Micro-Enterprises for Care Project

Evaluation Report

A report for RCT County Borough Council

Practice Solutions Ltd

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July 2024

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Executive Summary

During 2022/23 Rhondda Cynon Taf County Borough Council invested funds from the UK Shared Prosperity Fund to introduce Micro-enterprises for care into the local care economy, starting with a focus in North Cynon. Using the commissioned support of Community Catalysts, 24 Micro-enterprises have been brought into the area in the past two years.

Micro-enterprise is a model of provision designed to complement traditional domiciliary care, building community-based services in response to the increasing demand for social care, and the lack of sufficient capacity to meet needs, particularly in rural areas.

Through this project, the Council has aimed to expand the local social care market, increasing choice and control for individuals with care and support needs, whilst also creating opportunities for entrepreneurs seeking flexible work in the community.

With funding ending in March 2025, The Council now wishes to understand the impact Micro-enterprises have had in RCT, with a focus on the care hours funded by Direct Payments, to inform their decision-making around continued investment.

This evaluation has been commissioned from Practice Solutions Ltd as part of a wider programme of evaluation. From January to July 2024, a series of qualitative interviews and focus groups have been conducted with people using the care and support provided by a Micro-enterprise or their family members, the Micro-enterprise carers themselves, and colleagues from across the Council including social workers.

Structured questions were designed and used to guide each conversation, to gain insight into the following areas of interest to the Council:

1. The level of job satisfaction amongst those that have set up as Micro-enterprises
2. The level of choice and control for people receiving care and support from Micro-enterprises
3. How easy the process was for people receiving care/support, and their unpaid carers, to source Micro-enterprises
4. If there was any difference made by the involvement of the Micro-Broker
5. Whether there is a sustainable and vibrant environment for Micro-enterprises in RCT

The insights gathered from these conversations form the five parts of Section 2 in this report, with extensive anonymised verbatim quotes from the data included, for illustrative purposes. At the end of each part, areas for development are outlined. These are brought together in Section 3, to form a set of recommendations for development, which might guide the Council's work in the future.

Job satisfaction

Micro-carers report significant levels of job satisfaction. Engaging with the people they support enables them to build relationships of respect and trust, personalising the support they offer and noticing changes in need. They report a deep sense of satisfaction from being able to work in this way.

The support of Community Catalysts has been invaluable to Micro-enterprises, both in terms of meeting the challenges of self-employment, and understanding the rules and regulations around Micro-enterprises. Community Catalysts have also played a pivotal role in stimulating interest and understanding among care teams across the Council, helping to build a cohort of early adopters who have engaged with Micro-enterprise as a care option for people needing support.

Choice and control

Praise for the support provided by Micro-enterprises has been overwhelming and unequivocal throughout this review. People with experiences of traditional domiciliary care say they have had a significantly better experience from the care they've received via a Micro-enterprise. People using Micro-enterprise, and their families, feel they have a great deal of control over the care they receive, enabling independent living and improved social engagement in the local community. The availability of Micro-carers who have the skills and demographic profile to suit the needs of each individual can still be a challenge; this may change over time as more Micro-enterprises enter the local market.

Ease of the process for sourcing a Micro-enterprise

The systems and processes for choosing and securing the services of a Micro-enterprise present some areas for development, particularly in relation to the paperwork related to Direct Payments. However, the Small Good Stuff website which facilitates choosing a Micro-enterprise is reportedly valued and working well, and the process of collaborative 'choosing' of a Micro-enterprise, between the social worker and person needing care, is positive. Social workers and colleagues across the Council appear to value Micro-enterprises, although there are some reservations and concerns regarding quality assurance and training which will need to be addressed if the programme continues.

The role of the Micro-Broker

The Micro-Broker role was vacant for many months during 2023/24. The re-introduction of the role, and integration of that role into the Brokerage team, gives the Council the necessary capacity and a defined organisational structure to target Micro-care towards those who would most benefit from the provision. It also creates an opportunity for an internal centralised source of expertise, to resolve some of the outstanding areas of development, and drive the programme forward.

The environment for Micro-enterprises in RCT

The balance currently remains fragile between the amount of Micro-care available in RCT, and the levels of demand for the service. This balance must be carefully managed in order for Micro-enterprises to be financially viable, for people needing care to have sufficient choice, and for Council care teams to confidently direct people towards Micro-enterprise as a means of available support. It may be necessary for the Council to continue investing in the support of Community Catalysts in the short- to medium-term until the environment for Micro-care in RCT is more established.

Conclusion

With continued investment, the Council could build successfully on the momentum gained during 2022-24 to fully embed Micro-enterprises in RCT, thereby creating a viable long-term addition to the economy of care services in the local area. The impact reported throughout this evaluation, by people already receiving Micro-enterprise support for their care needs, suggests that this would be highly beneficial. Micro-enterprises for care have the potential to enable many more people across RCT to live independently, engaging in their local communities, and experiencing care, which is dignified, relational, and responsive to their individual needs.

Introduction

During 2022/23 Rhondda Cynon Taf County Borough Council ('the Council') commissioned Community Catalysts to work with them to develop community-based Micro-enterprises for Care. The Annual report of the Director of Social Services (2022/23) noted:

> 'A micro-enterprise is a small sole trader business that is autonomous and not directly employed by the person receiving care but able to manage a direct and flexible relationship with their service users. Their development will increase the range of care and support options for service users and unpaid carers across Rhondda Cynon Taf. Our focus is initially in the North Cynon area with the intention of monitoring and evaluating progress throughout 2023/24 to inform expansion across the County Borough.'[1]

Community Catalysts[2] specialise in helping people and communities to use their talents to start and run small enterprises and community businesses that support and care for other local people. Community Catalysts are supporting ME's in RCT to develop their business model, offering advice, guidance, and a set of minimum standards.

Throughout 2022-2024, the Micro-enterprises (ME) project has aimed to expand the local social care market, increasing choice and control for individuals with care and support needs, whilst also creating opportunities for entrepreneurs seeking flexible work in the community.

Whilst ME's offer services to both self-funding individuals (private arrangements) and recipients of Direct Payments (DPs), the primary focus of the Council at this time is the group of people receiving DPs.

The project is currently funded by the UK Shared Prosperity Fund (SPF), a UK government initiative. Funding will be ceasing in its entirety in March 2025. Therefore, the Council requires an evaluation to measure the impact of the service and determine the future of the project before the funding ceases completely.

This evaluation has been commissioned from Practice Solutions Ltd. It will sit alongside other pieces of evaluation work, undertaken directly by the Council or otherwise outsourced, to give a rounded picture of the project's success, and contribute to service development by identifying areas of both strength and

[1] https://www.rctcbc.gov.uk/EN/Resident/AdultsandOlderPeople/AdultSocialServicesCareandSupport/Relateddocuments/DirectorofSocialServicesAnnualReport202223.pdf
[2] https://www.communitycatalysts.co.uk/

development.

Background and policy context

Across the UK, the upward trend of the aging population with a greater incidence of age-related chronic illness, has been accompanied by a downward pressure on budgets in health and social care services over the past ten years. This inverse correlation has created a huge challenge for local authorities to find new models of provision to address increasing demands for social care, in innovative and sustainable ways.

'Micro-enterprise' (ME) is a model of provision which some other local authorities in Wales have introduced, to complement more traditional domiciliary care provision. The model has enabled a new approach to tackling the challenges of providing domiciliary care, particularly in rural areas, where more community-based services and infrastructure are necessary.

The development of ME has been strategically driven by Wesh Government legislation and guidance. Section 16 of the Social Services and Well-being (Wales) Act 2014 sets out an imperative for increased delivery by the third sector, and Part 2 of the Statutory Code of Practice (General functions) for the Act, indicates that Welsh Government's policy steer is towards increasing diversity in service delivery through not-for-profit business models, the growth of social enterprises, co-operative organisations, and user-led services. There is also a duty on local authorities to promote Direct Payments in the Social Services and Well-being (Wales) Act 2014, increasing people's choice, voice, and control.

