

# SUSTAINABLE SOCIAL CARE

## WHAT ROLE FOR COMMUNITY BUSINESS?

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## EXECUTIVE SUMMARY

The current debate about adult social care is centred on funding reform, which is urgently needed. But we will struggle to evaluate funding options in a meaningful way until we have determined how to improve the system. Our approach to social care is unsustainable, not least because we wait until care needs are acute before we address them.

Shifting towards sustainability requires innovation from creative people and organisations. Community businesses are beginning to step up to the plate. These are organisations, usually small in scale, that emerge when communities come together to address challenges they face. They are locally rooted, and trade for the benefit of, are accountable to, and have a positive impact on the local community. A small but growing number are using their knowledge of people and place to develop social care models.

This report seeks to meet the need among community businesses and other community-led care models to communicate the role they can play in sustainable social care. It also aims to shed light on the perspectives of commissioners, who shape care markets alongside providers and citizens, and therefore play a part in determining that role.

## FINDINGS

Community businesses are:

- **preventing harm** – keeping people well through an active focus on health and wellbeing;
- **building community power** – enabling people to take collective control at a local level;
- **spreading eco-systems of care** – connecting local social infrastructure to create social, economic and environmental value; and
- **creating good jobs** – providing sustainable employment and acting as a driver of local economic development.

Commissioners see potential in community-led care models, above all to prevent harm. But these models remain on the margins of commissioning, because:

- **years of austerity have reduced local government capacity**, with the result that commissioners are contracting to fewer, large-scale providers;
- **a culture of ‘quick wins’ is acting as a disincentive from investing in prevention**, which is long-term, complex and hard to measure;
- **a perception that small is risky persists** among commissioners; and

- **the number of community-led care providers varies geographically**, being more abundant in some places than others.

## **RECOMMENDATIONS**

This report outlines three routes to a more sustainable, community-led social care system for local and national government to consider:

- **spread community-led care models** – fund catalysts and incubators to scale out care models such as those developed by community businesses;
- **commission for outcomes and co-production** – focus on the ‘triple bottom line’ of social, economic and environmental value and on co-production to get real value for money, achieve wellbeing and prevent harm; and
- **grow the core economy** – ensure people have the time to care for others and to be active in their communities, by strengthening social security.

The shift is beginning now at a local level. But to be transformative, it requires much more support and investment.

# 1. INTRODUCTION

The spotlight is on social care funding reform. Earlier this year Jeremy Hunt, the former Secretary of State for Health and Social Care, laid out seven principles that he said would underpin the forthcoming green paper on social care for older people.<sup>1</sup> While just one of the seven had a focus on funding, it was this that made the headlines – understandably, given that Hunt confirmed during the speech that the green paper will propose a cap on individual care costs. Since then, a plethora of reports have been published that explore the thorny issue of how we, in England, might sustainably fund a social care system that is creaking at the seams. A notable example is the King’s Fund and Health Foundation paper on next steps for social care funding reform.<sup>2</sup>

This question is crucial, not least because social care faces a funding gap of £1.5bn by 2020 and £6bn by 2030.<sup>2</sup> But there is a risk of putting the cart before the horse. We will struggle to evaluate options for funding reform in a meaningful way until we have determined how to improve the social care system. The current system has deep structural problems. Hampered by negative attitudes to ageing<sup>3</sup> and disability<sup>4</sup>, it lacks the status acquired by the NHS. Support is offered at too late a stage, addressing needs when they are acute and not before. The sector itself is increasingly dominated by large-scale providers with debt-laden business models,<sup>5</sup> and is failing to treat staff fairly and to meet people’s needs consistently.

Innovation is desperately needed from creative people and organisations. Community businesses are beginning to step up to the plate. These are organisations, usually small in scale, that emerge when communities come together to address challenges they face. They are locally rooted, and trade for the benefit of, are accountable to, and have a positive impact on the local community. A small but growing number are using their knowledge of people and place to develop social care models. Their success depends in no small part on commissioners, who play an important role in shaping local care markets.

This report sets out to address a gap in understanding of community-led care models and their potential to help shift us towards a more sustainable social care system, with support and investment from commissioners. It begins from the premise that sustainable social care must do much more not only to support people to lead the best lives that they possibly can, but also to enable them, their families and their communities to contribute to and shape the system itself.

## 2. METHODOLOGY

The research sought to answer the following question:

**What is the role for community business in the future of social care?**

It considered three sub-questions:

1. What are the strengths of community business in providing sustainable social care?
2. What role do commissioners see for community business in social care delivery, both now and in the future?
3. As a small but growing part of the system, what is the scalable potential of community business in adult social care?

As this is a relatively new topic and the research was exploratory, a qualitative research design was chosen. The research was split into two phases:

### **PHASE ONE: INTERVIEW RESEARCH WITH COMMISSIONERS**

Ten adult social care commissioners were interviewed in a semi-structured style. The commissioners work in urban and rural areas, in local authorities and clinical commissioning groups, and across the full range of adult social care services. They cover a broad geographic spread, encompassing Leeds, Sheffield, Telford, Shropshire, Leicestershire, Hertfordshire, Thurrock, Swindon, Kent and East Sussex. The sample frame was the commissioner network of the New Economics Foundation and Community Catalysts, a social enterprise that works to stimulate and support community-driven health and care solutions for local people. For this reason, and because the sample was a self-selecting group, it is fair to assume that those who took part have a greater awareness of, and interest in, community-led provision than the population of social care commissioners at large. This is a limitation of the research.

