/or autism with two resident proprietors and one long-serving staff member. The proprietors and staff member must have regular CRB checks and it is likely that they will soon have to register with the General Social Care Council (GSCC). As a care home they are registered with the CQC and have to demonstrate that they meet all the regulations and National Minimum Standards (NMS) designed for large care homes. They are expected to have written policies and procedures covering everything from Staff Recruitment to Dignity in Dying regardless of the relevance of these to the people they support. The single staff member must undertake a large number of training courses and the Manager of the home must have an NVQ in Management. The home is required to have a full written Quality Assurance system.

Insurance

Providers can find it difficult to access affordable tailored insurance products that are required by law and/or provide security against risk.

Practice example

Tony provides Mo with 2 hours a week support for which he receives £10 per hour before tax and National Insurance. He has managed to find an insurance broker who understands the unusual care service that he offers and who has found him a tailored insurance product. Despite this Tony is still paying £25 per month liability insurance premiums which brings his income after tax well below minimum wage (and this does not take into account his travel and other expenses).

Training and qualification requirements

The training and qualification requirements for micro support and care providers depend upon the legislative framework within which they work. Some regulated providers are expected to gain qualifications and undertake training that at best has limited relevance to their work and at worst is at odds with the work that they do. Other providers have no training and qualification requirements placed upon them and there is no requirement for them to demonstrate even a basic level of competence.

Practice example

A small registered Care Home supporting 3 people is run by a husband and wife team who do not employ any staff. It is a requirement of the home's registration with the CQC that Care Home managers have an NVQ in Management to demonstrate their competence in this area. In order to gain evidence of this competence the couple must show how they recruit, support, manage and develop the members of staff that work in the home. No staff are employed to work in the home which means the couple are unable to provide this evidence.

To tackle the issue the couple take turns to take on the role of Manager with the spouse taking on the role of staff member. In this way they are able to demonstrate their competence and produce evidence in order to gain the required NVQ award.

Current qualifications in care are designed for people working in more traditional care settings and are relevant to those settings. They are expensive and difficult to access for individual micro providers.[3]

There is a danger that national strategies for training and qualification of the social care workforce will focus on the requirements of the largest groups that make up the current workforce and will be inappropriate to many micro providers.

Legislative requirements designed to 'solve bigger problems'

There are many pieces of legislation that are designed to address a particular issue but which inadvertently impact upon very small initiatives and effectively block their development.

Practice example

The recent extension of the definition of a private hire vehicle was intended to close a loophole exploited by some mini cab drivers. The unintended result of the extension of this definition is that people who wish to provide a day service that involves transporting people in their cars have to register as a private hire vehicle. Obtaining a PHV Licence is a costly and time-consuming exercise, for example:

- A vehicle license costs £318
- Vehicles must be less than 4 years old
- An operator's license costs £358
- A driver's badge costs £94
- Drivers are required to undertake an independent medical check (can cost up to £100) and have a CRB check
- Drivers have to undertake 3 tests

This requirement has limited or prevented the establishment of affordable flexible day services that use community resources for people with mobility problems.

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3 *NAAPS is working with Skills for Care to design a qualification that uses the flexibilities of the new Qualification and Credit framework and will be tailored to the requirements of micro social care and support providers.*

Why do micro providers need support?

There has been a view that new services will simply emerge and thrive in response to the growing number of people with their own budgets. Evidence from the micro markets project suggests that this does not happen so easily in an area of work so fraught with regulation, red tape and volatility. This evidence is supported by the experience over many years of people who use their own resources to pay for services. This significant customer base has not generally driven the development of innovative, high quality services or a personalised approach to care and support.

Emerging providers

Learning from the project suggests that people who are interested in the idea of setting up a new service and who have the resources and skills necessary to deliver the service need intensive individualised

help and support (handholding) in order to make their idea a reality.

Faced with extensive complexity and bureaucracy and lacking effective support many potential providers will decide that the difficulties are too great and give up their idea. Those that do make the leap risk making crucial mistakes that result in them operating outside the legal or regulatory framework for their service.

The lack of market information means that some providers will set up services that are not wanted or needed by service users and will fail at the first hurdle. Providers that have the skills and ability to deliver an excellent service will be lost to the marketplace – a loss that could have been avoided if they had just been better advised about where to focus their energies.

Existing providers

Providers of micro services are very well placed to take forward the government's strategy for self directed support and are able to offer highly personalised services, tailored to requirements of individuals.

They can help the local authority to provide choice for people that need support and services and to meet the targets set out in the Local Area Agreement. In order to do this however they will need information about the kinds of services that are required and advice, help and support to transform their service where this is needed.

Communication barriers mean that micro providers are often invisible to the local authority and because they are less able to be able to nurture relationships with commissioners they are less likely to have services commissioned even where they provide extremely good outcomes for people. Barriers to effective marketing make it difficult for their service to be purchased by people using their own resources or a personal budget.

Regulated micro providers do not have the same resources as larger providers and struggle to produce the documents, data, systems, forms and paperwork that are needed to comply with regulatory and contractual requirements.

Micro providers operate to a different business model than larger providers. They are independent and do not have a larger parent organisation to provide them with help, support and financial backing. Their income comes from the fees paid by the small number of people who use their services. Their resources are therefore limited and provide a limited financial cushion if a change in local authority commissioning strategy leads to a reduction in demand for their service. The impact of a vacancy is

proportionally much greater on a micro provider than on a larger provider. For example one vacancy for a provider supporting 50 people leads to a reduction in their income of only 2%; one vacancy for a very small provider supporting 3 people leads to a reduction in income of a massive 33%. Larger providers employ teams of staff and can respond to a reduction in income with a reduction in staff. Very small providers rarely employ staff and have very limited options when it comes to cutting costs in response to voids or vacancies.

Key point

For providers of micro services voids hit much harder than for larger providers. Carrying even one vacancy for any length of time can seriously affect the viability of the enterprise.

Many micro providers concentrate on providing an effective service to the people that they support and thereby they may disengage from the world outside. This can mean their approach, practice; language and outlook become dated with a negative impact on their image.

Some providers recognise the need to develop and adapt their service in response to changing agendas and expectations of people needing support and services and their families. Experience from current providers suggests that it can be extremely

difficult for them to get clear and consistence guidance about the kinds of services that are now required and the changes that are needed from them. They often take up significant amounts of the time and energy of local authority staff and other organisations as they try to get the help and advice that they need.

Inevitably in this situation many providers decide that they can no longer cope with the uncertainty, the weight of bureaucracy and the financial pressures and may decide to wind up their business with massive disruption to the lives of individual service users. This in turn has a negative impact on the local authority that needs to find alternative support and services for these individuals. Providers in this position may instead sell their enterprise to a much bigger regional or national provider. This is a better outcome for people supported by the service but both outcomes result in a reduction in the choice available to service users, at a time when more choice is needed.

'There is an urgent imperative to create additional capacity across the social care workforce from non-traditional backgrounds and to create a positive environment for new types of workers working in non-traditional roles' [4]

Current micro providers have valuable skills and experience that are needed if we are to meet the requirements of everyone who needs support and services.

Key point

The failure of many micro enterprises does not seem to relate to the quality of the service they provide or the value placed on that service by the people that use it.

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4 *'Putting People First – working to make it happen' June 23rd 2008*

PART TWO: Applying the Learning – Practical tools for Local Authorities

Getting started

Make it someone's job

Without the necessary time and resources any initiative taken to identify, support and nurture the emergence or success of micro services will be unsuccessful. For this reason it is essential that a specific person or team is allocated to set up the support agency and given the time and resources to do the job properly.

The role is demanding and extremely specialised and it is highly unlikely that anyone could do this job well if they had other work responsibilities.

Practice example

In Oldham and Kent we have appointed full-time Small Community Services Co-ordinators

In Oldham, which is a small Metropolitan Borough Council, one full time worker would seem to be able to make a real and lasting impact on service provision.

In Kent, a large County Council with 12 districts, evidence suggests that one worker can effect change in only one or two district areas and not across the whole county. A large County Council will need to appoint several workers to obtain county coverage.

A successful co-ordinator needs to be able to:

- Understand the challenges and barriers facing existing and emerging service providers and offer practical and effective advice and help.

- Make positive working links with a very wide range of people and organisations within and outside the local authority including business and social enterprise support services, voluntary, community, service user and carer groups, care, housing and other regulators, funders and commissioners, support planners and brokers.

- Understand local structures, systems and networks and the way to make those work for people providing very small services and the people buying those services

- Identify and work with local organisations and individuals with the skills, knowledge and resources required by people establishing or running a micro service (eg tax accountant; payroll service; business start up support etc)

- Understand the complexities and possibilities of self directed support in theory and in practice in order to help providers, customers, families and other professionals to negotiate the complexities and take advantage of the possibilities

- Work flexibly and be alert to possibilities, ideas and opportunities however unusual or 'out of the box'
- Think laterally and make connections between people and organisations in different sectors to support the development of new ideas and sustainable organisations
- Have a real enthusiasm for the work of small providers and promote their value to the local care and support market.

Key point

The successful co-ordinator will not necessarily be qualified or experienced in social care. Their personal qualities and approach will be as important as their qualifications [5]

Provide good management support

In order to deliver on such a complex and challenging agenda the co-ordinator will need effective management support. This support should be provided by someone who fully understands the role the co-ordinator is undertaking and who has the level of influence required to make the agency a success.

Get the location right

The location and local 'ownership' of the support agency will heavily influence its success. Evidence from the project suggests that for the agency to be successful:

- It should be located in an organisation and department able to promote its work, provide credibility, good management and peer support and help to make effective working links with other key organisations and individuals.
- Its aims and work should be supported by the organisation at the most senior level.

Inside the local authority

The pilot project co-ordinators were both successfully located within their local authority although in different departments. This has both advantages and disadvantages:

Advantages:

- The post holder is likely to have good peer support
- A location within the local authority will help to ensure support for the work of the agency throughout the local authority at all levels
- The local authority has the lead role on personalisation and the post holder will be in a good position to understand the complexities of self directed support in practice

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5 *Appendix C and D: Model job description and personal specification for a co-ordinator*

- The local authority has the lead role on market shaping and community well being and is in a good position to help the post holder understand local structures and make positive working links with other organisations in other sectors

- The local authority provides the agency with some local status and credibility.

Disadvantages:

- Some micro providers have had negative experiences of the local authority which may mean they are disinclined to engage with the project

- Some organisations and individuals outside the local authority and important to the success of the project may have had negative experiences or have negative assumptions which will act as a barrier to engagement

- The location within the local authority becomes crucial as some departments are more able to promote outside links and networks than others.

The structure of the local authority – in particular whether it is a unitary authority – will influence the location of the programme within the local authority. Engaging key personnel at all levels and locating the agency in the place where it can most hope to be effective is key to success.

Practice example

In Kent the Small Community Services Co-ordinator has been based within the (Social Care) Commissioning and Quality Assurance Team which is part of the Strategic Headquarters of the Adult Services Directorate. This gives good access to key personnel at a senior level within the local

authority and the potential to effect real change on behalf of providers in terms of contracting and commissioning practice. It has also meant that the Co-ordinator has been seen by some as slightly distant from operational issues and as part of the bureaucracy of Head Office. In addition the Co-ordinator is linked closely with one district of the County and has (wrongly) been seen by some to have a better understanding of that district and less awareness of other areas.

In Oldham the Small Community Service Co-ordinator is based within the Community Capacity and Wellbeing Department. This gives the Co-ordinator access to a wide network of community contacts and initiatives and has meant that small providers are seen locally as a community resource and not just as social care providers. More negatively this location has meant that the Co-ordinator is at arms length from the team who are implementing self directed support in Oldham and her providers can be viewed by some as outside the mainstream of social care provision in the area.

Outside the Local Authority

There is no requirement for the agency to be located within the local authority and a location within an external voluntary or community sector organisation may bring some real advantages. These include making the agency more accessible to potential and current providers and strengthening community and voluntary sector links. There is, however, a risk that the agency has less influence within the local authority and loses its ability to work effectively within local authority structures. Ironically the post holder could end up facing some of the same barriers as the small providers they are trying to assist.

A partnership approach, where the local authority works in partnership with a community or voluntary sector organisation to establish the agency may provide the best of both worlds. This approach gives the agency some independence from the local authority whilst retaining local authority 'buy in' at all levels.

Plan for success

Establish a local Steering Group

An effective local steering group will help to take forward the work of your agency, bringing people together from the key organisations, stakeholder groups and local authority departments that are essential to the success of its work.

The group will use its own networks and contacts to promote the work of the agency and the value of micro provision. It will bring essential resources, knowledge and experience, will help to solve problems as they arise and oversee and guide the development of the service.

Membership of the Steering Group

The process of identifying and agreeing the key stakeholders and deciding the best people to join the steering group is an excellent starting point for the support agency. Steering Group members can usefully include:

- Key personnel from within the local authority including representatives from adult social care at an operational and strategic level, commissioning and contracting, housing support, self directed support and people with a remit for change, development or transformation within the area

- Representatives from the voluntary sector and community development organisations

- Representatives of small providers drawn from existing provider forums or groups or people known to the local authority

- Representatives of service users and their families especially those with experience of purchasing their own service through a direct payment, personal budget or self funding arrangement

- Key personnel from within regulatory bodies including CQC and Supporting People teams

- Business advice providers and representatives including Business Link and any local social enterprise support organisations

- People with knowledge and experience of workforce development and training delivery including Skills for Care and local training providers.

Terms of Reference for the Steering Group

The Steering Group should have clear terms of reference in order to ensure that members understand their role and contribution.

Do your homework

Successful work with existing and emerging micro service providers starts with a good understanding of the area covered by the agency. The co-ordinator needs to have good information about:

The size and scope of the geographic area to be covered

Evidence from the pilot projects suggests that the co-ordinator can work most effectively in one or two defined and limited areas.

Practice example

Terms of Reference for the Oldham Steering Group:

1) The Steering Group will agree and monitor the Project Plan which will be written by the Project Manager[6]

2) The Steering Group will guide and support the work of Helen Allen[7] to achieve the outcomes detailed in the plan.

3) Steering Group members will use their networks and contacts to promote the SCS Programme in Oldham and to support Helen in establishing the Programme.