The Welsh Government has defined Micro-enterprises for care as:

> 'Individuals or small businesses providing care, support, or well-being services. This can include personal care, respite, domestic tasks, companionship, etc. Micro-care services in respect of an individual's assessed care needs can be paid for through a direct payment, through people's own funds or commissioned by a local authority.'[3]

Whilst there appear to be benefits arising from the introduction of ME into the care economy of a local area, this relatively new model of care also presents some operational, policy, and regulatory challenges, both for Micro-enterprises themselves, and for the local authority. There is a live discussion across the

[3] https://www.gov.wales/sites/default/files/pdf-versions/2024/1/1/1704712888/micro-care-services-engagement-report.pdf

social care sector in Wales, relating to how local authorities manage their relationship with these tiny self-employed individuals or small businesses, legally and in line with regulatory requirements. In January 2024, Welsh Government published its ‘Micro-care services: engagement report’[4] which outlines these challenges in more detail.

Purpose and methodology

The purpose of this evaluation has been to determine the extent to which the formation of ME's in RCT has been of benefit to the community, and whether future investment from the Council is worthwhile. ‘Benefit’ has been understood in terms of the following measures:

1. The level of job satisfaction amongst those that have set up as ME's
2. The level of choice and control for people receiving care and support from ME's
3. How easy the process was for people receiving care/support, and their unpaid carers, to source ME's
4. If there was any difference made by the involvement of the Micro-Broker
5. Whether there is a sustainable and vibrant environment for ME's in RCT

To explore these questions, the evaluation has been based on conducting independent interviews with key stakeholders, including:

- ME's
- People who receive care from ME's and/or their unpaid carers
- Colleagues across the Council, who have been involved in the ME implementation project

Between January – July 2024, conversations have taken place with:

- 6 ME's (engaged via 2 face-to-face in-person focus groups)
- 11 people who are using care & support from a ME, or their designated family member (engaged via 1:1 telephone interviews)
- 18 stakeholders across the Council, including 8 social workers (engaged through 1:1 online interview, and one online focus group)

[4] https://www.gov.wales/micro-care-services-engagement-report-html

Council employees directly sought the consent of people using care and support, and/or their designated family members, to participate in this evaluation. Their details were shared with Practice Solutions Ltd once consent had been established.

Job satisfaction for Micro-enterprises

Six ME's participated in this evaluation, attending two focus groups held in their local areas. Each focus group lasted around two hours, and there was extensive conversation between the ME's about their experiences and their views on the work they do.

Building relationships & being responsive

Without exception, ME's report that they have deep and respectful relationships with the people they are supporting, and they enjoy being able to personalise care on a day-by-day basis. The care they describe is responsive and flexible; they ask the individual how they're feeling, what they'd like to do that day, and what they feel capable of, and then respond to those needs.

Having the flexibility to be led by the choices of the individual appears to be a significant contributory factor to the ME's job satisfaction. They enjoy doing the things that people need and want. They also find satisfaction in being able to offer the variety of skills they have, to suit the needs of the person they are supporting. For example, one ME is a trained hairdresser; she finds it very satisfying to offer to cut the hair of the person she's caring for and the woman's husband. Another ME spoke about how she bathes the feet of the person she's caring for; she had noticed how soothing this experience can be, when working in other care settings, so offered it proactively. She said:

> 'It's basic care, and a bit of normality, but a bit of luxury too – so she feels a bit pampered.'

ME's particularly point out that they can do things which are simple, but wouldn't be possible in a shorter visit, and/or without having an effective two-way relationship with the person they are caring for, and attention to what someone truly wants and needs on that day. An ME described a conversation she had with a woman she's supporting, about how they both love to eat a cooked breakfast. She offered to make some bacon, egg and fried bread, and the woman's reaction was really touching:

> 'Her face lit up – I've got goosebumps thinking about it. She has it every week now.'

It appears that ME's feel their work is meaningful and valued precisely because it's responsive to the presenting needs. One ME who had trained and worked for a short while in a care home said she felt they were encouraged in that setting to deliver the same thing to everyone, and she couldn’t continue working in that way, because this seemed contrary to what was best for the individuals she was caring for:

> ‘You’re supposed to be responding to individual needs. Everybody’s different – you can’t have one rule for all.’

Continuity and care

During the focus groups, many ME's described the type of care they provide in comparison to the care which might be offered by carers working for domiciliary care agencies. They described agency care in terms of short visits, with multiple different carers visiting the same individual each day or week. ME's reflected on the fact that having one single carer is better for people, for the purpose of continuity and familiarity:

> ‘Someone doesn’t have to tell their story more than once. With multiple carers, that’s very different.’

They also felt that short visits are not suitable for people, particularly when something as intimate as personal care is being conducted:

> ‘You’re out the door before they’re comfortable with you being there.’

The ME's who provide personal care seem to feel that they can do it in a respectful and dignified way, because it happens within the broader context of a longer visit. They described being able to ‘settle in’ with someone before the more intimate aspects of the visit begin, and then settle them back into their day before leaving.

ME's talked about the job satisfaction they get from building relationships with the people they are supporting. Those who had worked in other care settings said that they feel as if building relationships is actively discouraged in those settings, whereas as an ME, they prioritise building relationships:

> ‘Sometimes you’re the only person they see that day – they want to chat with you because they’re lonely.’

Noticing, acting, and ‘joining the dots’

Building relationships not only seems to bring immediate job satisfaction for ME's, but they believe that really getting to know the people they are caring for, and their families, is an important element of the care itself. ME's talked about holding a very privileged position, in which they are very close to the person they care for, and yet have the objective distance of not being a family member. They say this gives them the ability to ‘spot things’ an agency carer wouldn't, because they are there for longer periods of time, and are focusing on the individual’s changing needs over time.

ME's talked about noticing when someone’s care needs change, signaling that another assessment might need to take place, or that someone might need a different wheelchair, or help with an application for a Blue Badge:

> ‘It’s like a golden thread – [we are] noticing, making the connections, advocating, like a family member might do.’

They also talked about noticing when the unpaid carers in the family are struggling, and when they might need a carer’s assessment or more support. One ME specifically gave the example of an individual she supports who has late-stage dementia, whose wife appeared to be coping less and less well, and then took a real decline in her own health. The ME was able to anticipate this and link the unpaid carer with someone who could do a carer’s assessment.

One of the family members who participated in this evaluation specifically brought up the positive effect the ME carer has had on her family:

> ‘We forget the people and the relatives of people who are ill – they deteriorate and start suffering. [My Mother] has 3 hours a week, that’s all, but in those 3 hours she can do exactly what she wants, without relying on family or friends. And it’s flexible too – if she only uses her for 2 hours, she can save that extra hour to go out for longer next time. There’s a lot of benefits to this system. It’s really benefitted my Mother.
>
> And the family too – the pressure’s off the family as well. You want to do everything you can for your parents, but you have other commitments with family and work yourself, and you can’t always go to the places she wants to go, or spend 3 hours shopping. It’s wonderful.’

There seems to be a lot of preventative care happening in these types of cases. It is not impossible for an evaluation of this scope and nature to assess whether prevention is being truly achieved by ME's. However, ME's appear to be ‘noticing’ and acting responsively and reflexively to the needs of the people they are supporting, and their families. One of the social workers engaged in this evaluation recognised this, and specifically talked about its preventative impact:

> '[The ME] is absolutely phenomenal. She's really proactive – we've managed to keep [the service user] out of hospital because of the support she's had from [the ME].'

The challenges of self-employment in relation to statutory services

Despite the satisfaction ME's get from the work they are doing, there are also some challenges. Some find it hard to balance the caring and compassionate nature of their work with the entrepreneurial and business-focused approach which is necessary in self-employment. ME's in RCT have hugely valued the support of Community Catalysts, and many said they would have found it difficult to set up without their help. They particularly valued having help on an ongoing basis with understanding and navigating the legalities around regulation, Direct Payments, contracting, and the relationship with the local authority, all of which are added complexities, on top of setting up as self-employed.