### **PHASE TWO: INTERVIEW RESEARCH WITH COMMUNITY BUSINESSES**

Five community businesses that provide adult social care were selected. In each business, a CEO or a senior manager, at least two care staff, and at least two service users or family carers were interviewed. The interviews were conducted in a semi-structured style. The five community businesses were selected from a sample frame of 41 organisations, compiled through desk-based research and consultation with Power to

Change, UnLtd, Social Finance and others. They were chosen to represent a diverse mix of businesses working in cities, old industrial towns and rural areas across different regions of England, and providing different types of care, from domiciliary care, to day care, to activities in the community that engage people who in many cases are not eligible for support from the local authority but nonetheless have low or moderate needs. None of the five deliver residential care, nor, to our knowledge, do any of the 41 organisations in the sample frame. No community-led residential care models were identified over the course of this research at all.

Very few of the 41 organisations correspond perfectly to the community business definition. In fact, not all of the five that are profiled in this report are a neat fit. The definition points to four key features: rootedness in a particular geographic place; trading for the benefit of the local community; accountability to the local community; and broad community impact.<sup>6</sup> But one of the five community businesses emerged from a neighbourhood and has since expanded to deliver services across the region and neighbouring regions. Another has no formal structure that makes it accountable to the community, though its commitment to high-quality, person-centred care, in an ultra-rural area where few, if any, other providers choose to operate, demonstrates a culture of local accountability. On technical grounds, they may fall short of the definition but their provision of preventative, community-led and connected social care is entirely in keeping with the community business ethos. Other community-led care models are likely to share this ethos too.



### **3. FIVE COMMUNITY BUSINESSES**

This section outlines five examples of community businesses delivering social care in different ways and in different places across England.

#### **NEDCARE – NORTH EAST DARTMOOR, DEVON**

NEDCare provides social care at home to people living in rural North East Dartmoor. Remote and wild, the moor is home to many older people. One in four residents of Chagford Parish, for instance, is over the age of 65,<sup>7</sup> compared to 18 per cent nationally.<sup>8</sup> Yet until 2015, there were practically no regulated care-at-home services in the area. When the local cottage hospital closed its beds, concern about the lack of social care grew. A local resident, Julia Darby, approached the Moretonhampstead Development Trust to propose a community-led project to address the issue. With grant funding, she was able to undertake a year-long period of community engagement. This proved that the need for care was urgent and immediate, so – recognising that it would take many months to establish a regulated care agency – Julia set up a service to introduce people to self-employed carers. She also began work on NEDCare. The business was registered with the Care Quality Commission in 2017.

Since then, NEDCare has grown in an attempt to become sustainable. Julia estimates that – because of fixed costs – this will require delivering around 1,800 hours of care per month. As of April 2018, NEDCare has 17 care staff, all local to the area. They deliver 400 hours of care per month. They have 17 clients, though the number fluctuates, half of whom have their care paid for by the local authority. NEDCare continues to grow but feel they cannot do so fast enough. They receive an average of two new client enquiries per week and already have a waiting list of ten people.

#### **BS3 COMMUNITY DEVELOPMENT – GREATER BEDMINSTER, BRISTOL**

BS3 Community runs two community venues – the Southville Centre and the Chessel Centre – in Greater Bedminster. It was founded in 1990 when a group of local residents took control of a derelict secondary school building via an asset transfer from the local authority. Since then the local area has changed, having undergone a period of decline in the 80s after the local tobacco factories closed. In recent years, thanks in part to its proximity to the city centre, young families have been moving in and the days when a local school might become redundant are over.

BS3 Community has responded to this shift by providing early years nursery education, parent and toddler groups, breakfast clubs for primary school children, after school clubs and holiday play schemes. It also hosts various older people's groups, with the aim of reducing loneliness and social isolation. Increasingly, it is coming up with new ways to bring different generations together. Children from the nursery are taken twice a week to visit the older residents of a nearby care home, and young volunteers from a local sixth-form college spend time with older neighbours in cafes to talk about basic technology skills and to get to know each other. This initiative – Tech & Talk – was set up following a local play crafted and performed by older residents, who raised the issue of how daunting technology can be.

The sustainability of their business model is largely thanks to their childcare services. Demand for childcare in the area is huge: BS3 Community support 400 families and have a further 220 on a waiting list. They are able to reinvest profits into community development work, and in particular their support for older people, which they want to grow. They see a role for themselves in early intervention and prevention, connecting lonely and/or socially isolated people – many of whom are referred to BS3 Community by the local social prescribing service, which they run – into the community.

## **UNLIMITED POTENTIAL – SALFORD, GREATER MANCHESTER**

Unlimited Potential has a mission to deliver social innovation for happiness. It was set up in 2000 by a small group of people who wanted to be involved in planning new health services in Charlestown and Lower Kersal in Salford. Since then, the organisation has delivered health care services, but now it increasingly seeks to focus on social innovation by working with commissioners in Greater Manchester on public health issues, and above all those which are felt to be intractable.

Unlimited Potential takes the approach of reframing each problem so that the starting point is the strengths of the people who are affected by it. One example is a pilot project, Empower, which aims to break down the barriers that limit the participation of disabled people in social and physical activity. By asking each person what they want to do, building a programme of activities based on their interests and helping their friends and family to support them, while training mainstream leisure providers to be inclusive of disabled people, the project seeks to create a community in which disabled people have the opportunities and the support to better manage their own health and wellbeing. Behind this approach is the view that the solutions to problems lie with communities.