4) Steering Group members will actively contribute to the success of the SCS Programme in Oldham

5) The Steering Group will meet six times a year for the life of the project

6) Steering Group members will contribute to any evaluation of the project and to the continuing success of the SCS Programme once the Project has ended

7) Steering Group meetings will last approx two hours

8) Where possible meetings will take place in Oldham

9) Meetings will be chaired by (Named person) from Oldham Metropolitan Borough Council

10) From time to time Steering Group members may be contacted by project staff by phone or email.

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6 *Specific to the pilot project but could be replaced by: "The Steering Group will agree and monitor the annual work plan which will be written by the agency co-ordinator"*

7 *Pilot Programme Co-ordinator*

The job requires good local knowledge and effective local networks which cannot be developed over geographic area that is too large.

The demography of the area

Information about the demography of the area will help to pinpoint areas where efforts to stimulate micro provision can be concentrated. It will also provide a useful insight into the projected future needs of the population and the services that may be required to meet those needs.

Community structures

The co-ordinator needs to have a good understanding of key community organisations and the way in which they link and operate. Community maps which identify the community 'catalysts' can be an extremely useful tool in helping him/her to decide where to focus energy and effort.

People using personal budgets, direct payments or their own resources to buy services

The way in which self directed support is being introduced and implemented is different in each local authority. All local authorities have to have a plan in place to introduce personal budgets by 2011 and in some areas local authorities are committed to providing a personal budget for everybody that receives public funding immediately. In every area there are people who have a direct payment from the local authority to buy their own services or who are not eligible for state funded care and are purchasing their own care and support packages (with or without help, support and advice) with their own money. Customers shopping around for services that meet their particular needs are important to the development and sustainability of micro services. For this reason it is essential that co-ordinator understands the requirements of people who are currently buying their own services and is well informed about and connected into the local implementation plan for self directed support and personalisation.

Services and supports already available in the area

A key part of the work of the agency co-ordinator is that of signposting potential and current micro providers to organisations and services in their area that can provide the specialist help, advice and information that they need to run a good service. The co-ordinator needs a good knowledge of services and supports already available in the area that could be of use to providers.

Practice example

The pilot programmes have been careful not to duplicate work already being undertaken by another agency and to make the most of the wealth of expertise and knowledge already out there. To this end programmes have engaged with the following people or agencies:

Oldham

Business support and advice services including:

- The Collective Partnership
- Blue Orchid
- Enterprise factory
- Enterprise Centre

OMBC teams and personnel including:

- Community Capacity Team
- In Control
- Support planning Team
- Social work teams across Adult and Community Services
- Supporting People
- Private Sector Housing
- Landlord accreditation scheme
- Tenancy liaison officer
- Adult Placement/Shared lives
- Workforce development
- Carers Centre
- Procurement and Corporate procurement

- Vehicle licensing department
- Learning Disability Partnership Board
- User consultation groups
- Local involvement Networks (Link)
- Finance
- Economy and enterprise unit
- Local strategic partnerships
- Chadderton Court (community based information and resource centre)
- Voluntary Action Oldham

Others:

- Ellis Bates Group (Insurance)
- Fresh Consultancy
- Pennine Care
- Housing Associations
- Oldham Community Accountancy Service
- Unity partnership
- Housing Benefit
- Age Concern
- Self Direct
- Voice Social Marketing
- MMU Business School- social enterprise unit
- Making Research Count- Salford University
- North West Skills for Care
- ARC
- Valuing Works-
- Shop4 support

Kent

Business support and advice services including:

- Business Link and Enterprise Gateway Projects
- Federation of Small Businesses
- Chamber of Commerce
- Kent and Medway Social Enterprise Network
- The South East Business Portal Manager

KCC teams and personnel including:

- Economic and Regeneration
- Commercial Services
- Financial Services
- Kent Care Directory (on line care directory)
- Training4Care
- Kent Card Team
- Adult Services

Others:

- CSCI/CQC
- Community Development Finance Association
- Job Centre Plus
- Romney Resource Centre (training and NVQ Assessment provider)
- Community Volunteer Services
- Provider Trade Associations
- Larger and medium providers
- Existing and emerging service brokers
- Service user groups

Evidence from the project suggests that external advice and support agencies can need help to understand the requirements of micro social care and support providers. Some agencies, because of the restrictions placed on them by funders, will be unable to adapt the services that they offer but others will be able to be more flexible. Cost is always an issue for micro providers and the co-ordinator must take that into account in sourcing suitable advice and support services.

Focus down: Agreeing priorities and a work plan

Having done the background work the next step is to decide priorities and a work plan which sets out how those priorities will be met.

Personal budgets and (within limits) direct payments allow people to buy the care and support services that they need to live their lives in whatever way they choose. People who need support and services do not fit neatly into the social care 'box' and given choice often buy non social-care services. For this reason work with micro providers who are responding to the requirements of individuals who are commissioning and purchasing their own services can easily cover a number of sectors eg adult and child services, health, adult and child education and training, housing, leisure, transport and employment.

This breadth of activity can mean that the agency becomes involved in too many different groups and initiatives and loses its focus and effectiveness as a result.

It is important then that early priorities (including the types of provider that the co-ordinator will and will not support) are agreed and a work plan developed that is designed to meet those priorities[8]. This should not be a straitjacket and priorities need to be regularly reviewed in the light of experience.

Develop the right networks and engage the right people: think across the piece

The work of individual micro providers often crosses sector and local authority boundaries. They need advice, information and guidance about social care and support but also about areas outside their work sector.

Practice example

Oldham

The focus of the work of the Project Co-ordinator in Oldham was agreed to be support to new and emerging services. Within that broad focus she continually has to make decisions about the providers that she will and will not support. These individual decisions are informed by some broad criteria (Does the potential provider meet the definition of a micro provider? Do they provide a service that might be bought by someone with a personal budget?)

For example, she did work with a very small organisation that provides psychotherapy and counselling to learning disabled people. The organisation used drama and group sessions as well is 1:1 therapy interventions and whilst this could be seen as a health service that could be accessed via GP referral it was also the type of service that may be purchased by people with their own budget as a way of helping them to make a new start, gain confidence or deal with life issues.

Some decisions are less clear cut: She did not work with a service user who uses a Direct Payment to employ two Personal Assistants (PAs). Service users who employ their own staff are employers and could be confused with micro providers. However the service provided by the employees is for the employer and their services are not available to anyone else. This arrangement was not seen as falling within the scope of the agency and in addition there is a risk of duplication of effort as support for people who are employing PAs was already available.

This decision formed the basis of an agreement that the project would not work with PAs but this was reviewed following the recognition that there were other PA arrangements that fulfilled our definition of a micro provider and could usefully benefit from agency advice and support. An example is a group of experienced PAs who have come together to provide information, training and support to less experienced PAs.

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[8] *See Appendix E: Example work plan*

They need to be able to comply with the requirements of a range of regulations and legislation as well as the requirements of their funders. They need to understand how the local authority structure and systems work for the area in which they live but may also need to understand the structures of neighbouring or distant local authorities or of one or more Primary Care Trusts (PCTs).

For example:

- Care Home providers sit firmly in the world of regulated social care but are also small businesses, social enterprises or charities.

- Housing providers may need information about their responsibilities as a private landlord and as a support provider. Depending on the size of their service they may need to register as House in Multiple Occupation. Depending on their funding they may need to meet Supporting People requirements and/or local authority procurement requirements.

- Day support providers may offer activities that can be seen as leisure, transport, employment or even health promotion. Some offer training to the people buying their services and can therefore be seen as training providers.

- Micro providers who employ staff have to meet the requirements of employment law. If they access funding to provide training for their staff they will need to account for that funding and may need to obtain a training qualification.

- Providers who offer services to individuals from different local authority areas or PCTs may have to meet different contract requirements for each individual, depending on how they are funded. Each will have its own contract compliance requirements and procurement criteria, payment dates and accounting and reporting procedures.

- Some providers support people who do not fit neatly into a particular client group 'box' They may need to relate to a number of different social work teams or the person may fall through the gaps and have no social work support.

The co-ordinator needs to be able to think across the piece and identify organisations and individuals from different sectors who have the knowledge and experience to provide useful advice to a range of micro providers and help them to overcome local obstacles and difficulties. To do this effectively the co-ordinator will need to understand something about the challenges and needs of existing and emerging providers and think imaginatively and carefully about the people and organisations that will provide useful working partnerships and networks.

Organisations that may be useful include:

- Business advice and membership organisations such as Business Link or the Federation for Small Business

- Social enterprise support organisations

- Training and qualification providers, managed directly by the local authority or independently

- Regional Sector Skills Council/s for example Skills for Care, Skills for Life, Skills for Health

- Organisations and initiatives that offer business start up loans and other financial help for example Community Development Finance Association (CDFA)

- Service user groups representing different locality areas and client groups

- Service brokers, support planners, advocates and those that support people to better understand the service and support options available to them

- Information providers: Citizens Advice Bureau; Councils for Voluntary Service

- Organisations and groups that support and represent the needs of carers and families

- Relevant representatives from health, housing, employment, leisure and transport services and support organisations

- Local authority staff and key personnel including social care but also those concerned with private sector housing, economic regeneration, community development and capacity building amongst others

- One stop shops that act as a single point of access for local people.

The initial contact with these organisations has three aims:

- To find out what the organisation and individual offers

- To provide information about the work of the support agency and the context within which very small family and community based service providers work. Note that the majority of these organisations have no connection with social care and support and will have limited understanding of relevant issues.

- To make a judgment about the potential usefulness of this organisation or individual to micro providers.

Key points

With limited time and resources the co-ordinator needs to:

1) Harness the energies and resources of other people and organisations

2) Focus energy on developing relationships with organisations and individuals that will be useful to micro providers

3) Ensure that micro providers are sign posted to other useful organisations and individuals.

Signposting can bring its own barriers and challenges. This approach assumes that organisations exist with the experience and knowledge to answer questions raised by providers.

In practice the pilot projects have found that such organisations may not exist; or may only operate in some areas for some people. If they do exist, they don't always deliver what they profess to deliver or they do not have the answers to the types of questions providers are asking. Support agencies have had to provide more direct specialised support than anticipated and work actively with other organisations to enable them to better respond to the needs of micro providers.

Finding the Providers

Finding existing providers

In some areas there are already many existing micro social care and support providers while in other areas there are very few. Some providers will be known to the local authority and/or regulators and should be easy to identify as a result. Others will be harder to find and a variety of methods may need to be employed which could include:

Care Quality Commission (CQC)

Care Home and Domiciliary Care Providers should be registered with the Care Quality Commission (CQC). The CQC website *www.cqc.org.uk* allows people to search for all registered providers in a particular area and access to reports on individual services which will give some indication of their scope and size. CQC compiles all information into a database and may be willing to produce a list of very small registered providers in your area

on request. Once a list has been obtained it will be necessary to eliminate any services that at first appear to be very small independent providers but that on investigation do not meet the criteria for a micro provider.

Practice example

Kent

The co-ordinator obtained a list of registered Care Homes and Domiciliary Care providers that supported 5 or fewer people. The list seemed to indicate that there were over 80 very small registered care homes in the area. On further investigation some of these small care homes were run by larger parent organisations or were part of a small group of homes all run by one proprietor. A few homes had a Kent postcode but actually came under the auspices of a neighbouring unitary local authority. A few services were supporting a small number of service users with very high support needs and employed a very large staff team as a result.

Of the initial 80 care homes only 27 met the remit for the project.

Contracts or contacts with the Local Authority

Providers may offer health or social care services funded by a local authority, the local Primary Care or Health Trust or another statutory body. The local authority contracting

department should be able and willing to supply a list of providers who are contracted to provide services and this may be a useful way to identify some providers of very small services.

Co-ordinators need to be aware that local authorities do not necessarily have comprehensive information about all services funded by the local authority. For example, Preserved Rights benefit rates are higher rates of Income Support paid to people who received public funding towards the cost of an independent nursing or residential care home place before the Community Care Act 1990 was implemented in 1993. The Health and Social Care Act 2001 abolished the scheme, transferring responsibility for these people to the Local Authority in April 2002 whilst allowing them to retain their right to a higher rate of Income Support. Despite the fact that these users now come under the auspices of Adult Services they often have support needs that are at a lower level than those that must be provided by the local authority as defined in the local eligibility criteria. This places these individuals in an unusual position in that they have some state funding support for the care that they receive whilst the local authority has no statutory responsibility for monitoring those services or supporting them. Some small care home providers may have been providing a service to people who fall into this category and who as a result are, in practice, less visible to the local authority.

Supporting People Teams

Providers may be offering accommodation combined with housing related support to people as part of a supported housing or sheltered accommodation service. Very often housing related support is funded by the Supporting People (SP) funding stream which is administered by a Supporting People Team within each Local Authority[9]. Supporting People teams should be able to supply a list of services funded by SP in their area. Many SP teams are also aware of those providers who hold very small contracts and facilitate local support groups or networks for these providers.

Local associations or support organisations

In every area there are organisations, groups, forums and associations formed to provide help and support to specific groups. Examples include:

- Voluntary sector support organisations such as Community Volunteer Service (CVS) or Council for Voluntary Organisations (CVO)

- Associations of care or housing providers run by national organisations eg the Association for Real Change (ARC) or more local bodies eg The Kent and Medway Care Alliance

- Social enterprise support organisations, forums or groups

- Associations linked to particular client groups for example those run by Age Concern, Mencap or Mind

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9 *Changes in 2009/10 when Supporting People funding loses its ring fence and is administered as part of the Local Area Agreement (LAA) in each area.*

Practice example

The Local Authority in Haringey has taken an imaginative approach to managing SP funding. They have established an arms length team that supports a core group of small providers and also a wider network of mixed providers. At network meetings the members share best practice and give peer support to each other.

The team has a strong partnership with the Local Authority SP commissioner and this arrangement puts the support team in a position that is slightly removed from the SP team so they can support providers without being seen as contractors in a position of authority.

The team recognised that there were lots of communities in the area running small, struggling support organisations. Many of these organisations are run by people from a particular black and minority ethnic (BME) group and who live in the community.

The SP team firmly believe that these are the only people who can provide housing support to people within that community group and that there is little value in looking for anyone else to provide that service or support. Haringey decided to use SP funding to bolster and secure these organisations and to support them to build their capacity. There is a belief that these organisations are important to the development of capacity in those communities.