During the early stages of this evaluation, some of the ME's noted that bursaries were available in other areas of Wales, for ME's starting up in business for the first time. Since that conversation, RCT has introduced bursaries for new ME's in the current 2024/25 financial year. This is a direct response to the needs of ME's, and consideration should be given to whether bursaries should continue to be a part of the start-up package for ME's in future years of the programme.

There is a prevailing sense of entrepreneurialism around ME's as sole traders who can take on private work as well as work funded by the availability of DPs. It is clear 'on paper' that the relationship of each ME is directly with the person they are providing with care and support. However, in practice, they are in a three-way relationship with the individual using their care, and with the local authority, at least whilst the arrangement gets 'on its feet.' There are elements of this early part of the process (for example, the DP paperwork, the person who needs care 'choosing' which ME they want, a ME visiting to establish suitability and 'fit', and the charging arrangements) which don't contribute to good job satisfaction for ME's and aren't necessarily creating good practices of choice and control for people using their care, either. There appears to be scope for practical improvements around the processes involved in this stage:

- For example, one of the social workers involved in this evaluation noted how hard the 'contracting' part of the arrangement can be for ME's. She suggested that ME's and social workers could do some joint training in which they role-play the contracting meeting together, so that they are clear on what will happen before being in the room with the individual needing care.
- The same social worker suggested that the ME's and social work teams could benefit from all having access to (and being trained on) a shared guide, with FAQs and a flowchart, which sets out very simply exactly how the ME engagement process should work, and points out some of the key

rules and regulations around what they must and must not do. Whilst this might seem unnecessary now that the Council has a Micro-Broker in place, there would still be a benefit in teams and ME's coming together around this shared understanding, and it would build resilience in case the Micro-Broker role is vacant again in the future.

Recommendations for development

During the iterative conversations with the ME Change Group from January to July 2024, and colleagues across the Council throughout this evaluation, it seems that many of the challenges experienced by ME's are already being addressed. However, the following suggestions might create positive impact on job satisfaction for ME's:

- Retaining the support of Community Catalysts whilst more ME's get ‘up and running’ across RCT and become familiar with their responsibilities and how to operate.
- Continuing to connect ME's with one another (something Community Catalysts do proactively) so that they are operating within a community of practice, rather than in isolation;
- Considering building ME start-up bursaries into the budget for future years of the ME programme.
- Putting in place a shared guide with FAQs and a flowchart (ideally with a shared training package) for teams within RCTCBC and the ME's, to support a streamlined and mutually understood ME engagement process.

Levels of choice and control

Praise for the ME workforce

There was overwhelmingly positive feedback from the people using ME care and support, and their family members, for their carers, throughout this evaluation. This is true even for the cases of participants who reported significant frustrations with the processes involved, or the wider economy of care and support.

One family member said:

> ‘[The ME has] been lovely. She's a delightful person with a delightful personality. She was the only shining light in a very dark year or two. We think that more people like her should be available. She is a Godsend. I know she’s busy and sometimes she’s not available because she has other clients. But

> when we need her, she is usually there. The three of us love her to bits – she'll do anything for us. Her company is always appreciated, and she's just the person we needed right at the beginning.
> If this is a sample of what MEs can offer people who need care or support, then press on – this is excellent. I know not everyone will be the same standard, and you need to carefully match the personalities, but we have been very fortunate. It's much better than the traditional method of simply imposing someone on a family or individual. It will take so much of the pressure off people who are struggling with care. It helps no end.'

Independence, trust & being out in the community

ME's appear to be supporting people to get out and about in their local community, and to exercise their choices about how they want to live, recognising that this changes day-by-day and sometimes even hour-by-hour. This is possible because the ME and the person they support have a relationship of familiarity and trust, which puts everyone at ease and allows them to 'be themselves.'

One of the social workers engaged in this evaluation said:

> 'People we support were 'top people' in their lives. ME's give them the control back. They get that power back from their working lives...they [otherwise] feel like that side of their life has gone. They want to get that back if they can, but people worry about who's walking into their house - 'who is this person? Do you trust them?' ME's give people the reassurance because they know the person who's coming.'

Another social worker explained why the support of an ME is perfect for two of the people she needed care for, and why traditional packages of care weren't working for those people:

1. In the first example, the social worker described someone who was used to being able to go out shopping independently, but who now has lots of health conditions which mean they need to use a scooter and they're not confident going out alone. This individual wanted to be able to do things which a usual package of domiciliary care wouldn't cover. Their goal was to be able to go out shopping to try on clothes, buy their own underwear and toiletries. The ME enabled the individual to do this, with support.

2. In the second example, the person needing care is involved in attending lots of meetings with the Council, and also likes to go on day trips. He had recently lost his wife, and particularly wanted to

> get out of the house more and not become isolated. With the support and companionship of the ME, they go down to Barry Island, attend hospital appointments, and get out to the other meetings to which he is committed. The social worker described how a traditional package of care couldn't meet those needs.

People using the support of an ME, and their family members, talked about how valuable the support of an ME is, for getting out and about in the local community. This seems to reinforce what the ME's and social workers say about ME care being responsive to people’s needs, putting them in control of their own care. One participant spoke about the care her family member receives from their ME and said:

> ‘To be honest, on a personal note, it takes a lot off my shoulders. To think [without the ME] she was just sitting in the house watching the telly while I’m working and everyone else is out working too.’

Another family member explained how the ME had enabled her mother to be independent, in a way more traditional models of care didn’t seem to allow:

> '[Having an ME] was a way of doing it ‘on her own’ – it seemed to be a more straightforward way of doing it. It was very much a positive thing – we can’t emphasize how positive it was for [my Mother]. Her needs were different to what [the care agency] could provide. She needed someone she could put her arm on, to hold on to. The ME does a little bit more, goes above and beyond.’

Comparisons with agency care

When asked whether they've received other forms of care and support in the past, people using ME care, and their family members, tended to compare ME care to domiciliary care provided through an agency. They invariably said that the ME approach is more personalised than agency care. A number of the people whose family members participated in this evaluation have a complex 'jigsaw' of care, which means they concurrently experience both agency care and ME care every week. This gives them unique insight to make a direct comparison. One family member said:

> 'Oh my god, what a difference in how [the ME, compared to the agency staff] enters the property, how she greets her, how she approaches her, her whole tone – she's amazing, she's worth her weight in gold...
>
> When we go away on holidays, I'm too worried to go away because things [the care agency are supposed to do] don't happen when I'm not constantly keeping an eye on it. My heart explodes thinking of someone who doesn't have family like she's got, and that's all they have all day, in and out, in and out. [ME] is such a different service...This has been such a shining light...
> They should give everyone a few hours to be able to access this – honestly, it's made such a difference. I would recommend it to anybody.'

It's clear from speaking with people supported by ME's (and their families) that trust and relationship-building is partly about getting the 'basics' right, including reliability and timekeeping. People being supported by ME's, and their family members, said that being reliable is very important. One participant in this evaluation said they had a poor experience of ME reliability; this person said she had been 'let down' by an ME who committed to coming and taking on a new care relationship with her, but then didn't turn up. However, all other participants said their experience had been good. One family member specifically said:

> 'It's important to know [the ME's] coming and she'll be on time – she's good as gold!'

Another family member of someone using the support of a ME said:

> '[The ME has] been the carer who's been with her the longest - we can trust her. The ones from the agency can be more slap-dash.'