The organisation has shrunk in size in recent years as it has shifted from service delivery to innovation projects. It has 10 staff – down from 32 – and supports a few hundred people per year. But for Unlimited Potential, scale is not about the number of individuals it helps, so much as the spread of its ideas. It does not want to grow, or at least not significantly, because it considers that its smaller scale enables it to be more innovative.

## **GREENSLATE COMMUNITY FARM – WIGAN, GREATER MANCHESTER**

Greenslate Community Farm was established by Billinge and Orrell Transition Group in 2012. The group – which consists of volunteers aiming to provide a local response to the challenges of climate change – saw an asset in a 30-acre site that was going to waste: a disused, council-run educational farm. Now the site is a community resource, which operates a day care service and delivers volunteering, training, education and therapeutic activities, as well as providing naturally-grown food to the local area. It describes itself as “built for the community, by the community”, and is run as a community benefit society, with a board of directors elected annually by the membership. It employs a manager, a shopkeeper, a cook, a part-time grower and a part-time educator, as well as a coordinator and four part-time staff on the care farm. There are also a number of committed volunteers.

Greenslate’s care farm aims to offer meaningful work in a supportive therapeutic environment for learning disabled people. In that sense, the role that learning disabled people take when they come to Greenslate is not so much a service user as a ‘learner’, working alongside staff and volunteers to help the farm on its journey to produce food grown in a sustainable way. The work includes farming activities and placements at the Straw Bale, a café and farm shop. Currently the income from the Straw Bale is not enough to cover its costs, so the café and shop are subsidised by income from personal budgets, supplemented by grant funding. As of March 2018, the care farm was supporting 17 people and that was set to increase to 20. Staff at Greenslate told us, however, that they are unlikely to seek to grow that number beyond 30.

## **IDEAL FOR ALL – SANDWELL, BLACK COUNTRY**

Ideal for All is a user-led organisation working to make life better for disabled, elderly and vulnerable people and their carers. It is based in Sandwell, but delivers services across the West Midlands and neighbouring regions. These services include information, guidance and access to independent living activities, direct payment services, employability programmes, health and wellbeing projects, and peer support groups.

Like Greenslate Community Farm, Ideal for All uses therapeutic horticulture to improve people's health and wellbeing, through three garden sites.

The charity has supported more than 25,000 people since it was established in 1996. It is funded through local authority contracts, grant funding and income from people who pay to use its services. After a steep fall in the value of its contracts with Sandwell Council five years ago, it returned the building it is based in – which had been a 'one-stop shop' for disabled people, run in partnership with the council and the then Primary Care Trust – to the council, and sought to grow outside the borough. Direct funding for user involvement has also been cut, but Ideal for All continues this activity, albeit on a smaller scale. It supports a membership of nearly 3,500 people, who it seeks to involve in its vision, values and principles and in the development of its services. Its board is predominantly made up of people who use its services; it has 14 board members and employs 37 staff.

## 4. SUSTAINABLE SOCIAL CARE

This section sets out four ways in which the five community businesses are delivering sustainable social care. These are: preventing harm; building community power; spreading eco-systems of care; and creating good jobs. For each of these, it provides some wider context about opportunities and challenges in social care, then illustrates how community businesses are challenging the status quo.

### PREVENTING HARM



Source: photo from BS3 Community, Greater Bedminster, Bristol

Long-term demographic trends, including the baby boomer generation reaching retirement and anticipating greater longevity, mean that the number of people aged over 85 in the UK is projected to more than double in the next 23 years to over 3.4 million.<sup>9</sup> To support this generation and generations to come in an effective way, much more must be done to keep people well. This applies to those with social care needs, those deemed to be ‘at risk’, and those without identified needs.

In recent years we have seen a shift away from prevention in our social care system. Austerity measures reduced spending on social care by 11 per cent in real terms per adult resident between 2010 and 2016.<sup>10</sup> The services that were hardest hit were community-based.<sup>11</sup> Now public funding is increasingly rationed for those with the

greatest needs and the least means,<sup>2</sup> and 1.2 million older people in England are thought to be living with various kinds of unmet needs.<sup>12</sup> The short-termist pursuit of cost savings may end up increasing demand for care: if fewer people can access support early on, then more people are likely to need acute services later.

All this runs counter to the wellbeing principle set out in the Care Act 2014.<sup>13</sup>

Sustainable social care must keep people well, rather than waiting until things go wrong and coping with the consequences. The New Economics Foundation's 'Five Ways to Wellbeing' tool presents a set of evidence-based actions to improve personal wellbeing: connect; be active; take notice; keep learning; and give.<sup>14</sup> It helps to demonstrate that connectedness, meaning and purpose must be at the core of a social care system that prevents harm.

Community businesses, with their local roots, can thrive on a shared sense of place and history that binds people together – creating connectedness, meaning and purpose. NEDCare, a home care provider in ultra-rural North East Dartmoor, helps older people who are often socially isolated. Resisting a culture of whistle-stop home care,<sup>15</sup> the business strives to ensure that carers have enough time to support people with respect and dignity. This enables the building of relationships between care givers and recipients, who in some cases already have a pre-existing connection. A care worker who was interviewed described her job as “caring for people that you’ve seen around and about in the square, and you’ve seen them get older, and now you can go and look after them”. They are “people that you really know and care about, and you want to keep them within their community, and within their homes”.