The benefits of this approach are obvious as service users get the support they need from people who understand their culture. Service users say that if this project was not there the organisations would fail and the services would not be available in any other form for them to use.

As a result of this approach the SP Team in Haringey have an excellent awareness of all the existing and potential micro service providers in their area. The SP Team Manager also believes that small providers are a key part of a diverse portfolio of local services.

- Associations or community groups linked to particular geographic area, village or town
- Associations set up to help and support small businesses such as the Federation for Small Businesses (FSB), the Chamber of Commerce or other similar local groups.

These groups may be aware of very small providers in their area or people who might be willing and able to establish a new enterprise in response to the needs of local people.

Service user and carer groups

Groups set up to support and represent the issues faced by services users, their families and carers can be well connected and informed and have a good awareness of services in their area. They may have particular knowledge of providers who offer more individual and tailored supports and who may be less visible to statutory organisations. Such groups may also represent members who fund their own care and who may as a result purchase services that are not known to the local authority

Brokers, support planners and advocates

Brokers, support planners and advocates support people to voice their opinions, make life plans and find the services and supports they need. These roles could be formal, professionalised and paid or more informal and voluntary. Individuals who undertake these roles can be well connected to users and providers of services and supports and as a result may be aware of micro providers in the area.

These networks and contacts will allow the co-ordinator to draw up a preliminary list of the current micro providers working in the area. This list will need to be subjected to scrutiny to ensure that every provider on the list meets the criteria for the work.

Finding emerging or prospective providers

It is much harder to identify and engage with those people who are in the process of establishing a tiny enterprise or who would be willing and able to do so if they were aware that it was needed. These people are central to the purpose of the agency – the stimulation and support of sustainable micro care and support enterprises providing real choice for people – and therefore an important focus of the work of the co-ordinator.

Methods of indentifying and engaging this group could include:

1) Talking to existing business support and social enterprise organisations to get information about social entrepreneurs in the area who might be interested in developing a micro enterprise.

Key points

People interested in setting up a business will look for help and support from business development or social enterprise organisations The support that they get is likely to focus on the skills needed to run a successful business and is unlikely to focus on the specialist requirements of a social care or support service.

2) Using social care and support networks and contacts to identify organisations that want/need to refocus their work.

Practice example

In Oldham a local voluntary organisation called OPAL had been providing advocacy services to people with a learning disability for many years. They also ran a drop in centre where people could meet friends and socialise.

The organisation recognised that the way their service was commissioned, funded and used did not fit well with the emergence of self directed support and personal budgets in Oldham and they were looking for ways to adapt their work.

With advice from the agency co-ordinator they were able to better understand the new and emerging structures and to reconfigure the services that they offered.

3) Using local authority networks to make contact with staff and managers whose services are being restructured or ended. Some of these individuals may be interested in setting up their own enterprise if they know that help and support is available.

Key points

In every area there are good people who are able to deliver excellent care and support services. Managers who are planning the closure or restructuring of existing services should think about how best to engage these individuals in order to harness their energies and skills into a new enterprise before they are lost to the system.

4) Working with people who have their own budget (including self funders) and their representatives to identify services which they would like to purchase and which are not currently available. This information can help potential and current providers to shape the services that they offer to meet customer requirements. In some cases people known to the individual and their families may be prepared to offer the required service if they know support and help is available.

5) Promoting the work of the agency through voluntary and community sector networks and to the wider public. People thinking of setting up a micro service will have confidence that they will have the support and help they need if they take the huge step of setting an enterprise.

6) Ensuring that the agency is seen to be accessible, receptive and open minded so that potential providers feel confident to explore new ideas and innovate.

7) Engaging with emerging web-based information systems such as Shop4Support and Plan My Care or local information systems which are designed to enable both providers and people looking for support and services to share information. Providers are able to explain what they able to offer and individuals can describe the services that they are looking for.

Practice example

In Oldham the Project Co-ordinator was approached by a potential provider with a history of supporting children and young people with drug-induced mental illness. The provider was interested in setting up a small supported housing project for this client group but wanted to know if there was a need for such a project and to gain advice about how to proceed.

The work in Oldham is aimed at services for adults and the initial view was that we would not be able to support and advise this provider given her stated aim was to work with children.

After some discussion it was recognised that the service planned to support young people up to the age of 25 and that the Project Co-ordinator did have the knowledge and, most importantly, the key contacts to advise the potential provider and that a pragmatic approach should be taken.

The provider is still working hard on the first stages of setting up her new enterprise but feels that the help, support and signposting she has had from the project to date is invaluable.

Practice example

Kent

In Kent the LA run an excellent web based resource called Kent Care (*www.kent.gov.uk/ SocialCare/adults-and-older-people/kent-care-services/search-for-a-care-service.htm*) This web directory enables providers to publicise the work that they do, advertise vacancies and make their inspection reports available to the public. It also allows people who need support, their families and supporting professionals to search one data base to find the care service that they need. Historically this web-based directory has only been used by providers who offer traditional services and/or are registered with CSCI/CQC. As Kent develops its response to the personalisation agenda work has begun to develop this resource to enable providers of all shapes and sizes to promote what they do. This will allow service users and their supporters to access information about a wide range of services and to make contact with providers

Oldham

Oldham is an In Control Total site and has engaged with Shop4Support , a web based information system developed by Value Works in collaboration with In Control. Shop4Support is designed to enable people with their own budget to find the services, products and support that they want and buy those on-line. It also allows providers of services and products to advertise what they can offer. A number of very small family and community based service providers have engaged with the Shop4Support pilot that is taking place in Oldham.

Work on web-based information systems is in the early stages of development. These systems have the potential to drive innovation – allowing people with their own budget to let potential providers know about gaps in the market and services that they would like to purchase and allowing providers to market test new services. This should give current and potential providers the impetus and confidence to innovate and develop new services that people want to buy.

Working with micro providers

Making contact

Once a definitive list of existing, emerging and potential providers has been drawn up the co-ordinator will need to get in touch with them to:

- Carry out a final check with existing and emerging providers that they meet or plan to meet the criteria of the local agency

- Tell people about the local help and support that is available to them

- Find out more about the current providers, the services that they provide and the people who are using them

- Make a personal connection with people in order to engage them with the work of the agency.

Providers can be contacted by telephone, email or letter. Experience from the pilots has shown however that many providers, particularly those who are registered with CQC, funded by Supporting People (SP) or contracted by a statutory authority are bombarded with information and advertisements and as a result ignore or overlook letters and emails from unknown sources. Other providers have limited IT skills and may not use email. The initial communication method must therefore be carefully designed to ensure the best chances of success in engaging the provider.

The first contact is often by letter and should explain clearly and succinctly the purpose of the agency and its potential benefits to the provider. An invitation to a meeting to hear more about the support that the agency can give can be effective as this is less threatening to providers and less labour intensive for the co-ordinator.

Practice example

In Kent the co-ordinator took the decision to invite existing providers to an event at a central venue to enable them to find out more about the support services she could offer. This event was attended by 10 providers from all over the county.

Providers particularly valued the opportunity to meet each other and share experiences and concerns.

Establishing what providers want and need from a local support service

Micro family and community-based service providers are a diverse group of people offering or planning to offer a range of very different services to a multiplicity of people in a variety of ways and over a number of different areas. In each area there will individuals and organisations that already offer effective help to small businesses and enterprises. Micro providers may have some or most of their needs for help and support met by these existing structures.

For all of these reasons it is essential that the co-ordinator spends time finding out about the challenges and barriers that people are facing, the questions they would like answered, the ideas they have and the structures and systems that are already working well. This information is essential to ensuring that the co-ordinator offers a tailored, personal and, most importantly, effective service to providers.

Key points

Interventions with prospective and existing providers must be based on what they want and need and not on what the agency or local authority feels able to offer or has presumed are necessary.

Practice example

The NAAPS project has tested an agency support model which was informed by the results of research into micro provision in other sectors and developed in discussion with micro providers The main services that we believed micro providers would want and need from a local support agency are listed in Section 4.3.

Learning from the project has led us to modify the services offered by the agency, removing some and adding others. For example, few providers in either pilot area are interested in collective purchasing, quality assurance or help with staff recruitment (the majority of providers deliver the service themselves and did not employ any staff). However providers in both areas are interested in peer group support and networking which is something that was not in the original list.

Providers in Oldham have been able to access free training courses offered by the local authority and therefore had little interest in other training initiatives or funding for training. There was however a real need for tailored policies and procedures and for support and advice to manage individual situations particularly those relating to the introduction of personal budgets in Oldham.

Providers in Kent had struggled to access low cost, tailored training and NVQ assessment and struggled to make their collective voice heard in such a large county. However they had limited need for support and advice on specific problems as in the main their services are well established and have operated for many years with limited help and support.[10]

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10 *See appendix A and B for more detailed information about the providers involved with the pilot projects and the support services that they have used.*

Evidence from the pilots suggests that providers usually want ongoing rather than time-limited support although the nature of the support required will change over time. Emerging services require intense support initially but this reduces once the service is more established with providers simply needing a contact point for occasional support and advice.

Providers are operating in a changing market and may not be fully aware of the way in which they will need to adapt and develop their services to be sustainable in the medium and longer term. All over the country existing and potential providers of all sizes are challenged by the new personalisation agenda. Many are responding with excitement and commitment and are busy transforming the way in which they deliver services or planning a new enterprise to deliver the supports and services that people want to buy. Other providers are worried and confused about the changes and struggle to know how to respond, leading to a period of indecision and in some cases inertia. A small minority believe that self directed support is a "flash in the pan" which will come to nothing and are determined their services will remain unchanged in the face of another "fad".

The challenge for the local co-ordinator is to support and engage with those providers who are excited and motivated whilst not neglecting those providers who desperately need help, support and information but may not be willing to seek it out or to use it well.

Taking an individual and accessible approach

Take an individual approach

Every provider is at a different stage in the development of their service and has their own particular needs and issues so a 'one size fits all' approach is likely to be unsuccessful. The co-ordinator should work with each provider on their own terms, providing whatever information, advice, signposting or help they require at any given time. It is essential that s/he takes a practical approach to solving problems and minimising barriers and makes the best use of their knowledge of the area, key people, contacts and networks.

Practice example

In Oldham the co-ordinator was contacted by a provider who had been given a quote for liability insurance from their insurance company. The quote was extremely high and the provider was questioning whether the amount they would have to pay for insurance would be worthwhile taking into account the small amount of income the service generated.

The co-ordinator contacted an insurance company that she knew had particular expertise in working with providers of very small social care services. The new insurance company were able to give a much lower quote that the provider was happy to accept.

Build a relationship

The co-ordinator needs to get to know each provider personally and build a relationship based on trust and mutual respect and understanding. This will give providers the confidence to ask for help and advice on issues that may seem trivial or obvious, try out new ideas and share problems and concerns.

Use the knowledge and expertise of others – and signpost

The co-ordinator will be asked for information and advice on a range of issues and for this reason it is essential that they have a broad knowledge base. However no one person can be expected to have the answer to every question or the in depth knowledge needed for such a wide range of different services. It is therefore equally essential that the co-ordinator understands the limits of his/her knowledge and has identified organisations or key people with the specialist knowledge that they lack and to whom people can be signposted. These specialist advisers may need help in turn to understand the context within which micro social care and support providers are working and the issues and barriers that they face in order to ensure that the advice and help that they offer is informed and relevant.

Practice example

In Kent a registered provider wanted advice and information about training and NVQ qualifications. She was unsure about the qualifications required by her and her staff team, was worried about the cost of gaining these qualifications and did not know where to go for help and advice.

The co-ordinator had some information about training requirements and was able to increase her personal knowledge by referring to the CSCI/CQC and Skills for Care websites.

For more specific advice on training needs and qualifications the co-ordinator was able to direct the provider to a local training organisation called the Romney Resource Centre (RRC) who had funding to offer training needs assessment to care providers and to offer NVQ assessment in the work place.

Think laterally and link people together

The majority of problems or issues can be solved by asking the right questions, opening the right doors and putting the right people together. A good co-ordinator will think imaginatively, seize opportunities and see ways to link people or projects together in order to harness creativity and ensure that good ideas can be made reality.

Practice example

In Oldham the co-ordinator supported a small service that helps people with a disability engage in meaningful activities during the day. The service was supporting some users to increase their health and wellbeing and was looking at commissioning a specific provider to deliver some exercises in a group setting.

In a separate intervention the co-ordinator began to support a woman who had gained funding from Sport England to set up and equip a gym for the use of people with a physical disability and deliver specific exercise classes for people with additional needs or confidence issues. The provider was struggling as they had spent all the money on the gym, which now had excellent, accessible facilities but had very few customers and limited income as a consequence. The co-ordinator brokered a meeting between the two providers who have agreed a working arrangement that could have mutual and lasting benefit.

Represent and give providers a voice

Micro providers work in isolation, are hidden from the local authority and rarely come together or have a collective voice. For this reason their needs and issues can be invisible to policy makers, regulators and other key personnel.

Local authorities and others frequently consult with providers on issues and changes that could affect them and their service. Micro providers are often unaware of these consultation exercises or find it hard to attend meetings or engage meaningfully. As a result the voice of the micro provider remains unheard and the concerns and views of large providers dominate. The co-ordinator has a key role in advocating for and representing very small providers in meetings, consultations and with key decision makers to ensure their voice is heard and that the issues they face are taken into account.

Avoid tangents

The co-ordinator needs to be well connected and engaged in local initiatives and strategies in order to ensure that they are in a good position to help micro providers.

The challenge for the co-ordinator is to engage fully with this local agenda whilst keeping a firm focus on providers of very small services. They must not allow their work and focus to be skewed or get drawn into activity that is only of partial relevance. With hindsight it is relatively easy to spot the 'dead ends', tangents and diversions that have little value for micro providers. It is much less easy to spot these at the time but once these are recognised a firm re-focusing is essential.

Practice example

Kent County Council (KCC) have introduced the "Kent Card" which is a payment card for people who have a Direct Payment. The card is loaded with the individual's Direct Payment income and can then be used like a debit card to directly pay for services. KCC has worked hard with providers to enable them to engage with this scheme and it is working well.

A number of small providers are not signed up with the scheme and as result they cannot accept the Kent Card as a form of payment for their service. This in turn makes their service less attractive and visible to users who have a card and the people and professionals who support them.