Localism

Some of the people using the care of ME's in RCT said that they feel the 'localism' of ME's makes a real difference for them, particularly combined with the personalisation of the care they can receive. One person receiving support from a ME said:

> 'She cooks whatever I want for lunch. I can't do it for myself. She'll cook me bacon, egg and fried bread or a scrambled egg on toast. She understands illness. She comes in the morning and gives me a strip-wash and makes my breakfast for me. She only lives up the road. So, she toddles off home and comes back about 12 o'clock... she lives just up the road – it's marvelous!'

Another person using the support of a ME said they had been delighted to find out the ME they were being introduced to was already known to them from the local area:

> 'I thought, "I know that name!"...The community we live in means we know lots of people.'

One of the social workers involved in this evaluation provided a case study to indicate the community-building benefits of ME's being local and working with multiple people in the same area. The social worker in question had introduced the same ME to 2 different people needing support, and (with the right consent and permissions in place) the people using the ME's support had come to know one another and form a friendship. They now go swimming together and are forging new social bonds and relationships, facilitated by the ME, which previously would not have been possible.

Choice & choosing

People supported by a ME, their family members, and social workers alike had lots of praise for the Small Good Stuff website (the Community Catalysts' free directory of community ME's offering care and support). Social workers generally felt it was a good tool to help people make choices about who they'd like to receive care from. One social worker said:

> 'Choosing from a list is important – the client will tell me this too. She's not great with a computer but I could print out the adverts and then the client could read through them and contact the ME's.'

Another social worker said:

> ‘On Small Good Stuff, they’re clear that they will deal with pets or not, and whether they do personal care. For me, it helps to choose the right fit for the client.’

People using ME's, and their family members, talked about various ways they’d connected with their ME of choice. For some, the social worker had narrowed it down and presented them with someone who seemed to suit their needs. For others, they’d worked through the Small Good Stuff website together with the social worker. Others had their social worker print out a range of ME profiles from the website and discuss them, to decide who they wanted to approach. One person using the support of a ME said they had initially chosen one ME, but they weren’t available, and the ME had offered to see if other ME's might be available via their shared ME WhatsApp group; the person using support was very pleased that such a network exists, and it could be used to see which ME's might be available to meet with her and work with her.

One of the social workers talked about how empowering and collaborative the process feels from their point of view, compared to other ways of choosing care:

> ‘It’s not about the social worker going back to the office and figuring it out – it's a partnership between the social worker and the service user. It’s very collaborative - you’re working together, they’re taking ownership of it. With a Personal Assistant, you don’t get that, you just get the applications through the post. I like the ownership the person had in getting the Micro, researching, and reading up on things before committing themselves to anybody.’

There was one family member participating in this evaluation who said they had not been involved in choosing their ME at all, but that the social worker had sent someone to them without any collaboration or conversation. This appeared to be an isolated case, as all other family members or individuals using care and support from an ME talked about being actively involved in the process.

In a thriving economy of provision, with a lot of ME's looking for work, there is likely to be more choice for people seeking support through the site in future. However, one of the challenges in RCT until now has been the limited number of ME's entering the market. The number of MEs in the area is now growing, which will help to create more choice for people.

Some people using ME care reflected on the fact that their choice had been quite limited by ME availability and the ‘fit’ of the ME’s availability with their own care needs. Also, this new ME workforce doesn’t solve the problem of how much flexibility people want from their care versus how much flexibility paid workers can realistically provide. One participant whose family member uses the support of an ME said:

> ‘The only downside is that [the ME has] to take on so many people to make it worthwhile, because they need a guaranteed income. This impacts on their flexibility…it means they can’t be available at any time. If I were to ask the carer to come on a particular day/time because [the person using support] wanted to attend [a community class], then the carer probably can’t attend that day and time. And the days and times they’re available aren’t necessarily when things are happening, like at the weekends and in the evenings. It’s working but it’s really quite limited.’

A few family members spoke about how important it is for ME's to tap into activities happening in the local community. Aside from the issue of timing (availability of the ME at the time the activities are happening), people also spoke about how important it is for the Council to increase the provision of community-based, meaningful activities, so that ME's have facilities to link into, rather than simply supporting people to go to shops and cafes.

One family member suggested ME's should have a dedicated directory of local activities to tap into, which they could proactively offer to the person they are supporting. Colleagues from the Council who participated in this evaluation, also spoke about the importance of increased community activity, and linking ME's to the wider work around community services happening through the Council’s planning and development functions.

Diversity of the ME workforce

Whilst people using ME's, and their family members, were almost exclusively positive and full of praise for the ME's supporting them, a few suggested that they would have liked to choose their ME from a more diverse range of options. This was particularly the case where the person needing support was male and wanted a male carer. It also presented as an issue relating to age. ME's across RCT are predominantly female, and in the slightly older age bracket (over the age of 35 years).

One person talked about the excellent ME being used by her younger male family member but said it’s inevitable that he would prefer someone male and his own age, particularly given that they are going out into the local community to do things like bowling, watching films, and other social activities. Another talked about her husband being frail and needing personal care, and the fact that both of them would feel much more comfortable with that care being provided by a male ME.

One of the social workers participating in this evaluation also mentioned the case of an older man needing support, with a strong preference for a male ME who could do personal care. They explained the difficulty with this emerging workforce, which is already struggling to get the balance of supply and demand right:

> 'The only male ME we could find would be coming from Pontypridd and it wasn't financially viable for him to come twice a day to come to [another area of RCT] for this case. The needs then deteriorated so that [the man needing support] needs a lot more care, and now it's too much for an ME. So, it's either too little or too much. Every other ME in the area is female, and some of them don't do personal care.'

Prioritising the diversification of the ME workforce, whilst it expands to meet the demand in the local area, should therefore be a priority for the Council moving forward.

Understanding of particular needs: training the ME workforce

During this evaluation, one person who has used the care and support of a ME said they would have benefitted from their ME having specific understanding (via training) around mental health:

> [The ME] didn't have the resources to support me. If I was in crisis, she didn't know how to support me. I went back to my social worker, and she said, "if you're in crisis, your first port of call is [the ME]." But I was the go-between.'

This may be indicative of a skills gap in the workforce, or simply a product of a sub-optimal match between the ME and the person needing their care. As the ME workforce grows, it may be possible for ME's to build a specialism in working with people who have particular needs. Where this is possible, it should be noted in the ME profile in the relevant directories, enabling people to make informed choices about who provides their care.

Controlling additional care provision

Because of the nature of the ME workforce, there is the potential for them to be commissioned to do private work as well as work paid via a Direct Payment, and they could conduct both types of work for the same person.

One person whose family member uses a ME talked about having 'bought' additional hours from the ME to increase the hours of care received per week, and this appeared to be a positive move. However, others felt they did not receive enough hours of funded care via DPs (because of their care package, based on the

Council's assessment of their needs) and either did not consider privately funding more care as an option, or actively stated that this would not be financially viable.

The scope of what a ME might provide can vary widely, and the possibility for an individual to choose to increase the support they receive, using their own funds, creates a simple way to flex provision up and down, or change it over time. This is, of course, a very positive option in terms of increasing people's choice and control over their own care. However, it will be important to ensure all parties are clear on their entitlements, so that people are not privately funding care they would otherwise be entitled to, had they remained in a more traditional pathway or model of care provision.

The Council may want to more proactively indicate to people that they are entitled to pay privately for more provision of care from a ME, in addition to the hours funded by DP, as people may not be aware this is an option. However, it should also be made clear that if people's needs significantly change over time, they may need a reassessment of their care needs.

The balance of statutory responsibility and individual choice and control will be difficult to get right in this new and emerging market of care. Proactively communicating with people using care, and ME's, about their respective rights and responsibilities, will be vital over the coming few years, as the workforce becomes embedded and this new way of providing and receiving care becomes familiar.