*I've just started work with a client this week who was a bit unsure, because she's new to us. And I went in and I knew her, and she said, "the last time I saw you, you were twelve". And she knew me, and instantly we were chatting about old friends, and it just really put her at ease and made the transition so much easier for her. And it doesn't feel like care in the same way. It's not like, "ooh, I've got my carer in", it's "ooh, I've got R in", and it's really relaxed.*

*Carer, NEDCare*

The relationship can be like that between family members. One care worker said that she wants to look after local residents in the same way that she hopes her own mother, living in a different part of the country, is being looked after. Another explained that “you get to know them in their homes which is where they are relaxed, and they are in their natural environment, so it does just feel that you’re popping in on a relative really”. A similar anecdote was recounted by a family carer:

*[...] he loved them all, and I think if you speak to any of the carers that dealt with Dad, I think they all formed quite a close relationship actually. [...] I'm even getting text messages now, "how's your dad?", you know, because he's back into a home now, "we miss him", and just little messages like that. And most of them have gone out to see Dad at the home. They didn't have to do that, did they?*

*Family carer*

Many of the people NEDCare support are already frail. Prevention, in this instance, is about helping them to live independently. But it is also about keeping them well through care that is built on the strength of human connection. This is the case too for BS3 Community, who run two community venues in Greater Bedminster. They set out to reduce loneliness and social isolation by running various different activities for older people, which have ranged from fashion shows and tea dances to drama and technology cafes. As with NEDCare, the significance of place is critical. Staff who were interviewed talked about having lived in the area for decades. They were described by a trustee as "activists" because "they will call meetings, they will gather groups of people [...] and they will find a way of making things happen". Connecting people into the community is BS3 Community's way of keeping people well, and building reciprocal relationships is their way of connecting people into the community. As one volunteer described:

*Simon said, "would I join the Monday Club?" and I goes hmm, and he said, "don't go no, you haven't tried it, will you try it just for me?" and I said okay. So I tried it, loved it and I've been here four years. It's been really good. It's been good for me, let alone them, you know. Yeah, sometimes when I'm ill and I phone up and say, "I don't think I'm coming again, I can't cope", and she says, "you've got to come", she says, "we miss you". So, yeah, it goes like that. I never understand what people miss about me 'cause I don't think I'm anything really special. Yeah, but I really love chatting to them, making them smile. If I see any of them down, I goes over and says something funny to them, you know, or something naughty sometimes. They go, "don't say that!". But it makes them smile. That's the main thing. I love people smiling.*

*Volunteer, BS3 Community*

## **BUILDING COMMUNITY POWER**



Source: photo from BS3 Community, Greater Bedminster, Bristol

To care and be cared for throughout our lives is essential for meeting people's needs, but it is also important that we have control of when and how we care. That is the case for people with care and support needs and their families, just as it is for care workers. Too often people lack control. Care depends on time, but in an economy which is fuelled by overwork and overconsumption, time is a scarce resource. This is not an issue that can be addressed by the social care system: it requires economic change. There are important issues about control, however, that relate to the system. Too often it relegates people receiving care and their families to the role of passive recipients, even though we know that this is not conducive to their wellbeing.<sup>16</sup> With an increasing proportion of our society set to need care in the decades to come, more people will become more involved in care. It must become easier for us to be active participants, rather than passive recipients, and control must become a more meaningful concept than just having the choice between one provider and another.

Community businesses represent one way in which communities can come together to take collective control of social care. NEDCare emerged as a result of local people doing exactly that. Before 2015, when NEDCare was set up, there were practically no home care services in remote North East Dartmoor, even though it is home to many older people. Commercial providers operate in the large towns and cities surrounding the



moor, like Exeter and Newton Abbot, but they do not serve many of the small towns, villages and hamlets dotted across the moor itself. As Julia Darby, NEDCare's founder and CEO, explained, "it's not economic for them to send their carers driving 20 miles into the moor". When the local cottage hospital closed its beds, the community became deeply concerned about the lack of social care in the area. Julia proposed a community-led response and spent a year talking to people across a 250 square mile area served by the three GP surgeries of Cheriton Bishop, Chagford and Morehamptonstead. She describes NEDCare as an approach to building community resilience:

*[...] you're building the capacity of local communities to support their own social care. You're building that infrastructure within communities, so you're building resilience within communities, and you're not relying on some company to helicopter in and do it for you and then leave whenever it suits them.*

*CEO, NEDCare*

It is important to note that this approach originated in the failings of marketised social care, and a sustainable system cannot be one in which people come together to take control in response to crisis, but rather one which is set up to encourage, support and fund communities to help build a local eco-system of care that is accountable to the people who use it. Accountability to the local community is one of the four key features of the community business model and arguably the most important. It manifests itself in different ways and to different extents with the five community business examples. In some instances, it results in formal structures that meaningfully distribute control. Ideal for All, based in Sandwell, is a user-led charity with an active membership of nearly 3,500 people. Anyone who has an interest in disability and a commitment to the charity's aims and objectives can become a member. Among other things, members can stand for election as trustees of the charity. As Ideal for All's CEO explained, the ethos dates back to 1996 when the charity was set up to deliver "services that people wanted, rather than [being] dictated to". A service user interviewed for this report said:

*It really helps having somebody who knows what it's like to be out there with a disability and the day-to-day living with a disability. That's very important because there's no-one better who knows what it's like than someone who lives through it.*