On investigation the co-ordinator realised that the fees providers pay to join the scheme and to accept the Kent Card are the same whether the provider is a sole trader or a huge organisation. This makes the Kent Card scheme much more attractive to large providers than to smaller ones. The co-ordinator has begun to represent micro providers on this issue to help the people who run the scheme better understand the impact of the current charging structure on tiny providers and to lobby for a scaled approach to charging that takes into account the annual turnover of the provider.

Practice example

In Kent a number of micro providers have vacancies within their services and the co-ordinator decided to explore the different ways in which providers might fill these vacancies.

Tendering for new contracts from the local authority or primary care trust seemed like an excellent opportunity for providers to fill their vacancies so the project team decided to research tendering opportunities, process and practice in the area in order to be able to advise providers from an informed and knowledgeable perspective.

Commissioning and tendering is a complex and detailed process fraught with rules and legislation. Local Authorities, PCT and others all have different approaches and external initiatives such as the South East Business Portal (SEBP) and Supply2Gov only add to a very detailed and sometimes confused picture.

The co-ordinator attended meetings and presentations, surfed the net, read extensively and spend a great deal of time and energy in becoming fully informed about each process, its rules and practical application. The project team also began to produce guidance and an information pack for micro providers on tendering practice.

After a great deal of time and effort we realised that the complex structures and rules around tendering combined with the large contracts offered would make it an inaccessible route for the vast majority of micro providers.

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> With hindsight we had been drawn into working hard on an issue that seemed to have real relevance to very small service providers only to find at the end that this was not the case.

For agencies covering large geographic areas or those that have a very large number of providers it may be impossible for one co-ordinator to provide little more than a basic level of support to providers. This needs to be made clear to providers at the outset to prevent the development of expectations that cannot be met.

Remain realistic

Alongside the need to stay focused on outcomes for micro providers it is also essential that the co-ordinator remains realistic about their capacity and the best use of their limited time. Providers facing real challenges may come to expect intensive personal support at all times while others can expect the co-ordinator to be able to solve all their problems and have detailed knowledge about every area. The co-ordinator needs to be able to balance expectations – providing the individual support that people need without raising unrealistic expectations that cannot be met.

Be a catalyst for change

Every area has its own challenges linked for example to the development and implementation of new strategies, approaches to the management of change, bureaucratic structures and the personalities and skills of key individuals.

Micro service providers often work across geographic, client group, business model or service type boundaries. Whilst this can present challenges it also places the co-ordinator in the position of being able to help solve problems and to make connections that can have a positive impact on all sorts of people, organisations and departments. By solving small problems, brokering connections, asking obvious questions, challenging the status quo and learning lessons in the process the co-ordinator can be a real catalyst for change.

Key points

Micro service providers often work alone and can be isolated and unsupported. They will not have a line manager to turn to for advice, support and affirmation. Co-ordinators need to ensure they do not inadvertently take on this line management role for some providers.

Practice example

In Oldham a number of providers were looking for training and had struggled to find out how and where they could access what they needed. The co-ordinator contacted a number of local training providers including private companies, colleges and the local authority training department to try and get some help on this issue.

Once they were aware of the particular needs of micro service providers the local authority training department decided to offer training to anyone who was providing a service to a user assessed by Oldham as being eligible for funded care or support. This was great news and the co-ordinator was able to inform the providers in her area and support them to get the training they needed, free of charge.

During the course of the conversation with the Local Authority training department the co-ordinator realised that the offer of training would apply equally to PAs employed directly by service users using their own budget (who do not come under the remit of her work with micro providers). The co-ordinator had in the past had conversations with users and PAs and realised that they were not always able to access the training they needed. The co-ordinator was able to highlight this fact to the training department and they agreed that the training should also be made available to PAs who are funded by Oldham through a personal budget.

There had been no real barrier to all providers and PAs accessing the training provided by the LA – this was simply a case of someone asking the right questions of the right people and bringing all the pieces of the jigsaw together.

The co-ordinator was able to be a catalyst for change and her intervention resulted in training being made available to all micro providers and also to PAs in Oldham.

Working actively with providers to address issues and reduce barriers

Enable providers to understand and meet customer needs

Personal budgets are driving real change within the social care and support market. People who use services, their families, representatives and brokers are now the primary customer and are seeking support and services that are capable of being tailored to their requirements. All providers, including micro providers, may need help to understand the implications of this radical change. The majority of current providers have been operating within a system in which the local authority was the prime customer. Potential providers who have previously worked in more traditional services will also need help to understand the change. The co-ordinator has an important role in helping providers to understand their new customer base – what they want and how to communicate with them.

This will help to ensure that people provide the services that individuals with personal budgets want to buy.

Help with pricing and charging

Providers may need help and support to understand the cost of their service and agree the charge to their customers for the services that they use that will ensure that the service is sustainable in the medium and long term.

In most areas historically service charges have been set by the local authority using a pricing structure that had little flexibility built into it. The advantage of this was that providers could have some confidence that others offering a comparable service would be charging a very similar amount and their only decision was about whether they could deliver the required service for the set price.

Providers entering or adapting to this new market where services are purchased directly by individuals needing support and services need to give very careful thought to the cost of the service that they are offering and set a charge that covers those costs to ensure business sustainability but is also competitive against other providers offering a similar service.

Practice example

In Oldham services have traditionally been accessed for people by their Care Manager or other supporting professional.

Personal budgets have led to a number of new roles within the LA including a support planning team. They have also led to the establishment of a number of new organisations and service providers offering brokerage and other services designed to help people decide what help they need to live their lives and to find a way of getting this help.

Oldham is one of the pilot areas for Shop4Support, a social enterprise, jointly owned by Value Works and In Control which runs a website through which providers can advertise their services. It can be used by people with personal budgets and direct payments who are looking for services to buy and allows them to buy those services on line

The co-ordinator in Oldham has recognised that one area that poses a challenge for small services is that of getting the right people to know about their service. She was invited to some initial meetings in Oldham about Shop4Support and through these was able to highlight the need for small providers to be actively involved in the pilot work. A number of very small services have decided to get involved at this early stage and the success of this early work has led Shop4Support to extend the work to many more micro providers, enabling them to market their services directly to services users and their supporters.

Identify and work on barriers

The co-ordinator working with individual providers, helping them to solve individual problems will become aware of local and national barriers that get in the way of people setting up and delivering services that people want to buy.

Working locally to find practical solutions for individuals the co-ordinator can sometimes make the mistake of seeing each issue in isolation and may be slow to see emerging patterns and barriers that need to be tackled in a more strategic way. It is essential that the co-ordinator is aware of this issue from the start. They can then work to ensure that barriers affecting a number of emerging or current providers are firstly recognised and then minimised or removed.

There are other barriers which are caused by national policy, guidance or legislation and need to be addressed at a national level. These barriers can seem insurmountable but local co-ordinators working through national umbrella organisations such as NAAPS can bring evidence of the impact of these barriers to government and other national bodies in order to achieve the changes necessary to reduce or remove these barriers.

Practice example

In Oldham the co-ordinator was working with a provider who had successfully begun to market their new service to service users and their families. The provider had a person interested in using their service but had hit a barrier. The potential customer was a user of services who knew that they were going to be given their own budget but had not yet been through the Resource Allocation System (RAS) which would trigger this budget. The co-ordinator supported the provider and the service user to resolve the issue.

She then realised that this was wider issue that was adversely affecting a number of micro providers and the potential users of their services. Once she had realised the significance of this local barrier the co-ordinator was able to raise the issue with the team responsible for Personal Budgets in Oldham and they were able to find a solution that worked for everyone concerned.

Practice example

In Oldham a provider called Companions planned to establish a new service aimed at older people. The providers hoped to offer a companionship service, combined with help for older people to attend appointments, visit friends and get about once they were no longer able to drive or access public transport.

Early in the planning of this service the providers were told that they would need to get a Private Hire Vehicle (PHV) licence if they planned to charge their customers for the time spent driving them from place to place. On investigation NAAPS discovered that this recent change to PHV legislation had been designed to address the issue of rogue mini cab drivers but had inadvertently affected many micro providers.

NAAPS is working hard with the Department of Health, Department of Transport and the UK Homecare Association (whose members are hitting a similar barrier) to reduce or remove this barrier. The Department for Transport has promised to publish a clarification that will make its intention clear and which will help to ensure that micro providers and others are not inadvertently prevented from delivering much valued services.

Key Lessons Learned

Learning from the first phase of the pilot projects has helped us to identify the essential features of an agency that can successfully stimulate and support sustainable micro social care and support enterprises.

What is essential?

For an agency to be successful it is essential that:

- The local authority recognises that work with micro enterprises is important to shaping and building the market to ensure that choice is locally available.

- The policy context of the work and in particular the clear links to Putting People First 2007 is recognised and understood

- Work to stimulate and support micro social enterprise has the commitment of senior people from within the local authority and other key stakeholder organisations

- People who have the power to drive forward the work of the agency, solve problems and remove barriers are engaged in the work from the beginning. This could be as part of a Steering Group

- The work is properly resourced and is given the time, energy and other resources needed to succeed

- The co-ordinator has the right attitude, approach and skills. They must be imaginative, entrepreneurial and practical

- The co-ordinator is able to forge excellent local connections and working partnerships at all levels and across a range of sectors.

- The agency has a clear remit and retains a clear focus on outcomes for micro providers

- The agency delivers services that micro providers want and need and is flexible enough to respond to changing needs

- Barriers to existing and emerging micro enterprises are recognised and minimised or removed.

What to avoid

Getting things right is often as much about avoiding obvious mistakes as it is about positive planning and interventions. Evidence from the pilot projects suggests that for an agency to be successful it will need to avoid:

- Asking staff to combine this work with other responsibilities. The work needs dedicated workers with the right combination of skills, attitude and experience.

- Trying to tie in the work on the development of a micro market so closely with other local authority initiatives that it loses its focus or is limited in its ability to be creative and responsive.

- Concentrating too much on traditional service models, offered by the usual providers using well understood business structures.

- Getting too involved in solving problems or tackling issues that are outside the area of expertise of the co-ordinator. In every area there are people and organisations with expertise and the co-ordinator should find these people and use them.

- Getting carried away with enthusiasm about new services that look exciting and innovative but may not ultimately be used – services are only any good if people want to buy them!

- Covering too wide a geographic area or having a focus that is too wide for the people involved to make realistic gains.

- Getting too heavily involved with only one or two providers, offering them intensive support and intervention to the detriment of wider development work.

- Reinventing the wheel or replicating support and services that are already offered elsewhere.

Further Help Available

Evidence gained from the pilots suggests that the local support agency model can be very effective in stimulating and supporting the development of sustainable micro services.

However, developing and sustaining a thriving local micro market is not easily achieved, and we recognise that even with this Practical Guide local authorities may need extra help. NAAPS is committed to supporting the development of micro provision and has a wealth of knowledge, experience and practical resources – including fact sheets, model policies and procedures and access to tailored insurance – that can be made available to local authorities keen to provide real choice for people seeking support and services.

In addition, NAAPS is working to overcome local and national barriers to micro social care enterprise and is happy to extend that work to include barriers identified by local authorities endeavouring to support local micro provision.

More information about the help that NAAPS can offer to local authorities and to micro providers can be found on the NAAPS website *www.naaps.org.uk*

APPENDIX A:
Work with Micro Providers

Pilot area: Oldham   **Date pilot began:** November 2007   **Date of this report:** March 2009

1) Providers already established at the start of the project

Service type	Number of these services	Client group	Number of people people who could be supported by this service type
Supported Housing.	3	People with a mental health problem (some with learning disability or classified as vulnerable).	18
Drama/psychotherapy.	1	All.	7 (approx)
Education/ recreation for women and support for informal carers.	1	Women BME focus.	20
Payroll service for people with ILF/ Individual Budget.	1	All	50
Advocacy and activities.	1	People with a learning disability.	60 advocacy 20 leisure
Domiciliary care.	1	All	30
Sport and leisure (adapted gym/classes).	1	All	30 minimum

Total number of established services	9

Types of advice and support given	Number of service providers who needed this
Gave advice regarding the minimum standards expected (for services that do not fit any regulatory framework) and signposted providers to the relevant organisation e.g: • CRB check requirements and how to access them • Training and qualifications • Public liability insurance.	 3 5 1
Advised on referral forms and other proformas required and how to develop them.	2
Advised on the Policies and Procedures required and provided details of those developed by NAAPS.	2
Raised profile of services (via a monthly email bulletin to approx 2,000 people) to social workers, commissioners and the local authority Support Planning Team to help providers to attract customers.	9
Arranged regular meetings and a networking event to enable providers to meet other and to offer informal support.	9

Types of advice and support given	Number of service providers who needed this
Chased up late payments on behalf of providers.	4
Clarified with NAAPS and Oldham Council how Houses of Multiple Occupation (HMO) regulations apply to micro Support Housing service providers and advised providers.	3
Brokered meeting with Landlord Accreditation Scheme, Oldham's Tenancy Liaison Officer and Oldham Council's newly appointed vacancy co-ordinator for accommodation.	3
Advised Supported Housing providers regarding license agreements and support agreements.	2

2) New providers established during the project

Service type	Number of these services	Client group	Number of people people who could be supported by this service type
Supported Housing.	3	People with a learning disability or those who are classified as vulnerable.	6
Social activities with transport provided.	1	People with a learning disability and those with mental health problems.	1 5 currently (due to expand)
Social group with a focus on exercise and healthy eating.	1	People with a learning and/or physical disability and those with mental health problems.	18 currently (due to expand)
Interaction with music.	1	People with mental health problems.	30
Leisure and companionship .	1	Older people.	30
Holistic therapist – services to people in community settings.	2	All	Minimum 50
Counselling and hypnotherapy.	1	All	10
Brokerage and payroll.	1	All	70
Domiciliary care.	2	All	95
Network for self employed Personal Assistants.	1	All	25
Driving tuition for people who require a fully adapted vehicle.	1	All	30

Total number of new services	15

Types of advice and support given	Number of service providers who needed this
Gave advice regarding the minimum standards expected (for services that do not fit any regulatory framework) and signposted providers to the relevant organisation eg • CRB check requirements and how to access them • Training and qualifications and how to access them • Public liability insurance • Health and safety issues making links to Oldham Council's health and safety representative for appropriate advice.	 9 11 10 6