Recommendations for development

Based on the feedback from people using ME's across RCT, there are some practical suggestions which could increase the levels of choice and control for those using ME in the future. The Council may wish to consider:

- Opening a conversation with Community Catalysts and/or directly with ME's about their scope for working more in the evenings and weekends, particularly where people have a desire to access social events in their local community. This might include indicating levels of last-minute flexibility, or evening/weekend working, in their Small Good Stuff profiles.
- Providing ME's with access to a directory of local community services which they can proactively tap into for the people they are supporting, in line with their needs and preferences.
- Prioritising the diversification of ME's demographic profiles, including proactively trying to recruit younger ME's, and more male ME's;
- Enabling more informed choice, by specifying clearly where a ME has training or experience in a particular type of care (including mental health).
- Proactively communicating to people receiving care from a ME that they can choose to self-fund additional care from that same ME, on top of the care they are funded to receive via DPs. It should be made clear that this is not an alternative to seeking re-assessment if care needs change, but rather an opportunity to use a trusted source to support with other day-to-day activities.

Ease of the process for sourcing a Micro-enterprise

Variable experiences

Many of the people using a ME, and their family members, who were engaged in this evaluation said the processes around sourcing a ME were easy. People talked about the process as 'very straightforward' or 'quick and simple.' Many people talked about how their social worker had made sure all the relevant paperwork was filled out for them, so they didn't have to worry about it, and some mentioned that their ME was familiar with the contracting forms, which made that part of the process easy as well.

However, others using care said they found the paperwork hard, and that they wouldn't have been able to do it without their family member's support. They relied on their family member being familiar with how to use digital platforms, and email, and being proficient in filling out forms. One of the family members who participated in this evaluation was engaging a ME right at the outset of ME's being available in RCT and recognised that they may have been 'learning together' alongside the social worker, who also didn't know exactly what to do. However, other cases had engaged an ME much more recently, so the issues with the complexity of the process cannot solely be attributed to the system being new.

A couple of people using care, and their family members, talked about the differences they encountered between interacting with the Council and interacting with their chosen ME, in terms of pace and complexity. This is understandable, given the size of the Council and its statutory role, and the individual autonomy of a single self-employed business owner. However, the person using the service of a ME is at the centre of that intersection. In this case, they noted that it felt difficult when the ME could clearly move quickly forward with arrangements, whereas things took longer for the Council. In another case, a family member said they felt like the ‘go-between,’ trying to hurry things along with the statutory processes, so that the ME could start work.

Ease of the process for social workers

From the perspective of the care teams in the Council, the amount of paperwork and process involved in the Direct Payments system appears to be a significant barrier to engaging a ME. There also appears to be a lack of understanding or clarity about how the DP system interacts with securing a ME. Many people conflated the terms 'Direct Payment' (DP) and 'Personal Assistant' (PA) when talking about the DP system, and used the terms interchangeably (whereas, of course, the DP is the financial vehicle for securing the PA, who provides the care). Whilst this is likely an issue of cultural change (as DPs have previously only been used to pay for PAs, so of course those terms have become bound up together), there are also clearly some systemic challenges to be addressed here.

Social workers talked about how ‘clunky’ and non-dynamic the DP system is, and the fact they have to complete it with one type of care in mind (for example to secure a PA), and then have to do the paperwork all over again if that type of care can’t be secured (for example, if no PA is available, and they decide to pursue a ME solution instead). One social worker suggested that the DP paperwork be changed so that right at the start, someone signs/consents to allow for either a PA or ME, thereby giving flexibility to pursue either solution.

As this evaluation has been undertaken over a period of 6 months, there appears to have been positive and very proactive change already to address streamlining of the DP system, and internal communications around the role, scope, and processes relating to ME's.

Also, during the timeframes of this evaluation, the Micro-Broker role has been re-introduced, which takes further pressure away from the social workers and care teams in terms of understanding the systems. Many participants felt this to be a positive move, and one they welcomed.

Many social workers, and others across the local authority, said that Heather Maling from Community Catalysts has done a huge amount of positive engagement work to address issues of unfamiliarity and misunderstanding relating to ME. One social worker said:

> ‘Dealing with Heather has been fantastic – she'll put messages out to the WhatsApp groups etc. She’s been really responsive and that’s been great.’

It will be important for the Council to consider how this momentum of communications and clarification will be kept up in the future if Community Catalysts’ role comes to an end.

Working alongside Heather, the teams responsible for embedding ME in the Council appear to have been very proactive in arranging familiarisation and training, such as ‘lunch and learns,’ and strengthening internal communications around the potential of ME in the local area. There have clearly been some early adopters of ME among social workers in RCT, and they have become the 'go to' person to lead other social workers through the process. This means there is a natural cohort of ‘early adopters’ or champions, in the workforce.

If ME is to continue being rolled out with further investment, it would be wise for the communications and learning programme already started to continue over the coming year. Positive early adopters should be engaged in this work, as well as Community Catalysts, and perhaps some experienced ME's and people who use their care, so that teams across social care in RCT can understand the way ME works, and what its positive impacts can be.

Alongside this, if knowledge of the processes for engaging a ME can be simplified where possible and shared in an engaging visual way (clearly mapped out on flowcharts) and shared consistently with teams, it would demystify the process of engaging ME's, and put less pressure on individual social workers to lead their peers through the process. This remains important even with the re-introduction of Micro-Broker, as covered in the next section of this report.

Ease of the process for ME's

ME's felt Community Catalysts were invaluable in supporting them through how to engage with people needing their care, and with the Council. None of the ME's engaged in this evaluation spoke about finding the processes difficult.

However, the fact that ME's are self-employed private providers means there are some potential barriers which might impact on individuals sourcing care from the widest possible pool of choice. For example, if an individual wants to meet a range of ME's before making a choice, the ME's they meet aren't reimbursed for those 'maybe' visits. This is just the same in any economy which involves self-employed people and sole traders (for example, domestic cleaners, plumbers, and electricians don't charge to come and quote for work). But the difference is that the Council wants to actively create an economy of vibrant choice, and a system for its residents which is easy to use, and which recognises that people might need support when making a choice.

As this workforce grows and more ME's become available across RCT, they are likely to find it increasingly easy to choose their work according to their own preferences and schedules and may be less likely to engage in the unpaid work involved in the prospective ‘maybe’ visit.

The Council might therefore want to consider its role in the choosing process, before it lets go of the reins and leaves the ME and the individual to manage the relationship without statutory involvement.

Recommendations for development

The Council is already making progress in many of these areas relating to processes. Significant time and attention have been given to the implementation of the ME project during 2024. The following are areas in which progress should continue into the future, if investment is made to further expand ME across RCT:

- Simplifying and streamlining the DP paperwork process, to incorporate use of DPs for ME in such a way as to make the ME process very simple indeed for care teams, ME's, and people using care & support alike.
- Continuing the programme of learning and communication across the Council which exposes care teams to ME's, their role, and information about how they fit into the wider evolving environment of care services across RCT.
- Keeping up the momentum of strong communication about ME across the Council, with ME's, and with people who may benefit from care and support from a ME in the future. This is particularly important if the support of Community Catalysts ceases. This might include:

- Having a plan for how ME's will continue to be connected together as a peer network or Community of Practice, after Community Catalysts have withdrawn
- Documenting basic but crucial information about ME's for people who may benefit from their care, including clarity around the scope of their role, means and levels of payment, how to complain or raise a concern, and how to come back to the Council if care needs change
- Documenting key information about ME's for colleagues across care teams in the Council, including clarity around the role of ME's, the scope of their practice, how they are quality-assured and trained, how they can be secured for people needing care, and what the legal standing is between the Council and a ME
- Considering how to strengthen the processes at the front-end of someone securing a suitable ME, including how to maximise choice of ME's for an individual needing care and support.

The role of the Micro-Broker

Due to unforeseen circumstances, the role of the Micro-Broker has mostly been vacant over the past year. The role has now been filled again since late April 2024, and with the move of the role into the Brokerage team, significant progress is being made to develop an effective system for offering ME as an option for all those eligible for care who might benefit from its scope.

During this evaluation, a few colleagues who participated from across the Council had experience of using the previous Micro-Broker to set up the relationship with a ME, whereas other social workers had managed the process directly; this provided an interesting comparison.