*Service user, Ideal for All*

## DEVELOPING ECO-SYSTEMS OF CARE



Source: photo from Ideal for All, Sandwell, Black Country

As well as preventing harm to people, sustainable social care must prevent harm to our economy and environment. Care depends on the time, energy and relationships of people, rather than the depletion of natural resources, so it has the potential to be a green sector. In England it employs more staff than the NHS and contributes an estimated £50bn to the economy.<sup>17</sup> Moreover, the jobs it creates are dispersed evenly across the country, because every village, town and city needs social care. As the New Economics Foundation has argued, social care could be “the central plank of an economic policy that emerges from the actual needs, everyday lives and assets of the communities within an area – rather than grand, city-centre based strategies that hope to ‘trickle down’ to those on the geographic and demographic periphery”.<sup>5</sup>

However, the system as it currently stands creates risk in the economy. As a market, social care is increasingly consolidating towards large-scale providers. Nearly one in five care beds are provided by the five biggest chain companies.<sup>18</sup> Debt-laden business models like that of the giant care homes operators Four Seasons – which almost collapsed in 2017 - try to turn social care into a high-return activity,<sup>18</sup> putting 17,000 residents and 25,000 employees at risk.<sup>19</sup> Where providers are so dominant in the market, it will prove difficult to replace them if they fail.<sup>20</sup>

A more economically resilient and environmentally sustainable kind of social care could take the structure of an eco-system: a diversity of community-scale providers that are

networked into their local economies. It must work harder to create social, economic and environmental value and to minimise waste, including the leaking out of public funds into the hands of private investors.<sup>18</sup>

Community businesses trade for the benefit of local communities, rather than private investors. They are often mini eco-systems in and of themselves. Greenslate Community Farm, based in the outskirts of Wigan, use their 25 acres of farm and woodlands to run not only a day care service but also educational activities for children. They have a café, offer private allotments and provide a hub for ideas sharing and development of community enterprises. One of their main aims is to produce food grown in a sustainable way for the local community and to raise awareness about the impact of conventional food production and supply on the environment. Disabled people who participate in their day care service take an active role in contributing to that work. On the farm they sow and harvest crops, look after the animals and undertake wildlife and conservation work. In the café they prepare and cook food and serve customers. As a social care model, it is designed to offer meaningful work in a therapeutic environment. Rather than putting up artificial divides between people, it brings staff, volunteers and service users together to look after their community.

*They're part of our team. They get involved, it's not us and them, you know.*

*Staff member, Greenslate Community Farm*

As well as acting as their own mini eco-systems, community businesses tend to link into, grow and sustain wider eco-systems. BS3 Community, who run two community venues in Greater Bedminster, are connected into a network of local organisations – schools, universities, residential care homes – with which they work to build new models of care that create value for people of all ages. One example is the twice-weekly visits of toddlers from BS3 Community's nursery to a nearby care home. The home had struggled to open itself up to the community. A staff member we interviewed said that “whatever we did – open days, parties, tea parties – we would put invites out, banners up, even, you know, advertised on the radio and we had no response. Since our relationship with [BS3 Community], more people are getting to know about us”. For the children and the residents, spending time together has an impact on both alike:

*Oh, you know, it is a much happier place. The individuals living here actually love their time, you know, spending time with those children. They look forward to it every week. And the children look forward to seeing them as well. The relationship is growing. And I know with certain children they only come for a certain period of time, but their parents are then choosing to bring them in after their set period of weeks.*

*Staff member, care home partnered with BS3 Community*

## CREATING GOOD JOBS



Source: photo from Greenslate Community Farm, Wigan, Greater Manchester

1.3 million people work in adult social care in England – more than in the NHS.<sup>21</sup> The sector offers jobs that will last into the future, unlike other low-paying sectors like retail, manufacturing and transport where automation puts workers at a higher risk of unemployment.<sup>22</sup> Those jobs, which are sustainable because they have social skills at their core, can be rewarding for the same reason. Care workers are often loyal to the sector because of the quality of their relationships with the people they care for.<sup>23</sup>

Despite this, there is a widespread perception that care work is low skilled.<sup>21</sup> The median pay of a care worker in the independent sector is £7.50 per hour,<sup>21</sup> well below the real Living Wage of £8.75 across the UK and £10.20 in London.<sup>24</sup> Meanwhile, money leaks out of the system, with the five biggest care companies in the UK, which run one in five publicly-funded care homes, expecting to offer an 11 per cent rate of return on capital to investors.<sup>18</sup> Perhaps unsurprisingly, providers are struggling to recruit and retain staff, turnover is high and growth in the number of jobs is falling behind growth in the demand for care.<sup>21</sup>

If our social care system is to be sustainable, it must do much more to change attitudes. These include negative attitudes towards ageing and disability and towards care itself, which – paid and unpaid – is still seen as women's work and often snubbed for that

reason. Men make up just 18 per cent of the adult social care workforce.<sup>25</sup> Recognising the value of care work by paying a higher wage and investing in training and progression is essential, not only for attracting more men and women to social care and enabling them to work more effectively in their roles, but also because, as a sector of the economy which is concerned with promoting health and wellbeing, it is not achieving its mission if it does not create good jobs. More funding is needed, but so are more efficient care models, which, like community businesses, are committed to benefiting their local area in a holistic way.

Unlimited Potential, based in Salford, describes its mission as social innovation for happiness. It aims to solve intractable social problems by reframing them to focus on the strengths of the people affected. One example is Empower, a project aiming to break down barriers that limit the participation of disabled people in social and physical activity.

As an employer, Unlimited Potential tries to model the social and economic change it wants to build. It recruits staff who come from the same communities as the people its projects support.