Types of advice and support given	Number of service providers who needed this
Advised providers on the issue of transport and PHV licensing. Supported providers to engage with local authority regulators on this issue. (NAAPS has since highlighted the impact this piece of legislation is having on providers nationally).	3
Advised on referral forms and other proformas required and how to develop them.	7
Advice re whether templates of Oldham Council can be adapted.	3
Advised on the Policies and Procedures required and provided details of those developed by NAAPS.	4
Attended service user/family meetings on the modernisation of services to raise the profile of particular providers.	5
Raised profile of services (via a monthly email bulletin to approx 2,000 people) to social workers, commissioners and the local authority Support Planning Team to help providers to attract customers.	13
Engaged with the Oldham Shop4Support steering group and supported SCS providers to be involved in the Shop4Support pilot.	7
Informed providers of internal local authority and external disability events that they could attend in order to advertise their services.	9
Reduced isolation of small providers by providing opportunities for them to meet at networking events and meetings.	15
In absence of individuals having a Personal Budget (PB), clarified a process for the Council to pay individuals at the level of current day service provision. Agreed process with finance to facilitate this.	3
Highlighted individuals who needed to undergo the Resource Allocation System (RAS) process in order to access new services. (Services could not launch their provision without these individuals having access to their PB).	3
Provided information to providers about self directed support and the processes involved eg RAS, support planning and how it fits with their provision.	10
Chased up late payments on behalf of providers.	5
Advised on the appropriate language to use in publicity material and how to direct it to the target audience.	6
Advised providers on appropriate charges for their services and how to calculate these.	8
Signposted to potential funding sources and advised about funding websites.	5
Influenced the Council to make a small grant available for start up funding for providers.	12
Advised on appropriate training and qualifications and where and how to access these.	13
Advised providers who to contact to get on the Council's preferred supplier list and provided information about the requirements.	2
Signposted to relevant organisations for business support.	3
Helped providers to identify office space and appropriate accommodation for the service.	3
Provided information about buying or renting a property eg how it would be funded.	3
Informed providers of the best ways to advertise their properties.	3
Clarified with NAAPS and Oldham Council how Houses of Multiple Occupation (HMO) regulations apply to micro Support Housing service providers and advised providers.	3
Brokered meeting with Landlord Accreditation Scheme, Oldham's Tenancy Liaison Officer and Oldham Council's newly appointed Vacancy Co-ordinator for accommodation.	3
Advised Supported Housing providers regarding license agreements and support agreements.	3

3) Potential providers who are not yet established or did not go on to offer a service

Service type	Number of these services	Client group	Advice and support given	Current status (where known)
Supported Housing.	3	People with a learning disability. People with mental health problems and those who are classified as vulnerable.	Information regarding Local Housing Allowance, self directed Support, minimum standards required and processes involved.	2 did not go onto provide service due to change in personal circumstances. 1 property undergoing decoration; service advertised; available May 09.
Information and brokerage.	1	Older People. Particular focus on BME communities.	Discussed possible options and contacts..- Brokered a meeting with SDS Team.	Provider did not attend the arranged meetings. No further contact.
Support into employment.	1	All	Discussed possible options, provided information re self-directed support. Approached Council re funding this type of enterprise.	Representative from Council advised that individuals would purchase the service from their personal budgets.. Financial viability not secure – potential provider did not pursue.
Training (with people who have mental ill health to organisations on the impact of mental ill health).	1	Not specific	Advised re funding, signposted to business advice agencies and contacts within the Council.	Did not go onto offer an independent service due to personal risks involved of running a social enterprise. Delivers the training as a council in-house service.
Personal development via an image consultant.	1	All adults	Advised re the potential market of individuals with a personal budget whomay utilise the service toincrease esteem. Introduced to a potential customer who used a wheelchair to gain experience in this area.	Despite general marketing of this service and the early positive response this service was not utilised. Provider continues to deliver her service to the general public.
Hot meals service delivered to the home. Focus on Afro Caribbean .	1	Older People	Discussed demand and market Arranged for an officer from the Council's Environmental Health Dept to visit to assess kitchen & discuss training.	On hold due to personal circumstances.

Service type	Number of these services	Client group	Advice and support given	Current status (where known)
Hot meals service delivered to the home. Focus on SE Asian/ British community.	1	Older People.	Introduced to the Enterprise Factory for business support and potential kitchen space. Arranged meeting with Capacity Officer, discussed demand and useful contacts.	Financial viability and demand difficult to ascertain. Currently on hold.
Accommodation and support.	1	Young adults with drug induced psychosis.	Brokered a number of meetings with a Housing Association and commissioners. Signposted re business advice. Also put in contact with a private landlord who may be a suitable business partner.	Difficulty accessing suitable accommodation despite the Council recognising that there is a need for this type of provision in the Borough. Currently viewing a potential property.
Services for people to undertake a variety of activities in small groups.	2	People with a learning or physical disability including those with complex support needs.	General discussion re their individual proposals and other services in the market. Current position regarding registration and minimum standards. Advice on self-directed support, insurance, policies and procedures, where to access CRBs, charges and funding possibilities. Advised how the NAAPS project can market the service. Made enquiries on behalf of one provider regarding suitable accommodation within the council.	Both parties clarifying business plans, identifying funding and suitable premises.
Support to engage with music using IT and instruments (Service plans to be based in a studio in a school on evenings and weekends).	1	People with a learning or physical disability.	Provider was undertaking feasibility study. Required advice regarding other services in the market, charges, numbers of people who had a personal budget, likely demand etc. Other advice given on insurance, policies and procedures.	School have agreed in principle to a service operating from the school. Likely to launch service Sept 09.

Total number of providers who did not go on to offer a service	6
Total number of providers not yet established	7

4) Outcomes

Outcomes for providers (where known) including potential providers	Number of providers
Accessed CRB checks via advised process.	11
Accessed appropriate training.	10
Accessed public liability insurance.	7
Now working in partnership with Council staff as a result of intervention from co-ordinator eg health and safety, self-directed support team, Landlord Accreditation scheme. Utilising council building for delivery of service.	18
Received appropriate payment and/or clarified payment issues under self directed support after intervention from co-ordinator.	10
Service developed according to PHV license requirements.	3
Utilised example proformas eg referral forms/proformas for detailing customer details, tenancy/ support agreements, complaints.	7
Purchased NAAPS Policies and Procedures.	4 (potentially 4 more).
Gained referrals from active marketing activity undertaken by the co-ordinator or as an outcome of the networking event (referring to each other).	15
Engaged with Shop 4 Support pilot.	1
Reduced isolation via meetings and networking events.	1
Increased peer support.	5
Advice re publicity materials taken on board.	6
Advice re appropriate charges taken on board.	10 (including 2 potential providers).
Accessed appropriate funding.	3 (Small grant available Mar 09. Further potential for 9 services to access this funding once advertised).
Contact made with relevant personnel re preferred supplier list.	2
Engaged with organisations for business advice and gained relevant support.	6
Initiated a service and/or transformed an existing service in line with the personalisation agenda following support from the co-ordinator.	9

APPENDIX B:
Work with Micro Providers

Pilot area: Kent   **Date pilot began:** February 2008   **Date of this report:** March 2009

1) Providers already established at the start of the project

Service type	Number of these services	Client group	Number of people people who could be supported by this service type
Care Home.	14	People with a learning disability.	60
Care Home.	9	People with a mental health problem.	47
Care Home.	4	Older People.	13
Supported Housing.	7	People with a learning disability.	20
Supported Housing.	2	People with a mental health problem.	11
Domiciliary Care.	2	Older People.	40
Community access.	1	People with a learning disability.	21
Sport and leisure (football club).	1	People with a learning disability.	25
Advocacy and training.	1	People with a learning disability.	Estimated at 50 at any one time.

Total number of established services	40

Types of advice and support given	Number of service providers who needed this
Provided advice and information on the differences between a care home and a supported living service.	3
Information on REACH Supported Living Standards given to a care home provider converting their service to provide Supported Housing.	1
Referred care home provider considering remodelling to the Kent Shared Lives (Adult Placement) Scheme.	1
Provided ideas on diversification to a care home service – specifically information about offering a separate day support service.	3
Kent Factsheets on self directed support.	1
Details on a Kent subsidised First Aid training course.	1
Responded to query on a local authority E tender.	1
Found mentoring support for a not-for-profit grant dependent service looking to move to a social enterprise model.	1

Types of advice and support given	Number of service providers who needed this
Raised awareness of a community access and advocacy service with key parties within Kent.	1
Provided information on brokerage to a provider interested in developing a brokerage service.	1
Made provider aware of a local authority E tender opportunity that had relevance to their service.	1
Provided details of the policies and procedures developed by NAAPS.	2
Forwarded information on NAAPS insurance for very small providers.	2
Provided moral support to a Domiciliary Care Service who had their local authority contract for future referrals suspended under Adult Protection Level 3.	1
Contacted CSCI and the provider after spotting an incorrect entry of a provider's * rating on the CSCI website.	1
Made suggestions on improving marketing of service by better use of the Kent Care Services On Line Directory.	1
Brokered support for adult learning disability football club needing to find premises.	1
Provided information on a NVQ training provider able to offer on site assessment and training and help with training funding applications.	1

2) New providers established during the project

Service type	Number of these services	Client group	Number of people people who could be supported by this service type
Day Care Service.	1	Older People.	Estimated at up to 10.
Domiciliary Care Service.	1	Older People.	Estimated at up to 10.
Brokerage and support with independent living service.	1	People with a learning disability.	Estimated at up to 30.
Umbrella support service for social networking groups.	1	People with a learning disability.	120

Total number of new services	4

Types of advice and support given	Number of service providers who needed this
Provided details of the policies and procedures developed by NAAPS.	1
Forwarded information on NAAPS insurance for very small providers.	1
Provided information on a NVQ training provider able to offer on site assessment and training and help with training funding applications.	1
Forwarded details on a range of Kent subsidised social care training courses.	1
Put self-employed domiciliary care provider looking to register with CSCI in touch with a registered micro domiciliary care provider willing to provide some peer mentoring support.	1
Raised awareness of Domiciliary Care Service with key parties within Kent.	1

Types of advice and support given	Number of service providers who needed this
Raised awareness of micro brokerage service with key parties within Kent.	1
Provided feedback on business plan.	1
Made provider aware of local authority E tender opportunity that had relevance to their service.	1
Provided information on brokerage to a provider interested in developing a brokerage service.	1
Identified potential for collective purchasing power of people who with a Personal Budget engaged with a social networking support service and linked them with a national project with an interest in this area.	1
Referred provider to Business Link for start up advice.	1
Forwarded simple business plan template.	1
Provided contact details of a CRB umbrella organisation charging a very low admin fee. (Subsequently raised the inability of a self employed provider to obtain a CRB check as a national barrier).	1
Responded to provider enquiry on CQC taking over from CSCI.	1

3) Potential providers who are not yet established or did not go on to offer a service

Service type	Number of these services	Client group	Advice and support given	Current status (where known)
Domiciliary Care.	1	People with a mental health problem.	Advice covering all aspects of setting up.	Decided not to go ahead when found salaried employment.
Domiciliary Care.	1	Older People.	Advice covering all aspects of setting up.	PA employed by service user decided did not wish to become self employed.
Sign Language Interpretation Service.	1	People with hearing difficulties.	Referred to Business Link for advice on their business model.	Still operating as a group of independent freelancers intending to form their own enterprise when the sign language service goes out for tender.

Total number of providers who did not go on to offer a service	2
Total number of providers not yet established	1

4) Outcomes

Outcomes for providers (where known) including potential providers	Number of providers
Accessed NVQ 3 and TraintoGain funding after provider's own training provider went bankrupt.	1
Accessed a number of Kent subsidised training courses.	1
Accessed Business Link Start Up Service.	2
Self-employed Domiciliary Care provider nearing stage of being ready to register with CSCI.	1

Outcomes for providers (where known) including potential providers	Number of providers
Learning disability Care Homes making positive plans for the future with the remodelling and diversification of their services to include day support.	3
Incorrect * rating on the CSCI website amended.	1
Incorrect vacancies entry on the Kent Care Services On Line Directory amended.	1
Improved entry on the Kent Care Services On Line Directory.	1
DH looking into inability of self-employed providers to obtain CRB checks.	1 in this case, but potentially large numbers nationally.
Lifting of Adult Protection Level 3 to Level 2 flag for a Domiciliary Care provider, removal of LA suspension of referrals and greater confidence on improving CSCI NMS standards.	1

APPENDIX C:
Co-ordinator Micro Social Care and Support Services Programme

Example Job Description

Job Title: Programme Co-ordinator

Location:

Hours:

Salary:

Accountable to:

Job Purpose: **The Programme Co-ordinator is responsible for:**

1) Developing and co-ordinating the micro social care and support services programme in their area.

2) Identifying and developing effective working relationships with programme partners.

3) Promoting the work of the programme and of micro service providers to commissioners, purchasers, providers and the wider public.

Key responsibilities:

1) Developing and co-ordinating the micro social care and support services programme
This will include:

- Developing and implementing the policies and procedures underpinning the operation of the programme
- Working with key agencies to identify and engage current providers of social care and support services in the programme
- Establishing and supporting stakeholder groups of providers and people using micro social care and support services
- Assessing the support requirements of members and developing agreed strategies and responses to meet identified needs

- Providing ongoing support to members, including face to face contact, telephone, email, signposting, information provision and facilitated peer group support
- Developing and implementing agreed strategies to encourage community members to establish micro services in response to the requirements of individuals needing support
- Working with the programme steering group to establish an annual business plan for the programme
- Working to meet targets defined in the project plan
- Working towards continual quality improvement.

2) Identifying and developing effective working relationships with programme partners

This will include:

- Working with the programme steering group to identify partners key to the success of the programme
- Establishing effective working links with identified partners
- Working to ensure the continued effectiveness of established links
- Identifying and engaging agreed new partners in the light of programme development.

3) Promoting the work of the programme and of micro service providers

This will include:

- Planning and implementing promotional activity designed to create a positive view of the concept of micro services and to recruit members to the programme
- Actively working with local services, organisations and housing providers in the local authority, private and voluntary sectors
- Producing and distributing brochures, posters and other promotional material designed to promote the programme
- Addressing groups including service providers, community groups and potential members to promote the work of micro social care and support services and programme.