Many social workers indicated that if there were to be a brokerage system in place for ME's, they would be more likely to engage a ME. They talked about the 'brokerage culture' in RCT, due to the longstanding agency brokering system in place, and the fact that the brokerage system for domiciliary care is much simpler for them to engage in.

However, a couple of social workers and MEs pointed out that although it might seem easier in the short-term, it would be better in the long term without a Micro-Broker. They suggested that, without a Micro-Broker in the chain, the social worker has a more direct and nuanced understanding of what MEs do.

If the Micro-Broker role is to continue into the future as an embedded part of the system in RCT, consideration should be given to how care teams can continue to ‘stay close’ to the nature of ME provision in the local area and know the ME's who are active. This might be achieved through the training and learning sessions outlined above, particularly whilst ME provision remains relatively new in RCT.

Community Catalysts & scope for development of the Micro-Broker role

While the Micro-Broker role was vacant during part of the 2023/24 financial year, Community Catalysts seemed to become the 'go to’ place for information and advice for colleagues across the Council. Elements of this provision were outside the scope of the Community Catalysts role, and this is now changing with a new Micro-Broker in place. However, it shows that there is a real need for centralised expertise. The Council may want to consider whether the services offered by Community Catalysts will be necessary into the future, and if so, whether they should fall within the scope of the role of the Micro-Broker

Colleagues across the Council had many thoughts to share about extending the scope of the Micro-Broker role in future. People spoke about how a broker could potentially coordinate care in cases involving multiple carers. If this were possible, it would likely make a huge difference to people using care and their families, as piecing together the ‘jigsaw’ of care currently falls to them. Other people talked about whether ME's could provide cover and respite for one another, and potentially for PAs, and what this might look like in terms of a broker managing that bank of cover and respite care.

Family members spoke about this pressure during the evaluation, making it clear that there is little or no availability for cover at short notice. They say they feel the burden of trying to coordinate everything to ensure there isn’t a gap. One relative said:

> ‘[Having the ME means] it’s a third of the problem solved. But it’s a delicate balance .... The only problem with it is that there’s no holiday cover. She [the person needing care] should have four visits a day, but she only has one a day from the Micro and then another call a day from a domiciliary care agency. And then my wife does a lunchtime call every day. They book holiday cover two weeks in advance at the agency. So, if there was something more urgent it would be nigh on impossible.... She went into care for a month in a home and she hated it and wouldn’t want to go back.’

The legal position around self-employment and the role of the Council in coordinating groups of ME's remains contested; this is central to the question of how far a Micro-Broker may be able to take on any kind of coordination role.

It may be helpful for the Micro-Broker to work closely with Community Catalysts to understand how they are building community and resilience amongst ME's, particularly through the use of the WhatsApp group and regular meetups. People using care and support from ME's, and their family members, mentioned how reassuring they found it to know that ME's are connected together, as they are aware of the lack of resilience in the system if a ME is suddenly unable to do their work. ME's also spoke about valuing the peer network they are in. There are clearly benefits of this coordination role for all parties, and it will fall away when the outsourcing relationship with Community Catalysts ends, unless clear arrangements have been put in place in advance.

Planning to avoid a Single Point of Failure

It was generally noted that the Micro-Broker role is a complex one, which needs a good thorough understanding of the ecosystem of care in RCT in general, but also an in-depth understanding of the possibilities and limitations of ME's. This is a lot to ask of one person, and there is a risk that creating a one-person coordination point simply builds a vulnerability into an already fragile system. The inclusion of the Micro-Broker into the wider brokerage team will significantly mitigate against this problem. If the role were to become vacant again, this positioning would allow the rest of the brokerage team to step in and provide cover. This is particularly important given that care teams are likely to lose the close working knowledge and skills around brokering ME relationships by themselves.

Recommendations for development

In RCT, the decision to employ a Micro-Broker and locate the role within the wider brokerage team, means that the role of the Micro-Broker is now pivotal in the three-way relationship between Council care teams, the person needing care and support, and the ME. This creates an opportunity for the role to take on additional scope, to counteract some of the pressures in the system around coordinating care and meeting needs. However, this will only be possible if the contested space around legal and regulatory responsibilities, which are live across Wales, can be addressed. The Council may wish to consider:

- The Micro-Broker takes on wider responsibilities around the co-ordination of respite care, cover, and oversight of packages of care including ME, where the legal and regulatory position around such coordination can be resolved.
- The Micro-Broker widening their scope if/when Community Catalysts' support is decommissioned, to include acting as a point of contact and centralised expertise for ME's across RCT and continuing the ethos of a ME Community of Practice.

The environment for Micro-enterprises in RCT

Fragility of supply & demand

The addition of ME into the ecosystem of care in RCT has been slow to get started, but the proliferation of ME's is now starting to increase. There are currently 24 active ME's registered with Community Catalysts and active across RCT. Initially, new ME's were becoming available following Community Catalysts input, but there were not sufficient people coming through to them from the care teams to make their businesses financially viable. It appears the balance may be swinging the other way, with the re-introduction of the Micro-Broker, and heightened awareness of the role of ME's among care teams. This situation also involves risk, as people seeking an ME and unable to find one will fall back on more traditional forms of care or may simply disengage despite their care need.

With Community Catalysts still doing a significant amount of work to instigate and support new MEs into the market, it seems as if the system isn't yet ready for their withdrawal. However, there has been an increase over the past couple of months in new ME's entering the area, and if this trend can continue, the market looks set to become more stable.

The balance of 'supply and demand' is still fragile, and for ME to be a viable form of supply into the future, there needs to be a better balance, so that the market can start sustaining itself.

Community Catalysts' role & the legal position of ME's

Both ME's and colleagues from across the Council spoke about the invaluable support of Community Catalysts. ME's particularly cited their importance in terms of everyone understanding and adhering to the rules around contracting, payment, client numbers, scope of practice, and other very specific elements of ME's work. One ME said:

> 'Heather's on a speed dial and she always knows what to do – if she doesn't, she finds out.'

Given how fragile the current system is, with ME's still becoming established in RCT, withdrawing this support may leave a gap. Even once the system is well stablished, it will be important for the guidance and regulations regarding ME practice to be shared in a written format, so that everyone is clear about their rights and responsibilities, and what they can expect of ME care, particularly as it will undoubtedly change over time.

One of the people using the support of a ME, who spoke during this evaluation, was very clear about the significance of everyone understanding the legal footing on which a ME is engaged:

> ‘It’s very poor practice by RCT to push individuals down this self-employed route. I've employed many people during my working life, and I know about employment law. I understand the gravity of what it means to be someone’s employer and what can happen if things go wrong. If a micro-carer isn’t working for multiple people, they may in fact be an employee of the person they are caring for. Who is scrutinising the number of clients a Micro is working with, to ensure they aren’t in fact classed as a ‘worker’?’

This person also highlighted the fact that once the Council has arranged for someone to engage the ME, they have discharged their duty of care, and this is potentially risky:

> ‘RCT has a legal duty of care to provide adequate levels of care and cover, and they are failing at this.... My biggest worry is that there’s no protection in place for people (unlike me) who can’t speak out for themselves. There’s no scrutiny or oversight of what carers are actually doing.’

It might be beneficial for RCT to produce a short document for people using ME, supplied to them via their care team at the point of a ME being engaged, which makes it clear what a ME is and what they can expect from their care. Such a document could also outline what they should do if they feel something isn’t right, or the care isn’t what they expected, or if their needs change. Making it clear to people using care and support that they can still have a ‘a way back in’ to the team at the Council if they need it, would mitigate some of the risks associated with this weak point in the current system.

Clarification of scope & purpose

Some of both the perceived and real risks associated with ME care relate to the scope of ME practice, as well as the need for all parties to have a full understanding of the purpose of ME care, and ME being effectively targeted to support those who will benefit most from the kinds of care ME can provide.