*[...] if we can find somebody from within that population who's got the right character and personality, who's got drive and spark and is prepared to go out and do things, but they also have the added advantage of going, "I know what it's like 'cause I live here", or "I was in prison", or "I was a smoker", or "I'm disabled", or whatever it is, they just get taken more seriously. They just understand people better.*

*CEO, Unlimited Potential*

It pays the Living Wage and adheres to a maximum ratio of five between the full-time equivalent salaries of the highest- and lowest-paid employees. It also encourages staff to become and remain trade union members, and to join its community benefit society, where they get voting rights at annual meetings and elections. A staff member interviewed for this report said that, in his experience, "everyone has a say in whatever decisions are made".

A sign of success for Unlimited Potential is when a project that they have incubated matures and becomes ready to "float off", in the words of the CEO. Their ambition for Empower is to see it develop from a pilot into a mainstream, city-wide service. If that happens, Empower is likely to be set up as an independent organisation, led by its current project manager. This is consistent with the role that Unlimited Potential has created for itself, as an organisation which aims to shift control to communities. It is also notable as a model of employment which builds the power of people to effect change.

## 5. COMMISSIONER PERSPECTIVES

This section reflects on findings from research into commissioner perspectives on the current and future role of community business in social care. The aim was to understand not just how these commissioners perceive community business, but also what opportunities and challenges affect how they, in their market-shaping role, commission – or do not commission – that kind of model.

The ten commissioners interviewed for this report were a self-selecting group and are likely to have a greater awareness of, and interest in, small-scale, community-led provision than most. But the majority were not very familiar with the community business model and several had not come across the term ‘community business’. The distinction between community businesses and labels that apply to similar kinds of organisation, such as social enterprise and community enterprise, was not particularly meaningful in their eyes. As one commissioner said, referring to the “plethora” of terminologies that gets applied to the voluntary, community and social enterprise sector, “people use these things interchangeably”. A multitude of definitions to distinguish between provider types is not all that useful, and risks creating confusion.

Nonetheless, they saw significant potential in community-led care models. In the interviews, commissioners talked about their embeddedness in the “community fabric”, which enables them to “see the same customers all the time, deal with the same families all the time, [...] understand what’s going on in the area, [be] more tuned in”. They thought that the agility that comes from being small can enable community businesses and other community-led providers to be dynamic, creative and responsive to people’s needs.

Above all, there was a broad consensus that these characteristics – local roots, agility and creativity – put community-led care models in a strong position to help the social care system move upstream towards prevention:

*We’re dealing with people here who may bounce over into requiring statutory care but, with a little bit of support or help in a certain direction, they may avoid that, and I think absolutely that’s where the community sector can do a lot.*

*Social care commissioner*

Keeping people well and preventing them from needing to access long-term care was seen as critically important to the sustainability of the social care system.

*We’re absolutely certain now that we have to deliver early intervention and prevention, we have to deal with the whole person, we have to deal with them within the context of*

*where they live and what their community is like, if we're going to really be able to sustain the amount of older people and people living far longer with complex conditions into the future.*

*Social care commissioner*

The question, then, is to what extent commissioners are putting these principles into practice. In the interviews, several examples were given of initiatives to support community-led care models. Many related to partnership work with Community Catalysts, helping to develop community businesses but also community micro-enterprises, which typically employ no more than five members of staff. This was unsurprising, given that the ten commissioners interviewed for this report are part of the commissioner network of Community Catalysts and the New Economics Foundation. Among other examples, perhaps the most notable was the outsourcing of day care for people with learning disabilities to a local social enterprise, which is run by disabled people.

In spite of this, there is a disconnect between ambition and reality. Most of the commissioners saw an important role for community-led care models in enabling a shift towards a more preventative and therefore more sustainable social care system. But in practice these models remain, in the words of one of the commissioners, “at the edges” of commissioning. From the interviews, four reasons for this stood out.

## **REDUCED CAPACITY IN LOCAL GOVERNMENT**

Years of austerity have reduced capacity in local government, with the result that they are contracting to fewer, large-scale providers. In one instance, a framework had shrunk from 70 to just five providers. As the commissioner explained:

*[...] we've gone from – certainly, when we look at the personalisation agenda, sort of, what, ten years ago, where we were saying we needed to have loads and loads of providers in the market – as commissioners with, sort of, budget reductions, we've had to kind of prioritise how we manage contractual relationships with providers, and I think, as a consequence, that results in reduction in providers, reduction in contractual relationships. We call it, kind of, rationalisation of services, and what then happens is it's the bigger organisations that do tend to be able to work with us to meet the outcomes that we require.*

This implies a link between a market dominated by a handful of large-scale providers and less personalised care. Another commissioner was more explicit, describing a similar trajectory towards a shrunken framework and expressing frustration about the end result:

*I've been commissioning quite a long time, but when I originally started in commissioning, we had a very wide range of providers, for example, in domiciliary care. Now, we have a very small amount of providers who deliver quite large amounts. And what goes out of the window with that is personal delivery, individuality. It becomes an in-out job. You're given fifteen minutes and then they're off to the next call. Whereas with small community businesses, I believe, you get better quality, you get individuality, and you get personalisation.*

*Social care commissioner*

## **CULTURE OF 'QUICK WINS'**

As local government becomes increasingly stretched, one commissioner explained that there is a "desire culturally to see a quick win and to have next year's savings already achieved". Meanwhile, commissioning community-led care models is perceived as time-consuming:

*I suppose the difficulty about community provision, from a commissioning point of view, it's quite labour intensive. How do you... Right now, if I want to commission a service in an area I put out an invitation to tender to win a contract. But if I wanted a hundred micro-businesses to be doing what that one business does, there is such a lot of intervention to make it happen.*