4) Effective Administration

This will include

- Keeping clear and accurate records
- Maintaining the programme's filing systems and ensuring complete confidentiality of all records and information
- Ensuring a confidential database of applicants to and members of the programme is set up and maintained
- Producing and circulating programme statistics on a regular basis
- Contributing to the evaluation of the programme.

5) Working Practice

The post holder will be expected to:

- Work in a way which is consistent with the philosophy and values of xxxxx
- Work in a way that promotes equality of opportunity and meets high standards of anti-discriminatory practice
- Operate at all times in a way that is consistent with xxxxx legal responsibilities including health and safety legislation and guidance.
- Actively participate in learning and self development.

6) Any other duties

The post holder will be expected to undertake such other duties appropriate to the grade of the post as may be required.

APPENDIX D:
Co-ordinator Micro Social Care and Support Services Programme

Example Person Specification

Requirements	Essential	Desirable	Identified by
Qualifications			
Recognised qualification in health or social care, housing, advice or community work.		Yes	
Recognised management qualification.		Yes	
Knowledge			
Good knowledge of micro care and support services.		Yes	
Knowledge of community development issues.		Yes	
Knowledge of welfare benefits.		Yes	
Knowledge of the regulatory and legislative framework within which micro care and support services operate, including employment and housing legislation.	Yes		AF, I
Good understanding of the learning and qualification requirements of social care and housing support providers.		Yes	
Experience			
Experience in establishing and developing innovative programmes or services.	Yes		AF, R, I
Experience of establishing and managing a small business.		Yes	
Experience (paid or unpaid) in the provision of advice or information services to members of the public.	Yes		AF, R, I
Experience of delivering adult social care/support and/or supported housing services.	Yes		AF, R, I
Experience in mediation, negotiation and conflict resolution.		Yes	
Experience of employing and managing staff.		Yes	
Skills and abilities			
Excellent verbal and written communication skills including report writing and recording.	Yes		AF, I, GE
Competent IT and computer skills including the use of word processing, internet and email.	Yes		AF, I
Ability to travel in order to meet the requirements of the post.	Yes		AF
Skills and confidence to market and promote the micro care and support services concept and programme.	Yes		I, GE
Ability to set personal work targets and work on own initiative to meet them.	Yes		AF, I

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Requirements	Essential	Desirable	Identified by
Able to work effectively with and relate to other people.	Yes		R, I, GE
Attitude			
Demonstrable commitment to equality of opportunity and diversity.	Yes		AF, I
Initiative, motivation and determination to make things happen.	Yes		R, I, GE
Energy and enthusiasm for micro care and support services and for the programme.	Yes		AF, GE, I

AF – Application form   **R –** References   **I –** Interview   **GE –** Group exercise

Please note: Applicants should use the application form to demonstrate how they meet the essential criteria giving clear evidence to support any statements they make. They should give particular attention to the aspects of the Person Specification which will be identified through the application form and have an AF indicator.

APPENDIX E:
Micro Social Care and Support Services Programme

Six month – start up work programme and project plan

Project Milestone	Work Programme	By whom	How will success be measured?	By when?	Complete?
1 Establish a local Steering Group.	**1.1** Establish who will be the Chair of the Steering Group.		Steering group chair identified.		
	1.2 Invite key people to join the steering group meeting.		Steering group members identified and engaged.		
	1.3 Establish a schedule of regular steering group meetings.		Meetings happen every 3 months approx.		
2 Appoint and induct Programme Co-ordinator.	**2.1** Write Job Description and Person Specification for the post and agree with the Steering Group.		JD and PS written and agreed.		
	2.2 Agree advert for the post.		Advert written and agreed.		
	2.3 Investigate the best and most cost effective publications and places in which to place the advert.		Advert placements and costs agreed.		
	2.4 Produce recruitment packs to include letter, PS, JD and information.		Packs available to send out in response to all enquirers.		
	2.5 Place the advert in a number of publications and places.		Adverts placed in a minimum of 2 publications.		
	2.6 Send out recruitment packs to potential applicants in response to request.		Packs sent to all enquirers within 24 hours of request.		
	2.7 Shortlist applicants against the person specification. Circulate shortlist suggestions to all members of the interview panel for agreement.		Short listing tools drawn up and agreed with the interview panel. Candidates to be short listed agreed by all panel members.		
	2.8 Invite short listed candidates for interview.		Candidates receive invitation to and information about each interview two weeks prior to the date.		
	2.9 Take up references on short listed candidates.		Two references for each successful candidate requested in writing within 3 working days of short list being agreed.		

Project Milestone	Work Programme	By whom	How will success be measured?	By when?	Complete?
	2.10 Plan interview, presentation topics, interview questions, scoring system. Agree with interview panel.		Clear interview and group exercise outline written and agreed with panel.		
	2.11 Interview all short listed candidates and select one.		A maximum of 6 candidates in are interviewed.		
	2.12 Inform successful and unsuccessful candidates.		The successful candidate is informed by phone within 24hrs of the interview. All candidates receive letters within 3 working days.		
	2.13 After references have been received, confirm appointment and agree start date.		Successful candidate receives a letter within 3 days of references being received.		
	2.14 Plan induction of successful candidate.		Written induction plan agreed and a copy sent in advance to the post holder (with letter of confirmation if timescales allow).		
3 Identify and make contact with local micro providers.	**3.1** Work with named council, CQC, local support groups and others to identify existing providers of micro services.		A contact list of existing providers is drawn up.		
	3.2 Contact providers by letter and email to inform them of the programme and invite them to get involved.		Contact made with all possible existing providers.		
4 Hold one or more open meetings for local 'micro providers' to explain the programme and to recruit members.	**4.1** Identify and book suitable venues.		Venue booked.		
	4.2 Produce information/ invitation flyers.		Information sheet/flyer produced.		
	4.3 Post and email to all existing providers of very small services.		Information sent to all providers and followed up by phone.		
	4.4 Plan a programme for the meetings.		Written meeting plan produced and circulated to facilitators.		
5 Identify and establish working links with local and regional agencies established to provide business support to small and medium enterprises.	**5.1** Identify local agencies and organisations established to provide business support.		A list of local agencies is drawn up.		
	5.2 Meet representatives of these organisations to inform them about the existence of micro providers and about the programme.		Meetings take place.		
	5.3 Form working links and partnerships with organisations.		Business support organisations are aware of the project and key personnel are working with the Co-ordinator to make it a success.		

Project Milestone	Work Programme	By whom	How will success be measured?	By when?	Complete?
6 Identify the range of services required by programme members and with the ????.	**6.1** Use mail, post, personal contact and meetings to ask providers what they want and need from a local agency. **6.2** Consult members of the Steering Group to establish the services and supports that are already in place locally.		Existing providers are asked what they want from a local agency and a list is drawn up. Co-ordinator is fully aware of existing services and supports.		
7 Agree the outcomes and targets against which the programme will be evaluated.	**7.1** Determine the success criteria for the programme. **7.2** Identify local resources able to be harnessed to formally evaluate the pilot. **7.3** Agree with external personnel the exact terms of reference for the evaluation. **7.4** Work closely with the evaluation personnel to provide the required data and evidence.		Success criteria are agreed and written up. Agency/individual able to evaluate the programme is identified. Terms of the evaluation are agreed. Data is produced and sent to the evaluation personnel.		
8 Advertise the programme as widely as possible through the local media, Business Link and local business and community networks.	**8.1** Identify the most appropriate places and methods to publicise and promote the programme. **8.2** Produce press information, articles and flyers. **8.3** Establish an on-going strategy for publicising the work of the programme.		Comprehensive list of marketing and publicity ideas drawn up. Flyers, articles etc produced. Action plan for publicising the work of the programme written and agreed with the SG.		
9 Identify local training providers able and willing to deliver tailored training and support learning.	**9.1** Work with local providers and the SG to establish what training opportunities are needed. **9.2** Make contact with local training providers to make them better aware of the needs of small providers. **9.3** Identify training material and opportunities that are already available. **9.4** Work with training providers to adapt and promote existing opportunities. **9.5** Support small providers to access these opportunities.		List of training and development needs drawn up. Meetings with providers take place and working partnerships forged. The Co-ordinator has a good awareness of training/learning opportunities that could be accessed by providers and has produced a resource file. Training opportunities that are relevant and accessible to micro providers are available. Providers access learning opportunities and improve their knowledge and skills.		

Project Milestone	Work Programme	By whom	How will success be measured?	By when?	Complete?
10 With local business support agencies develop approaches to business support tailored to the requirements of local micro providers.	**10.1** Work with local providers and the SG to establish what business support services are needed. **10.2** Make contact with local business support services to make them better aware of the needs of micro providers. **10.3** Identify business support services that are already available. **10.4** Work with business support providers to adapt and promote existing opportunities. **10.5** Work with business support providers to produce new support packages tailored to the needs to small providers. **10.6** Support small providers to access these opportunities.		List of business support needs drawn up. Meetings with providers take place and working partnerships forged. The Co-ordinator has a good awareness of local and national business support services that could be accessed by micro providers and has produced and resource file. Business support services that are relevant and accessible to providers are available. Providers access business support services.		
11 Begin work with regional Skills for Care and Learning Skills Councils to identify effective ways to access funding to support qualifications and learning for micro providers.	**11.1** Make contact with local S4C and LSC leads to inform them about the work of the programme and begin to form working partnerships. **11.2** Identify potential funding streams accessible to micro providers. **11.3** Work with small providers to begin to access these funding streams.		Contact made with potential funders and working partnerships forged. Potential funding streams identified. Providers access funding for training and development.		
12 Identify the priorities for services and agree the strategies to provide those services.	**12.1** Work with the Steering Group to establish exactly what the programme/ agency will provide to members in the short, medium and longer term. **12.2** Agree strategies for providing these services.		Action plan for the provision and staggered introduction of membership services written.		

APPENDIX F:
Useful Resources

Contents

HOUSING AND HOUSING RELATED SUPPORT

Documents & Resources

Oldham Metropolitan Borough Council (OMBC)

Landlords Local Housing Allowance

An information factsheet produced by OMBC giving information to landlords about Local Housing Allowance (LHA) which is a new way of working out Housing Benefit.

www.oldham.gov.uk/factsheets.htm and search for Landlords LHA

Hands off it's my home (A checklist for people with learning disabilities)

My Home Guide (Guidance for providing support to people who share their home)

What to Expect (What you should expect from your support workers)

Documents from the Choice forum run by the foundation for people with learning disabilities Copyright of Sam Sly, Supported Living Service Change Manager, Cornwall Partnership NHS Trust. *www.choiceforum.org*

www.in-control.org.uk then via menus: Self-directed support > Jigsaw framework… > Tools for change > Hands off it's my home

Reports

Lifetime Homes Part1
Lifetime Homes Part2

Lifetime Homes, Lifetime Neighbourhoods, A National Strategy for Housing in an Ageing Society

February 2008, Department for Communities and Local Government, Department of Health, Department for Work and Pensions

www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods

Commissioning Housing Support for Health & Wellbeing

The Housing Learning & Improvement Network (LIN) is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older people, and people of all ages with disabilities and long term conditions.

www.dhcarenetworks.org.uk and search for the report title

Small Providers report

The Significance & Impact of Small Providers in the South West.

SITRA Report For the South West Regional Housing Strategy Vulnerable People Implementation Group (SW VPIG)

Glynis Sampey, Sitra, 5 September 2008

*www.sitra.org.uk t*hen sitra regions > sitra south west team. The report is then downloadable

Housing Care Support Guide

This report outlines the findings of a research project commissioned by the Department for Communities and Local Government, the Housing Corporation and the Care Services Improvement Partnership (CSIP) to explore investment in housing-related support for vulnerable groups within the context of the new regional framework.

The research comprised a literature review which included local and regional strategies, five regional Appreciative Inquiry events and interviews with stakeholders.

www.communities.gov.uk then search for housing care support in 'publications'

Organisations

SITRA

Sitra, 3rd Floor, 55 Bondway, London, SW8 1SJ. 020 7793 4711

www.sitra.org.uk **e:** *sitrahelpline@sitra.org*

Sitra is an umbrella organisation committed to raising standards in the housing, care and support sector. It is a membership organisation and a registered charity with over 17 years experience of offering practitioners a range of affordable policy, training, information, conference and capacity building services.

HACT

HACT, Octavia House, Banner Street, London, EC1Y 8ST **t:** 020 7247 7800

www.hact.org.uk **e:** *hact@hact.org.uk*

The Housing Associations' Charitable Trust (hact) pioneers housing solutions for people on the margins. They identify emerging need, and then develop, test and promote practical solutions for social inclusion. They work through partnerships and networks, acting as a bridge between housing associations and the wider Third Sector.

They have produced a number of valuable reports and information sheets including:

(a) Doc – Results of HACT funded project on collaborative tendering for supported housing services

(b) Doc – HACT SP Project. Micro business support organisations evidence gathering tool.

Housing Options

Housing Options. *www.housingoptions.org.uk*

Housing Options provides a housing advice service for people with a learning disability. They produce lots of useful fact and information sheets

Support Solutions

Support Solutions, Fairgate House, 205 King's Road, Birmingham, B11 2AA **t:** 0121 707 7766

www.supportsolutions.co.uk (and see > newforum)

e: *info@supportsolutions.co.uk*

An established West Midlands-based Supported Housing Management Consultancy and Training Agency with national scope. They specialise in Supporting People, revenue optimisation for supported housing, tendering & procurement, outcomes measurement, Local Area Agreements and general housing related support and care issues.

Haringey Council Supporting People Department

Haringey have taken an imaginative approach to managing Supporting People projects and funding as they apply to people from BME communities.

Manager – Mathew Pelling

The Foundation for People with a Learning Disability

Provides staff training, consultancy, and research etc on all areas related to people with learning difficulties including housing. *www.learningdisabilities.org.uk*

See also Client Group Specific Information sect 7.3

CONTRACTING AND COMMISSIONING

Documents & Resources

Contracting Glossary

NAAPS document draft August 2008

Contracting Glossary of Terms

Available from NAAPS at *www.naaps.org.uk*

Tenders and Consortia Issues

NAAPS document October 2008

An analysis of the issues and challenges facing micro-providers in tendering for local authority contracts.

Available from NAAPS at *www.naaps.org.uk*

www.supply2.gov.uk

A web site resource that enables organisations to find out about public sector contracts and to tender for them. Supply2.gov.uk purports to open up the market to all types of business including small businesses, start-up companies and social enterprises to search and view open lower-value contract opportunities.