One colleague from within the Council articulated this very clearly, by saying:

> ‘It’s a flexible option, mainly for people who are able to direct their own care and support, or who have someone who can do that for them. Where [teams] work with a lot of people who lack capacity and we are making Best Interest decisions, these are unlikely to be the people for whom Micro’s are an option... Micro’s are well placed to do carer respite, social support, connecting people with their communities etc. This is where Micro’s come into their own, as there isn’t another service that really offers this for people.... We’ve been using traditional homecare teams for this work until now, but there’s a national shortage of that care, and it’s not a great use of the limited resource. If the social

> work teams could 'think Micro' more often for those types of support, it would allow homecare to focus on the things that only homecare can do and is good at.'

Another colleague indicated the need for all parties to be clear on the scope of care that ME's are able to provide:

> 'It's about being clear what the provision is – if it's about a bit of shopping and giving paracetamol, that's fine... The regulated services should be doing complex work.... It's great for Micro-care to do what it's intended for, [so that we mitigate] organisational risk and risk to individuals too.'

As more MEs enter the market, and with the support of the Brokerage team, there will be opportunities for the Council to take an increasingly strategic approach, targeting provision towards areas of highest need and demand. Colleagues from within the Council talked about the very high levels of demand for personal care and support, which they don't see currently being met by MEs, and therefore the addition of Micro-care into the ecosystem seems merely a 'nice to have' rather than a vehicle for addressing the increasing problems of demand. There currently doesn't seem to be a clear understanding of the extent to which the inclusion of ME is 'making a dent' in the large cohort of people needing care & support across RCT. One participant from the Council said:

> 'Beyond being an alternative, it's hard to articulate what Micro's offer. At the moment, we aren't seeing additionality or difference of impact.'

In future, if this impact can be measured, it could guide future decision-making on the balance of types of care provision and how they are drawn on to meet demand strategically across the entire spectrum of care needs, and the full geography of RCT.

By continuing to have a strong guiding hand in the choosing process, and at the start of a relationship between a ME and a person needing care, the Council should be able to manage some of the difficulties which can arise at this early fragile stage of the process. Many of the 'areas for development' suggested throughout this report, point to how crucial it is to find the right ME, ensure the scope of their work is clear, try to coordinate that care or mitigate against gaps in provision (where possible, given the legal and regulatory issues), and target their care towards people who would most directly benefit from ME support. The role of the Micro-Broker is clearly crucial in enabling these functions to be carried out.

Training and quality

Lots of different participants spoke about their concern that ME's are lone practitioners, which has implications around accountability and safeguarding. ME's are not listed to receive mandatory training and audited training updates from the Council, because of their self-employed status. ME's are currently considered to be exempt from registration as a domiciliary support service as defined within the Regulation and Inspection of Social Care (Wales) Act (2016) (RISCA), based on two key areas of the legislation (Schedule 1 parts 8(2) and 8 (3); and Part 2, Regulation 3.) Schedule 1 reads (underline/bold added for clarity of reference):

> "8 (2) But the provision of care and support does not constitute a domiciliary support service if -
>
> (a) it is provided by an individual without the involvement of an undertaking acting as an employment agency or employment business (within the meaning given to those expressions by section 13 of the Employment Agencies Act 1973 (c.35)), and who **works wholly under the direction and control of the person receiving the care and support**.
>
> 8 (3) A person who introduces individuals who provide a domiciliary support service to individuals who may wish to receive it **but has no ongoing role in the direction or control of the care and support provided** is not to be treated as providing a domiciliary support service (regardless of whether or not the introduction is for profit)."

Concern around the lack of Council-directed quality assurance seems to have caused reticence among some social workers in RCT to connect people with ME's until now. Thehe same reticence is echoed across Wales, in the Welsh Government's recent (January 2024) Engagement Report on Micro-care services[5].

Whilst these concerns are valid and should be addressed, it is important to note that systems in more traditional care settings do not always mitigate risk down to a palatable level either. One ME involved in this evaluation said that she preferred being self-employed because this way, she knows she is doing a good job and is responsible for her actions; her previous experience in care settings showed her that people 'cut corners':

> 'I'm a stickler for the rules and bosses don't always stick to the rules! [As a ME] I'm accountable for myself.'

[5] https://www.gov.wales/micro-care-services-engagement-report-html

At the moment there is no ongoing means of the Council auditing the quality of care provided by ME's. The Council essentially discharges its duty of care, having met someone's needs for care and support, by making the connection with the ME. However, Welsh Government's Engagement Report notes that "some local authorities have introduced a framework of training and access to continuous professional development that they expect micro-care workers in their area to complete."

The Council's actions around strengthening its audit and/or training of ME's will depend on their interpretation of the legislation set out in the Regulation and Inspection of Social Care (Wales) Act (2016). Across Wales, there is a live conversation and debate across Social Care stakeholders, as to the interpretation of the RISCA in relation to ME's. As Welsh Government guidance evolves around ME's there may be an opportunity for the Council to find ways to include ME's in training and quality assurance cycles. This would provide significant levels of assurance for all parties and could provide a solution to the withdrawal of Community Catalysts' quality standards work from the area in the longer term.

Whether its stance on audit and training changes, the Council may wish to take the opportunity to reiterate (both for the ME's and those receiving care, and their families) what the route 'back in' to the Council's assessment processes (and potentially the comments and complaints processes) might be, as people's needs change, provision changes, and relationships can break down.

The scope of the ME's practice in relation to their self-employed status and lack of ongoing training opportunities is potentially also a barrier to the range of packages of care they can assist with. For example, many ME's do not administer medication due to the training and policy-update requirements and the associated level of risk. As ME's become more embedded, their scope of practice may change. It's therefore important that there is continued clarity over what the boundaries and scope of practice are. The person needing care and support, and the ME, need to have a clear shared understanding of what they can and can't do. As literature is developed to confirm and clarify what the ME role is, and how ME's should be engaged, it's important for issues around scope, training, quality assurance, and raising complaints or concerns, to be included in a prominent and clear way.

Lack of resilience in the ME system

People using care and support are in many ways dependent on their carer, and a ME is almost always a sole trader, with no 'back-up' to cover either planned or unplanned absences. This lack of resilience in the system can be problematic not only for the carers (who inevitably cannot work every day of the year) but also for people using their services.

One particular user of care talked about being 'left in the lurch,' and trying to find an alternative solution when their ME didn't turn up. Others talked about being worried this might happen, even though it hadn't yet.

There appears to be a benefit all-round for ME's to collaborate with one another, given that the 1:1 nature of their care is not very resilient. But because they are private businesses and sole practitioners, there's no way to mandate a collaborative or team-based approach. Welsh Government guidance in this space is currently evolving. However, finding some ongoing ways in which ME's can be supported to coordinate with one another, seems vital if this model of care is to thrive and grow.

The Council may wish to consider innovative solutions to this problem from other areas of the sector, such as the Mockingbird extended family model of foster care[6], used in Flintshire.

Pricing and payment

One of the particular challenges for local authorities associated with ME, is their inability to cap pricing so that people needing support only pay a specified amount for the services they receive from their ME. Because ME's are private businesses, the local authority cannot specify what they charge. The only form of control which can be exercised is the setting of the DP rate paid to the person in need of care and support, which they then use to fund their ME. The ME can charge a higher rate, and the person needing their support therefore needs to 'top up' the DP funds received from the Council, when paying the ME.

Despite speaking to a number of different people using the care and support of a ME in RCT, only one person mentioned 'topping up' the payment. The person did not indicate that paying extra on top of their DP funds was problematic for them, saying:

> 'I have to pay her extra money every week in cash because the Council don't pay her enough (she costs £21.14 an hour). It's not a problem to pay the extra in cash.'

The Council encourages ME's (via Community Catalysts and directly) to cap their charges, but legally they have no ability to mandate this cap.