*Social care commissioner*

Consequently, it can be deprioritised. As one commissioner said:

*I am interested in truly personalised, locally responsive provision, but I've also got massive books to balance, and huge financial savings, and decreasing staff.*

*Social care commissioner*

On top of this is the fact that, while one of the strengths of community-led care models, in the eyes of commissioners, is their ability to keep people well and prevent the need for acute care, a culture of quick wins also acts as a disincentive from investing in prevention. Prevention is long-term, complex and difficult to measure. Assessing its effectiveness requires the measurement of a counter-factual, and most of the commissioners interviewed talked extensively about how difficult that is. Without a strong evidence base, prevention "becomes quite vulnerable in terms of a commissioning priority". Some of the time, it requires "faith in your ability to run with something with the knowledge that you're never really going to be able to put a pound mark on it". And even when commissioners are confident that a service will result in



future cost savings, the pressure to cut costs in the here and now means that the opportunity can get missed:

*And you go, "But that is a cost saving!" But they're like, "Yeah, but we don't have the cash today. Even if it would save more cash over the next five years, we can't find you the cash today".*

*Social care commissioner*

## **PERCEPTION THAT SMALL IS RISKY**

Smallness is a distinctive feature of many community-led care models. As commissioners recognised, being "small and beautiful and quite free" can enable agility, creativity and responsiveness to people's needs. Yet, somewhat paradoxically, the assumption was made by a number of commissioners that providers would be at a disadvantage if they could not scale up. Indeed, it is clear that they are already at a disadvantage, for the very reason that, as one commissioner said, "we are always looking for more strategic, larger solutions".

Underpinning this is not just financial pressure, but also the perception that small, as well as beautiful, is risky. One reason is a concern that small providers are less able to cope with the logistics of care, particularly home care. That can be the rationale, coupled with financial pressure, for decisions to contract home care markets by giving bigger chunks of business to fewer providers:

*We felt back then the best thing to do would be stop contracting as many people and enable a smaller amount of providers to get a stronger hold in a locality, to enable them to attract the workers, get better rounds. Because it's a logistical nightmare providing home care for people and actually if a provider has got a good, you know, chunk of business in an area, they can build sustainable rounds, make sure their workforce are fully utilised. If you are only picking up care here, there and everywhere, it's very difficult to run a logistical business around delivering care.*

*Social care commissioner*

The risk then is of a race to the bottom which results in whistle-stop visits, with people "given fifteen minutes and then they're off to the next call" - the way of operating that NEDCare work so hard to avoid. This was the worry of another commissioner, who saw risk in big, rather than small, providers delivering home care:

*There is a massive problem about rostering with large amounts of care staff to go across large geographical areas. It leads to a lack of consistency of carers for people; it leads to a lot of wasted time between visits. But again, by having small, localised organisations*

*who frankly can walk between the areas they're gonna be serving, 'cause they should be in a fairly tight-knit geographical area around where they live.*

*Social care commissioner*

Another reason why some commissioners perceive small to be risky is that they attribute the success of community-led care models to the entrepreneurialism, charisma and drive of the founder and leader. If the business is thought to be dependent on an exceptional individual, it comes to be seen as fragile:

*You may have a brilliant business running over there, but it's because of the personality of the person that runs it.*

*Social care commissioner*

The five community businesses profiled in this report count some impressive leaders among them. However, in a majority of cases, they were not founded by their current CEOs, but rather by another person or a group of people, who then successfully handed over the management of the organisation to a successor. This suggests that the success of the businesses is not contingent on one individual. Often, in fact, as this report argues, a strength of community-led care models like community businesses is their ability to build networks, work in partnership and, in doing so, create wider social, economic and environmental value.

## **UNEVEN SPREAD OF COMMUNITY-LED CARE PROVISION**

Community-led care models are not spread uniformly across England. Commissioning them often means supporting them to develop. As one commissioner said:

*You need the people to lead those organisations. And I think that's one of the biggest struggles. [...] How do we find them? Do we teach them in college? I dunno. [...] we are very clear that people who are interested in social care should also be interested a bit in business and be interested in how they would run a business, and we've seen that as a gap and we think there are things we can help with a bit. But at the end of the day, those sectors need to do it for themselves too. We can't set up community businesses for them. They have to do it themselves. We can foster and encourage and listen and be supportive, but we can't do it for them.*

*Social care commissioner*

It takes time, which is felt to be in short supply in local government. But it also takes a certain attitude, or a way of being and doing, that one commissioner described as “nurturing”:

*It takes time to commission, because it's not a matter of just putting an advert out. [...] You have to nurture communities, you have to nurture people, you have to encourage them and you have to listen. You then go back and have another conversation. Whereas if you're commissioning a domiciliary care agency, you write your spec, you – hopefully – consult with people who you're writing the spec for, it then is published, people apply, they put their costings in, and then the service is delivered against set outcomes and set requirements.*

*Social care commissioner*

This is not the traditional way in which local government interacts with the community sector, so it can require a change in culture. Another commissioner explained the contrast between ways of working that have “disempowered” communities and a more nurturing approach:

*We're much more into now working with them in a really proactive way, and building from the position that everything that's good about your community, let's enhance that, rather than looking in terms of deprivation levels [...] and just flooding them with a few quid and then backing away, and then three years later you find the community's in exactly the same position it was when you started. So this is much more about building that relationship, working alongside them, supporting them, building from their strengths and certainly identifying gaps there and facilitating them to be developed. Now they have to be developed for the community by the community, there's no point imposing things on people, 'cause they don't have the same degree of success. So that's very much our focus.*

*Social care commissioner*

These examples illustrate how commissioners can begin – and in many cases have begun – to shift the system towards one that shares power, builds the collective control of communities and is therefore able to tap into people's energy, experience and talents.