The South East Business Portal (SEBP)

A web site resource that enables Local Authorities to advertise tenders and which also enables suppliers to register to search for tenders. Similar concept to supply2.gov but free of charge.

www.businessportal.sece.gov.uk

Reports

ADASS Commissioning

Commissioning and the Social Care Workforce. ADASS 2007

The report was commissioned by the ADASS Workforce Development Committee to address two questions:

- How should commissioning be used to generate and develop a workforce equipped to implement the new policies for children's and adults' social care?

- How can the quality of commissioning and commissioner performance be improved?

Produced by ADASS but downloadable from:

www.dhcarenetworks.org.uk and search for the report title.

Gloucester Report

Public Sector Procurement & Social Enterprise

Improving Practice in Gloucestershire. Jan 2006.

The report describes research commissioned by the ACE (Alliance of Communities & Enterprises) and undertaken by mutual advantage into opportunities for social enterprise to take part in public procurement.

Produced by Mutualadvantage Partnership LLP but downloadable from:*www.co-operativefutures.co.uk* then site map > publications > research

Provider's Guide to Procurement

SITRA June 2008

This guide aims to help managers of organisations that provide welfare services to respond to the procurement practices of the public sector bodies that commission services, and offers guidance to help in preparation of bids. It focuses on the commissioning of housing related support by local authorities, although it has wider application.

Procurement Lessons Learned

SITRA, Glynis Sampey, Sept 2008

The South West Regional Provider Forum (RPF) and the South West Regional Implementation Group of SP Managers (RIG) wished to share the lessons learned from the experience of SP teams and providers of procuring SP funded services. The report analyses the results of a survey of providers' and commissioners' experiences.

FINANCE AND FUNDING

Documents & Resources

www.governmentfunding.org.uk

The site is an online portal (via registration) to grants for the voluntary and community sector from government departments. NAAPS Chief Exec Sian Lockwood has registered.

Reports

Individual Budgets Evaluation

This independent evaluation was conducted by a team of university research units. It found that Individual Budgets (IBs) had particular benefits for mental health service users, with a reported significantly higher quality of life. Younger physically disabled people and people with learning difficulties were also reported to have benefited markedly. While there were no important differences in overall cost, there were indications that individual budgets have the potential to offer greater value for money.

However, the report found that older people did not find the individual budget system used during the pilot as easy to use as the other groups, and they did not appear to like the idea of managing their own support.

www.dh.gov.uk/en/news/recentstories/dh_089520

Organisations

Kent Community Foundation

Kent Community Foundation

Evegate Park Barn, Evegate Business Park, Evegate, Ashford,
Kent, TN25 6SX **t:** 01303 814 500

www.kentcf.org.uk **e:** *admin@kentcf.org.uk*

A charitable foundation set up to encourage philanthropy and to provide the means for individuals and organisations to establish their own charitable 'funds' which benefit local people. The Foundation also has its own General Fund, and operates the Grassroots scheme for Kent & Medway .

Adventure Capital Fund (ACF)

Adventure Capital Fund, Ground Floor, Ibex House, 42–47 Minories, London, EC3N 1DY

t: 020 7488 3455

www.adventurecapitalfund.org.uk

e: *info@adventurecapitalfund.org.uk*

A possible source of funding for local agencies/micro enterprises.

ACF offers a range of investments and support to develop community based enterprises. ACF offers funding for established community organisations, and development grants for community enterprises in their early stages of development.

Unltd

Unltd, 123 Whitecross Street, Islington, London, EC1Y 8JJ

t: 0207 566 1100

www.unltd.org.uk **e:** *info@unltd.org.uk*

UnLtd is a charity which supports social entrepreneurs, by providing a complete package of funding and support, to help these individuals make their ideas a reality. Funding from £0.5k – £20k.

Community Development Finance Association (CDFA)

Community Development Finance Association (CDFA), Room 101, Hatton Square Business Centre, 16/16a Baldwins Gardens, London EC1N 7RJ

t: 020 7430 0222 **e:** *info@cdfa.org.uk*
www.cdfa.org.uk

The CDFA represents Community Development Finance Institutions (CDFIs), which are independent organisations which provide loans and support to businesses and individuals. They help people who have had trouble getting finance from the usual sources such as banks.

BUSINESS ADVICE/MODELS & SOCIAL ENTERPRISE

Documents & Resources

BERR Definitions

NAAPS document defining Micro, Small & Medium companies.

Based on data from Department for Business, Enterprise & Regulatory Reform (BERR).

Available from NAAPS at *www.naaps.org.uk*

www.berr.gov.uk.

Community Interest Companies

NAAPS document taken from the FAQ section of the website of the Community Interest Company Regulator – *www.cicregulator.gov.uk.*

Questions & answers on Community Interest Companies (CICs)

Available from NAAPS at *www.naaps.org.uk*

Social Enterprise and Entrepreneurs

NAAPS document taken from the social enterprise and community action websites. Explanations of social enterprise terminology.

Available from NAAPS at *www.naaps.org.uk*

www.readytostart.org.uk

Ready to Start is an initiative aimed at encouraging and providing support for disabled people to start their own business

The programme is being provided by Leonard Cheshire Disability in partnership with Barclays. In this way Ready to Start combines a unique understanding of disability and enterprise which is ideal for disabled people who are thinking about going into self-employment.

www.bytestart.co.uk

Bytestart is a UK Small Business Web-based Portal.

Independently run and operated by online specialists, they provide guides, articles and tips for start ups and existing small companies, either through links to other organisations or via their own resources.

Reports

Phoenix Evaluation

"Evaluation The Phoenix Development Fund" (PDF), Peter Ramsden, Small Business Service, July 2005

The report is an evaluation halfway through the PDF programme, running 2000 – 2008, which aimed to tackle social exclusion by supporting innovative projects providing business support to enterprise in disadvantaged geographical areas and to groups underrepresented among business owners.

www.berr.gov.uk then search for the report title

BME Study Business Support

Empowering Community Organisations to Support BME Businesses: Case Studies from North London.

Blackburn & Odamtten, Kingston University, May 2004.

This report builds upon the previous research on the REFLEX (Regenerating Enterprise Through Local Economic Exchange) project which sought to harness the embedded networking and cultural capacity of community organisations and use them as a vehicle for the delivery of enterprise support to business owner-managers within these ethnic minority groups.

Local Government Services Market

Department for Communities & Local Government Report, Nov 2006.

"Developing the local government services market to support a long-term strategy for local government"

The report considers the key challenges and opportunities facing major local government service markets and identifies thematic issues that influence effective competition across the sector.

www.communities.gov.uk and search for "06 LGSRU 04211/b"

Social Enterprise and Community-Based Care

Paper produced by the King's Fund 2006.

This paper considers how social enterprises, particularly those with a 'mutual' structure, might add value to the provision of primary

and community care as well as practice-based commissioning. It sets out action that will need to be taken if this innovation is to be successfully implemented.

www.kingsfund.org.uk then search for the title

NHS Right to Request Guide

Social Enterprise – Making a Difference: A Guide to the Right to Request. A partnership paper from the Dept of Health and the Social Enterprise Coalition. Nov 2008.

The report discusses the role of social enterprise in the delivery of primary and community care, and gives guidance on the setting up of such an enterprise. Primarily aimed at NHS staff.

www.dh.gov.uk then search for Gateway 10872

Organisations

PRIME Initiative & Business Club

PRIME, Astral House, 1268 London Road, London SW16 4ER

Free phone **t:** 0800 783 1904, or **e:** *prime@ace.org.uk*

Two websites: *www.primeinitiative.org.uk* and *primebusinessclub.co.uk*

PRIME is a registered charity linked to Age Concern England, aimed at people over 50 setting up or running their own businesses. PRIME stands for the Prince's Initiative for Mature Enterprise.

Social Enterprise Coalition (SEC)

Social Enterprise Coalition, Southbank House, Black Prince Road, London, SE1 7SJ **t:** 020 7793 2324 **e:** *info@socialenterprise.org.uk.*

www.socialenterprise.org.uk.

The SEC is a UK national body set up to bring together all types of social enterprises, support networks and other related organisations to share knowledge and strengthen the sector's collective national voice.

Social Enterprise Training and Support Consortium (SETAS)

Social Enterprise Training and Support Consortium *www.setas.co.uk*

A web-based group which aims to facilitate the exchange of information and sharing of experience relating to social enterprise support services and training products.

Business Link

Business Link is a free business advice and support service, available online and through local advisers.

www.businesslink.gov.uk or **Helpline:** 0845 600 9 006

PERSONALISATION

Documents & Resources

Personalisation Rough Guide

SCIE 2008. Personalisation: A Rough Guide.

This publication aims to tell the story so far about the personalisation of adult social care services. It is intended to be a 'rough guide', exploring what personalisation is, where the idea came from and placing the transformation of adult social care in the wider public service reform agenda. It explains some of the basics and examines what personalisation might

mean for different social care stakeholders and for the sector as a whole.

www.scie.org.uk then search for "report 20 pdf" or by the title.

Personal Budgets for Older People

Making personal budgets work for older people: developing experience.

Department of Health Oct 2008

The report explores the findings of the individual budget evaluation in the context of the experience of the pilot sites and elsewhere. It sets out approaches to ensuring that personal budgets are attractive and useful to older people.

networks.csip.org.uk/Personalisation/Topics/ Browse/Olderpeople/?parent=2736&child=45 36

Funding Streams for Individual Budgets

DH/CSIP Oct 2008 "Funding Streams: examples of alignment and integration from the Individual Budgets Pilot".

A variety of documents giving examples of the other kinds of money, apart from social care, that some councils have included in personal budgets.

networks.csip.org.uk/personalisation/topics/b rowse/funding streams

Shop4support

Shop4support is a web-based shopping facility for people who have a disability, are getting older and/or need support to live their life. Its aim is to provide help in a way which enables people to direct their own support.

shop4support enables you to shop around so you can find information, the support or services you need; see what other people think; then order and pay for as required.

www.shop4support.com

Reports

Putting People First

Putting People First. A shared vision and commitment to the transformation of Adult Social Care.

A protocol which establishes a collaborative approach between central and local Government, the sector's professional leadership, providers and the regulator.

www.dh.gov.uk then search for "putting people first"

IBSEN Summary Report

Individual Budgets Evaluation Network (IBSEN)

The Department of Health set up I8 pilot projects in 13 English local authorities, running from November 2005 to December 2007.

This October 2008 report summarises the evaluation of the implementation and impact of personalisation approaches in social care in these pilot projects.

php.york.ac.uk/inst/spru/research/summs/ ibsen.php

IBSEN Early Findings

Individual Budgets Evaluation: A Summary of Early Findings. June 2007.

php.york.ac.uk/inst/spru/research/summs/ ibsen.php

IBSEN 4 Page Summary

The national evaluation of the Individual Budgets pilot programme.

A 4 page version of the IBSEN Summary Report. October 2008

php.york.ac.uk/inst/spru/research/summs/ ibsen.php

Small Sparks

From In Control, 2005. Small Sparks is a low-tech community building technique whereby the Local Authority offers small grants on a match-funding basis for community or neighbourhood projects. Updated details available from In Control's website, and examples at different LAs can be 'googled'

www.in-control.org.uk/site/INCO/ Templates/Library.aspx?pageid=105&cc=GB

Resource Allocation

In Control's 2005 discussion paper on Resource Allocation. The paper describes the principles applied in developing In Control's Resource Allocation System (RAS) to Version 3, and explains how and why it works. Refer also to In Control's website, and the 10 Step Plan report in 2008.

www.in-control.org.uk/site/INCO/ Templates/SearchResults.aspx?pageid=19&se arch=0036%20resource%20allocation&cc=GB

Our Lives Our Choices

Local Government Association 2008.

This report explores how a simplified, locally-based system of care and support would address a number of the challenges which make the current system unsustainable. The

paper addresses the complex range of public support for people with care needs and how simplifying this into a straightforward, personal approach would also bring improvements in quality and value for money at the local level.

www.lga.gov.uk/lga/publications/publication -display.do?id=991522

Funding Reform 10 Step Plan

Discussion paper from In Control 2008. A 10 Step Plan for Reform of Social Care Funding.

The paper tries to offer a logical path through the issues and complexities of reforming Social Care funding, and explores what it would take to create such a system. The paper describes 10 areas for action, and although linked, they are distinct. It discusses also the Resource Allocation System (RAS) Version 5.

www.in-control.org.uk/site/INCO/ Templates/General.aspx?pageid=649&cc=GB

Choosing Well

Audit Commission 2006. Choosing Well – Analysing the costs and benefits of choice in local public services.

The purpose of this report is to analyse whether greater individual choice can help improve local public services and to help local bodies understand when and why a policy of increasing individual choice can be implemented fairly and cost-effectively. The report sets out a means of analysing some of the costs and benefits of providing choice in local public services.

www.audit-commission.gov.uk/ reports/NATIONAL-REPORT.asp?CategoryID= ENGLISH%5E576&ProdID=8B6F5C44-4A4F- 49bc-ABAB-5D151D3379FD

Moving Forward

Dept of Health 2008.

Moving Forward: Using the Learning from the Individual Budget Pilots.

Response to the IBSEN evaluation from the Department of Health.

www.dh.gov.uk then search for "Gateway 10701" or by title

Brokerage Report from the National Development Team

New Types of Worker Project January 2009

The Independent Broker Role & Training Requirements

National Development Team (NDT) for Skills for Care (SfC) London.

SfC, Charles House, 375 Kensington High St, London, W14 8QH.

e: *sfc.london@skillsforcare.org.uk* (Leeds HQ **t:** 0113 245 1716)

This is a summary of the main findings and recommendations from a project carried out by the NDT for Inclusion for SfC London. The ultimate aim of the project has been to identify the skills and knowledge required by people working as independent support brokers, so that appropriate training can be developed.

London.skillsforcare.org.uk > what we do > new types of worker.

Good Practice in Support Planning & Brokerage

Produced by Paradigm for the (now defunct) CSIP June 2008

Dept of Health Gateway ref 9878

This good practice paper has been written to capture the emerging practice around support planning and brokerage. The primary audience for this guidance is people at a local level: council staff, user-led organisations and other third sector organisations. The purpose of this report is to share the emerging learning from the thirteen Individual Budget Pilot sites and from In Control.