One of the social workers involved in this evaluation saw this discrepancy in cost as a problem, which perhaps suggests there is a reticence on the part of people using ME services to raise the issue of payment with their care provider:

[6] https://www.fosterwales.flintshire.gov.uk/en/why-foster-with-us/mockingbird.aspx

> ‘The package is just 30 minutes in the morning and 30 minutes at lunchtime. She really needs an evening call as well, but the costing means this isn’t viable. The lady gets DPs, which covers £16.98[7], but the Micro is charging £20 so there is a shortfall that the client is paying. It’s difficult to address this, because the client doesn't want to ‘rock the boat’ by bringing up this discrepancy in case the carer leaves and she’s left in the lurch.... The lady doesn’t have bank transfers, or any tech set up, so she pays it in cash to the carer every week, and the carer and the client signs for it every week.’

As the ME market in RCT grows, the economic impact will fluctuate accordingly. If the market becomes saturated with ME's, it may be that competition forces prices down. But whilst there is more demand for care than supply of ME's, there is a risk that prices may escalate. Whilst the Council doesn’t have a direct lever for influencing the costs of ME care, this is an area of interest which should be carefully monitored and learning from other areas across the UK with more established ME markets, might be brought to bear to control costs.

Recommendations for development

For the ME sector to thrive in RCT, it will be necessary for the current momentum around implementation to be sustained. Introducing this new workforce into an established system has understandably challenged the status quo, and raised questions about how it might be possible to do things differently. It will take further organisational capacity to navigate the legal and regulatory compliance issues associated with training, quality assurance, and safety which are always live in systems addressing people’s care needs. As implementation continues, the Council may wish to:

- Find ways to include ME's in training and quality assurance cycles, in a way which takes full account of the legal and regulatory compliance position emerging across Wales in respect of ME's;
- Proactively develop communications tools which confirm and clarify what the ME role is, and how ME's should be engaged (including information about scope, training, quality assurance, and raising complaints or concerns), for multiple audiences including care teams, ME's, and people using care;
- Use data from the Brokerage to team to inform the strategic usage of ME as one of a range of care provision options, and then internally share the data and the learning, so colleagues can see the impact of ME in the local area.
- Consider innovative solutions to the opportunity of collaboration between ME's, from other areas of the sector, such as the Mockingbird extended family model of foster care used in Flintshire.

[7] Note that this participant was engaging in research conducted in early 2024, and the rate has now changed from April 2024 to £18.64.

Recommendations for future development

Throughout this report, some recommended areas for development have been suggested. This final section pulls those suggestions together in one place, to inform the grounds for continued investment in ME in RCT.

Job satisfaction for ME's

- Retain the support of Community Catalysts whilst more ME's get ‘up and running’ across RCT and become familiar with their responsibilities and how to operate.
- Continue to connect ME's with one another (something Community Catalysts do proactively) so that they are operating within a community of practice, rather than in isolation.
- Consider building ME start-up bursaries into the budget for future years of the ME programme.
- Put in place a shared guide with FAQs and a Flowchart (ideally with a shared training package) for teams within the Council, and the ME's, to support a streamlined and mutually understood ME engagement process.

Choice and control for people using ME care and support

- Open a conversation with Community Catalysts and/or directly with MEs about their scope for working more in the evenings and weekends, particularly where people have a desire to access social events in their local community. This might include indicating levels of last-minute flexibility, or evening/weekend working, in their Small Good Stuff profiles.
- Provide ME's with access to a directory of local community services which they can proactively tap into for the people they are supporting, in line with their needs and preferences.
- Prioritise the diversification of ME's demographic profiles, including proactively trying to recruit younger ME's, and more male ME's;
- Enable more informed choice, by specifying clearly where an ME has training or experience in a particular type of care (including mental health).
- Proactively communicate to people receiving care from an ME that they can choose to self-fund additional care from that same ME, on top of the care they are funded to receive via DPs. It should be made clear that this is not an alternative to seeking re-assessment if care needs change, but rather an opportunity to use a trusted source to support with other day-to-day activities.

Ease of the process for sourcing a ME

- Simplify and streamline the DP paperwork process, to incorporate use of DPs for ME in such a way as to make the ME process very simple indeed for care teams, ME's, and people using care & support alike.
- Continue the programme of learning and communication across the Council which exposes care teams to ME's, their role, and information about how they fit into the wider evolving environment of care services across RCT.
- Keep up the momentum of strong communication about ME across the Council, with ME's, and with people who may benefit from care and support from an ME in the future. This is particularly important if the support of Community Catalysts ceases. This might include:
  - Having a plan for how ME's will continue to be connected together as a peer network or Community of Practice, after Community Catalysts have withdrawn
  - Documenting basic but crucial information about ME's for people who may benefit from their care, including clarity around the scope of their role, means and levels of payment, how to complain or raise a concern, and how to come back to the Council if care needs change
  - Documenting key information about ME's for colleagues across care teams in the Council, including clarity around the role of ME's, the scope of their practice, how they are quality assured and trained, how they can be secured for people needing care, and what the legal standing is between the Council and an ME
- Considering how to strengthen the processes at the front-end of someone securing a suitable ME, including how to maximise choice of ME's for an individual needing care and support.

The role of the Micro-Broker

- Consider the Micro-Broker taking on wider responsibilities around the co-ordination of respite care, cover, and oversight of packages of care including ME, where the legal and regulatory position around such coordination can be resolved.
- Consider the Micro-Broker widening their scope if/when Community Catalysts’ support is decommissioned, to include acting as a point of contact for ME's across RCT, and continuing the ethos of a ME Community of Practice.
- Put in place strong contingency measures for covering the Micro-Broker role if it becomes vacant again, so any vacancy does not impact negatively on ME implementation in RCT during this continued time of growth and momentum.

A sustainable and vibrant environment for ME in RCT

- Find ways to include ME's in training and quality assurance cycles, in a way which takes full account of the legal and regulatory compliance position emerging across Wales in respect of ME's;
- Proactively develop communications tools which confirm and clarify what the ME role is, and how ME's should be engaged (including information about scope, training, quality assurance, and raising complaints or concerns), for multiple audiences including care teams, ME's, and people using care;
- Use data from the Brokerage to team to inform the strategic usage of ME as one of a range of care provision options, and then internally share the data and the learning, so colleagues can see the impact of ME in the local area;
- Consider innovative solutions to the opportunity of collaboration between ME's, from other areas of the sector, such as the Mockingbird extended family model of foster care used in Flintshire.

Conclusion

The findings from this review seem to show that whilst there is still work to be done to embed Micro-enterprises across RCT, the care they provide is already having a significant positive impact.

Micro-enterprises are not the right choice for every person needing care and support. Further work will need to be done to target Micro-care towards those who would most benefit from its delivery. There are also some legal and regulatory concerns outstanding around how to best protect everyone involved in the care relationship, due to the self-employed nature of Micro-carers and the fact their care is unregulated. Given the contested nature of the legal and regulatory standing of Micro-enterprises at a Wales-wide level, it will be important for the Council to stay close to these developments and act quickly on emerging guidance, to inform local procedures and the associated communication with all parties involved.

This is still a very new service for RCT, and it is being introduced against a backdrop of well-established, traditional models of delivery. Change brings challenge, as people adapt to new ways of working, and it is not surprising that after less than two years’ investment in this programme, there is still work to do to introduce Micro-enterprise to the local ecosystem of care. Clarification is still needed around the scope of Micro-care, and the processes surrounding the engagement and ongoing relationship with a Micro-enterprise. These are not insurmountable if there is continued investment, which will enable attention to these issues, and communications both across the Council, and with the public, to ensure a clear mutual understanding of what Micro-enterprises for care are all about.

Whilst there are still areas for development, the overwhelming positive feedback from people receiving Micro-care in RCT would suggest that it is important for the Council to continue finding ways to safely and successfully continue the roll-out, so more people can benefit from their care and support.