## 6. RECOMMENDATIONS

This section outlines three steps towards a more sustainable, community-led social care system.

### **SPREAD COMMUNITY-LED CARE MODELS**

Smallness can be a strength in social care. A recent evaluation of micro-enterprises, which typically employ no more than five members of staff, found that they give more personalised care, deliver more valued outcomes and are better at some forms of innovation than larger providers, while offering better value for money.<sup>26</sup> Three of the five community businesses profiled in this report aspire to grow in the coming months and years to respond to demand for social care and to become financially sustainable. But all five share a strategic ambition to continue operating at a scale which will enable them to remain accountable, formally or informally, to a community of place. For care models like these to support more people, the focus must be on scaling them out, not up – an approach which is in line with the market-shaping requirements of the Care Act 2014.<sup>27</sup> This means encouraging the development of new community-led care models, so that they are many and diverse.

Scaling them out is most likely to be successful if coordinated action is taken by local government on a number of fronts, including:

- setting a strategic objective to increase the provision of care from community-led care models;
- commissioning expert organisations that incubate or catalyse social care solutions; and
- investing in training and networking opportunities for social entrepreneurs and promoting those opportunities through social care networks.

### **COMMISSION FOR OUTCOMES AND CO-PRODUCTION**

Community-led care models are losing out under the commissioning priorities and pressures that shape the markets of today. The interviews with commissioners pointed to some promising shifts, from price towards quality and from outputs towards outcomes. But the bigger picture is that fewer contracts are being given out, and those are generally going to large-scale providers.

Reversing the trend of cuts in local government funding is essential if the public sector is to have the capacity to build a sustainable social care system. But changes in practice are needed too, including:

- co-producing the process of commissioning in partnership with people who have care and support needs, carers and families, so that outcomes reflect their understanding of how to live a good life;
- increasing the weighting that is given to the creation of social, economic and environmental value, in recognition of the role that this plays in determining health and wellbeing and preventing harm; and
- tilting the playing field towards community-led care models through commissioning mechanisms like alliance contracting, where a single arrangement is made with a group of providers who share risk and responsibility in the delivery of services, enabling collaboration and therefore fostering the networks that are needed to connect communities – as opposed to a more traditional competitive approach, which tends to favour providers that are big enough to have dedicated bid development functions.

At least the first two of these measures are reflected in policy, through the Care Act and the Public Services (Social Value) Act 2012. But too often action is superficial. One of the commissioners we interviewed, for instance, told us that, while providers bidding to deliver local social care services are required to demonstrate their ability to create social value, no weighting whatsoever is given to social value in the assessment of the bids. The issue is one of leadership, developing a vision for sustainable social care and – building on the motivation for change that was evident in almost all of the commissioners we interviewed – getting public servants behind it.

## **GROW THE CORE ECONOMY**

This report has a focus on paid care. But a sustainable social care system cannot ignore the unpaid work done by millions of people up and down the country, caring for people they love. One in ten people in the UK are carers and that proportion is set to increase. The economic value of the contribution they make is £132bn per year.<sup>28</sup> It is worth noting too that community-led care models like community businesses often rely on social action, or, in other words, people giving up their time and other resources for the common good, whether they are trustees, volunteers or members.

Caring for others can be deeply fulfilling, but too often it takes a toll. More than four in five carers report that caring has a negative impact on their physical health (83 per cent) or mental health (87 per cent). They identify a lack of practical and financial support as

reasons.<sup>29</sup> Social care has a key role to play in addressing this issue, and doing so must be a priority if the system sets out to keep people well. This report argues that social care must have the bold mission of supporting people to lead the best lives that they possibly can, working alongside them, their families and their communities. But it can only do so much. As noted previously, care depends on time, but in an economy which is fuelled by overwork and overconsumption, time is a scarce resource. One in five carers gives up their job to care, and more than half of those who are not working say that they want to do so.<sup>28</sup> Economic change is needed to create the conditions in which a social care system can be truly sustainable, including:

- strengthening social security through investment in upstream benefits which intervene before harm occurs, above all Carer's Allowance which is currently just £64.60 per week and which experts like Carers UK argue should be raised at least to the same level as Jobseeker's Allowance at £73.10 per week.<sup>30</sup>

## 7. CONCLUSION

This report makes the case that community businesses and other community-led care models have the potential to help us shift towards a social care system that is fit for the future – one that is preventative, community-led and connected, and creates good jobs. As a mission, it is urgent. More of us than ever before will rely on care in the years to come, but the system as it stands is not doing nearly enough to promote the wellbeing of care givers and recipients.

The report seeks to contribute to the current debate about social care funding reform by examining what kind of system we should look to build. It also presents three ideas for how to do so. But these are just a starting point for a wider conversation about how to transition to more sustainable social care. A commitment to this transition, and a genuinely informed public debate about it, is crucial and not just because we need better social care. It is necessary to securing public support for the funding that the system desperately needs. Research into the long-term care system in Japan suggests that people are willing to pay more for the collective provision of social care if they are confident that the system is a good one.<sup>31</sup> This is not surprising, but it is important to reiterate. Perhaps another potential role, then, for community businesses and other community-led care models, is to build a movement from the bottom-up, which – with the necessary support and funding – could spread understanding of what good social care can and should be, and insist on change.

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