This document is part of the Personalisation toolkit, which can be seen in full at *www.toolkit.personalisation.org.uk*

Organisations

InControl

In Control Support Centre, 4 Swan Courtyard, Coventry Road, Birmingham, B26 1BU
t: 0121 708 3031   **e:** *info@in-control.org.uk.*

www.in-control.org.uk

In Control is a social enterprise that was set up to transform the social care system into a system of self-directed support. It is a charity and an independent company which works in partnership with citizens and government, and with charities and commercial companies.

Plan My Care

Plan My Care, Ormond House, 3 Duke of York Street, London, SW1Y 6JP
t: 020 7692 7328
e: *info@planmycare.com*

www.planmycare.com

Plan My Care provides online solutions and tools to inform and implement the full lifecycle management of the personal budget

process for service users, care brokers, care managers and providers. See also the summarising document "Plan My Care Overview June 2008.pdf"

PERSONNEL

Documents & Resources

Personnel Today

Personnel Today is a magazine for HR professionals. Their companion website, *www.personneltoday.com* contains HR, training, employment law and occupational health news, information, advice and jobs.

Organisations

Skills for Care

Skills for Care, Albion Court , 5 Albion Place, Leeds LS1 6JL

t: 0113 245 1716 *www.skillsforcare.org.uk*

Skills for Care is the employer led authority on the training standards and development needs of social care staff in England. They work with social care employers and training providers to establish the necessary standards and qualifications that equip social care workers with the skills needed to deliver an improved standard of care.

Skills for Health

Skills for Health, 2nd Floor, Goldsmiths House, Broad Plain, Bristol BS2 0JP
t: 0117 922 1155.
www.skillsforhealth.org.uk.

Skills for Health is the Sector Skills Council

(SSC) for the UK health sector. Their purpose is to help the sector develop solutions that deliver a skilled and flexible UK workforce in order to improve health and healthcare. It is part of the Skills for Business Network and is licensed by the Secretary of State for Education and Skills in consultation with Ministers in Scotland, Wales and Northern Ireland.

Chartered Institute of Personnel & Development (CIPD)

Chartered Institute of Personnel & Development, 151 The Broadway, London, SW19 1JQ.

t: 020 8612 6200 *www.cipd.co.uk*

Represents professionals involved in personnel/HR. Most materials are for members only, but there is also some general access to information.

Learning Skills Council

Learning Skills Council (LSC)

Cheylesmore House, Quinton Road, Coventry, CV1 2WT

t: 0870 900 6800 *www.lsc.gov.uk*

The LSC is a non-departmental public body which took over the roles of the former Further Education Funding Council and Training and Enterprise Councils. They are responsible for planning and funding education and training for everyone in England other than those in universities.

Department for Business, Enterprise & Regulatory Reform (BERR)

Department for Business, Enterprise & Regulatory Reform

1 Victoria Street, London, SW1H 0ET

t: 020 7215 5000. *www.berr.gov.uk*

Provides guidance and information on legislation and Government strategies for business. The website is a portal for access by employees and employers to business related government information and advice providers.

Advisory, Conciliation & Arbitration Service (ACAS)

ACAS (Advisory, Conciliation & Arbitration Service)

Brandon House, 180 Borough High St, London, SE1 1LW.

Helpline: 08457 47 47 47 *www.acas.gov.uk*

Offers assistance and advice in the case of employment disputes, but also provides advice and information on employment in general.

North West Training & Development Team (NWTDT)

NWTDT, Suite 5, The TMC Building, The Globe Centre, St James Square, Accrington, BB5 0RE **t:** 01254 306 850 *www.nwtdt.com*

NWTDT is a small not-for-profit training and development team jointly funded by local authorities, health commissioning agencies in the Northwest and national grants. They provide a range of training and development activities for people with learning disabilities and their families.

CLIENT GROUP SPECIFIC INFORMATION

Reports

The Future of Adult Learning Disability Care Provision

Care Management Matters July 2008.

Care Management Matters, 4 Valley Court, Lower Road, Croydon, Royston,

SG8 0HF **t:** 01223 207770

The report examines the transition of the sector towards its future. Identified are: the drivers for change, the barriers and challenges to achieving Government targets and the feasibility of such wholesale changes. The report debates if supported living is appropriate for all those currently in residential care and whether high quality residential care should remain as one of the portfolio of care options from which an individual can choose

Copyright, but downloadable from *www.caremanagementmatters.co.uk*

A Guide to the Future of Adult Learning Disability Care

Care Management Matters September 2008.

Following on from where the report (The Future of Adult LD Care Provision) left off, this CMM supplement offers practical guidance on law, regulation, financial considerations, income, entering care, etc.

What Older People Want

Joseph Rowntree Foundation (JRF)
November 2005

JRF, Homestead, 40 Water End, York Y030 6WP

t: 01904 615905 **e:** *info@jrf.org.uk*

This paper was based on the work of the Older People's Inquiry, conducted in partnership with older people, academics and policy and practice stakeholders, into the provision of low-level support for older people – 'that little bit of help'. It grew out of the JRF's Older People's Programme.

Downloadable from the website
www.jrf.org.uk

All Our Tomorrows – Inverting the Triangle of Care

Association of Directors of Social Services October 2003

All our tomorrows: inverting the triangle of care Published by ADSS A joint discussion document by the Association of Directors of Social Services and LGA on the future of services for older people. In 2002 central and local government agreed a number of shared priorities – one of which is improving the quality of life of older people. This document aims to promote a wide discussion that will help take forward a national debate about the future of social services for older people.

Copyright but downloadable from the ADSS website *www.adss.org.uk* (also from *www.lga.gov.uk*)

Developing Effective Services for Older People

National Audit Office March 2003

Report by the comptroller and auditor general.

NAO, 151 Buckingham Palace Road, London, SW1W 9SS **t:** 020 7798 7000

Older people are major users of public services provided by a diverse range of bodies in central Government, local government and the independent sector The Government has committed itself to improving provision. This report examines whether, in line with the Government's stated aims, the development of services relevant to older people is joined up, avoids duplication and takes account of older people's characteristics and needs.

Executive summary and full versions downloadable. Ref HC 518 *www.nao.org.uk*

Older People & Wellbeing

Institute for Public Policy Research (IPPR) July 2008

IPPR, 30 – 32 Southampton Street, Covent Garden, London, WC2E 7RA

t: 020 7470 6100

The report is part of a series exploring the politics of ageing. It describes some of the key social tends in the UK and assesses how these may be impacting on older people and their wellbeing.

Downloadable from the website
www.ippr.org.uk

What Older People Want From Community Health & Social Services

Age Concern January 2006

To test out the views of older people, in the context of an impending White Paper on community health and social care, Age Concern commissioned Age Concern Research Services to undertake nine focus groups with older people, including older carers, whose voices are less likely to be heard through formal consultation processes. The research was part funded by the Department of Health. The focus groups were conducted in five locations across England and covered the north, south and midlands and both rural and urban areas. The groups included people with mobility problems and a combination of those with long term health problems and those who use services only occasionally.

Downloadable from the website
www.ageconcern.org.uk

Organisations

Foundation for people with learning disabilities

The Foundation provides staff training, consultancy, and research etc on all areas related to people with learning difficulties including housing *www.learningdisabilities.org.uk*

They run an excellent e mail forum where people with a learning disability, their families and supporting professionals can share ideas, opinions and resources. See also Housing & Housing Related Support sect 1.3

Down's Syndrome Association

www.downs-syndrome.org.uk

Langdon Down Centre, 2a Langdon Park, Teddington, TW11 9PS **t:** 0845 230 0372
e: *info@downs-syndrome.org.uk*

Information leaflets via the website menus

National Autistic Society

www.nas.org.uk

The National Autistic Society, 393 City Road, London, EC1V 1NG

t: 020 7833 2299 **e:** *nas@nas.org.uk*

Information leaflets via the website menus

National Association for Spina Bifida & Hydrocephalus

www.asbah.org

ASBAH, 42 Park Road Peterborough PE1 2UQ

t: 0845 450 7755 **e:** *helpline@asbah.org*

Information leaflets via the website menus

SCOPE (Cerebral Palsy)

www.scope.org.uk

Scope, 6 Market Road, London, N7 9PW

t: 020 7619 7100 **e:** *response@scope.org.uk*

Information leaflets via the website menus. Some require registration.

Royal National Institute for the Deaf (RNID)

www.rnid.org.uk

RNID, 19-23 Featherstone Street, London EC1Y 8SL **t:** 020 7296 8000
e: *informationline@rnid.org.uk*

Information leaflets via the website menus

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Royal National Institute of Blind People (RNIB)

www.rnib.org.uk

RNIB, 105 Judd Street, London, WC1H 9NE
t: 020 7388 1266 **e:** *helpline@rnib.org.uk*

Practical information and advice via the website

Action for Blind People

www.actionforblindpeople.org.uk

Action for Blind People, 14-16 Verney Road, London, SE16 3DZ

t: 020 7635 4800 Email via the website

An associate charity of RNIB

MIND (National Association for Mental Health)

www.mind.org.uk

Mind, 15-19 Broadway, London, E15 4BQ

t: 020 8519 2122 **e:** *contact@mind.org.uk*

Information on all aspects of mental health via the website menus

Rethink

www.rethink.org (Operating name of the National Schizophrenia Fellowship)

Rethink, 89 Albert Embankment, London, SE1 7TP

t: 0845 456 0455 **e:** *info@rethink.org*

Information on various aspects of mental health via the website menus

SANE

www.sane.org.uk

SANE, 1st Floor Cityside House, 40 Adler Street, London, E1 1EE

t: 020 7375 1002 **e:** *info@sane.org.uk*

Information on various aspects of mental health via the website menus

Mental Health Foundation

www.mentalhealth.org.uk

MHF 9th Floor, Sea Containers House, 20 Upper Ground, London, SE1 9QB

t: 020 7803 1101 **e:** *mhf@mhf.org.uk*

Information on various aspects of mental health via the website menus

MDF The BiPolar Organisation

www.mdf.org.uk

MDF, Castle Works, 21 St. George's Road, London, SE1 6ES

t: 08456 340 540

Information on manic depression or bipolar disorder

Depression Alliance

www.depressionalliance.org

Depression Alliance, 212 Spitfire Studios, 63 – 71 Collier Street, London, N1 9BE
t: 0845 123 23 20
e: *information@depressionalliance.org*

Information on depression via the website menus

Alzheimer's Society

www.alzheimers.org.uk

Alzheimer's Society, Devon House, 58 St Katherine's Way, London, E1W 1JX **t:** 020 7423 3500 **e:** *enquiries@alzheimers.org.uk*

Information on Alzheimer's and dementia via the website menus

Age Concern

www.ageconcern.org.uk

Astral House, 1268 London Road, London, SW16 4ER

t: 020 8765 7200 email enquiries via website

A source of information and advice and also have a local support structure that older people and their families can access.

Help the Aged

www.helptheaged.org.uk

From 1/4/09 merged with Age Concern

Diabetes UK

www.diabetes.org.uk

Diabetes UK, Macleod House, 10 Parkway, London, NW1 7AA

t: 020 7424 1000 **e:** *info@diabetes.org.uk*

Information on diabetes via the website menus

National Society for Epilepsy

www.epilepsynse.org.uk

National Society for Epilepsy. Chesham Lane. Chalfont St Peter. Bucks SL9 0RJ

t: 01494 601300 email via website

Information on epilepsy via the website menus

Epilepsy Action (British Epilepsy Association)

www.epilepsy.org.uk

New Anstey House, Gate Way Drive, Yeadon, LEEDS, LS19 7XY **t:** 0113 210 8800
e: *epilepsy@epilepsy.org.uk*

Information on epilepsy via the website menus

Asthma UK

www.asthma.org.uk

Asthma UK, Summit House, 70 Wilson St, London, EC2A 2DB

t: 020 7786 4900 **e:** *info@asthma.org.uk*

Information on asthma via the website menus

Parkinson's Disease Society

www.parkinsons.org.uk

PDS, 215 Vauxhall Bridge Road, London, SW1V 1EJ **t:** 020 7931 8080

e: *enquiries@parkinsons.org.uki*

Information on Parkinson's via the website menus

Multiple Sclerosis Society

www.mssociety.org.uk

MS Society, 372 Edgware Road, London, NW2 6ND

t: 020 8438 0700 email via website

Information on MS via the website menus

Contact a Family

www.cafamily.org.uk

Contact a Family, 209-211 City Road, London, EC1V 1JN

t: 020 7608 8700 **e:** *info@cafamily.org.uk*

A UK-wide charity providing advice, information and support to the parents of all disabled children – no matter what their disability or health condition. Whilst aimed at parents of children their website is an excellent database of thousands of diverse conditions giving basic information and the contact details for advice organisations and support groups.

CARE REGULATION, REGISTRATION AND INSPECTION

Documents & Resources

Protection of Vulnerable Adults Scheme – A Practical Guide

DH Older People and Disabilities Division

January 2009 Gateway Ref: 6555

A practical guide for implementing the Protection of Vulnerable Adults scheme.

The Protection of Vulnerable Adults scheme will act as a workforce ban on those professionals who have harmed vulnerable adults in their care. It will add an extra layer of protection to the pre-employment processes, including Criminal Records Bureau checks, which already take place and stop known abusers from entering the care workforce.

Health Bill (HL Bill 18)

Parliamentary copyright House of Lords 2009

To make provision about The NHS Constitution; to make provision about health care (including provision about the National Health Service and health bodies); to make provision for the control of the promotion and sale of tobacco products; to make provision about the investigation of complaints about privately arranged or funded adult social care; and for connected purposes.

Gateway ref 11194 from DH website

Organisations

Care Quality Commission

www.cqc.org.uk

St Nicholas Building, St Nicholas Street, Newcastle upon Tyne, NE1 1NB

t: 03000 616161 **e:** *enquiries@cqg.org.uk*

The independent regulator of health, mental health and social care. Brings together the independent regulation of health and adult social care in England. Builds on the work of the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Act Commission, but will bring a distinctive approach – common quality standards across health and social care for the first time and a new focus on how well health and social services work together. Will put the rights and interests of people who use services and their carers at the heart of all work. Will share knowledge and expertise on health and social care services and work to improve services across health and adult social care, acting swiftly to remedy bad practice.