

SUSTAINABLE SOCIAL CARE: WHAT ROLE FOR COMMUNITY BUSINESS?

Research proposal to the Power to Change Research Institute from the New Economics Foundation

SUMMARY

This research project aims to address a clear evidence gap in the community business sector, as it relates to the social care industry – the lack of knowledge and understanding of community business models for social care and the potential they represent in delivering better outcomes for both care givers and receivers. Whereas social care is an emerging sector for community business, providing innovative solutions that put people back in control of their care provision, it is only marginally considered by commissioners of social care in local authorities and other public bodies. Through this research project we will meet the need in the community business sector, as it grows into the social care sector, to understand and communicate the value it brings and the role it can play. For commissioners of social care, the research will provide better understanding of community business and how to build it into social care delivery models. For central government, which is grappling with the future of social care, we will contribute to improved planning and forecasting through new evidence on the role of different business types in social care delivery. The project will enable more targeted advocacy on behalf of community business in the social care sector and contribute evidence to underpin both discrete business opportunities and sector-wide training and promotion.

ABOUT US

The New Economics Foundation exists to give people the tools they need to take real control of their own lives at a time when family finances, the spirit of community and the future of our planet are all severely threatened. We are a Foundation for ideas and new solutions, an organization that listens, thinks - and then acts. We seek to do this by:

- Working alongside people, community groups, activists and other organisations in the UK and elsewhere, to build a movement for economic change;
- Producing quality, challenging research and new, creative thinking;
- Supporting practical, on-the-ground projects that improve well-being and environmental sustainability.

To deliver this research we will work closely with Community Catalysts, a social enterprise and community interest company which works to stimulate and support community-driven care and health solutions for local people. The research has been designed in partnership with Community Catalysts' Chief Executive Sian Lockwood OBE to complement the new programme Enterprising Communities, which has just begun with Power to Change and extends Community Catalysts' tried and tested approach to social care with a more targeted focus on community business.

By conducting qualitative research with commissioners and building the evidence base around the role of community business in social care, drawing on community businesses networked with Community Catalysts, this research will contribute to the core outcomes of Enterprising Communities: it will increase the likelihood of local authorities investing in support for community enterprise by ensuring that commissioners understand and are committed to delivering the cultural and systems change needed to ensure community businesses thrive.

BACKGROUND AND NEED

Social care is an emerging sector for community business (Hull et al., 2016). Though it is currently small in scale, a growing number of community-owned businesses are involved in supporting people

with their care needs using a range of creative approaches, like offering farming experiences as part of a therapeutic model of care, embedding day care in arts and culture clubs and matching people to home help services through community hubs such as libraries and local shops.

But they enter a struggling system. Adult social care – which exists to provide personal care and practical support to adults over 18 with physical disabilities and limitations – has received extensive press coverage in recent months of failure to meet people’s needs, provide dignity and treat staff fairly. It is a sector that suffers from deep structural problems: never having been given the status acquired by the NHS, it lacks funding, suffers from recurrent business failures, and is hampered by negative attitudes to ageing and disability, and the limited rights of carers, family members and people needing care. It desperately needs innovation from creative people and organisations that are able to restore dignity and control to care givers and recipients, while addressing delivery problems and advocating for the funding changes that will make the sector sustainable.

Given the known benefits of community business and the example of enterprises supported by organisations like Community Catalysts, which are offering effective and replicable community solutions to social care challenges, we can hypothesise that community businesses can and should be a vital part of the system’s transformation. However, the benefits of community business in social care are not yet known. Furthermore, local authorities do not currently, as a rule, consider that community businesses have a substantive role to play in the future of social care. We are told by one adult social care commissioner that community enterprise is considered a ‘minor side show’ on which she can spend only ‘spare’ time and money, of which she has very little, rather than investing substantially in it as a key component of the future system. Our work on public sector commissioning has also found signs of a trajectory away from micro-commissions and towards large ones which typically exclude community businesses. The sector has demonstrated significant growth potential (Hull et al., 2016), but unless community businesses are able to demonstrate substantive benefits, commissioning authorities are unlikely to be motivated to change their funding models.

Working with Community Catalysts, we have identified an evidence gap in making a strong case to local authorities and other social care commissioners as to why they should support a community business model for social care. Evidence is lacking on how community businesses compare with other care providers (private, public and charitable) on key metrics, on their scalable potential, and therefore the role of the sector in delivering a social care system fit for the future. The Care Quality Commission (CQC) produces regular reports on the quality of social care delivered by registered providers, but the majority of community enterprises are too small to require this oversight. Catherine Needham et al. (2014) added to the evidence base with a study of scale within the social care system and were able to demonstrate the value of micro-provision in comparison to large-scale. Likewise the Centre for Research on Socio-Cultural Change (Burns et al., 2016) have recently uncovered problems with the private care home business models, adding to understanding of chronic funding and delivery problems among current private providers with 20% of residential care delivered by just five large national providers. But there is still no research into the offer of community business to the social care sector, and the role the sector could play in the provider eco-system.

The New Economics Foundation, working closely with Community Catalysts, proposes to address this evidence gap by producing empirical research and analysis that articulates the role of community business in the social care sector. Through this research project we will meet the needs of the community business sector, commissioners of social care and central government, for concise, robust research which compares different provider types and clearly articulates the vital role that community business could play. By better defining and evidencing the role of community business in social care delivery, the project will also enable more targeted advocacy on behalf of community business by Power to Change.

RESEARCH QUESTION

The overarching research question is: what is the role for community business in the future of the social care system? In order to answer this question, we will address several sub-questions:

1. What role do commissioners see for community business in social care delivery, both now and in the future?
2. What metrics do commissioners use to assess community businesses and other providers' quality, sustainability and potential?
3. How does community business compare to other provider types on key metrics of quality and sustainability in adult social care delivery?
4. What are the advantages and disadvantages of each provider type in relation to the three main components of adult social care¹: residential care, domiciliary care and day activities?
5. As a small but growing part of the system, what is the scalable potential of the community business sector in commissioned adult social care in terms of numbers of people that could be cared for and supported?

METHODOLOGY

To answer the research question we will first conduct qualitative research with commissioners of adult social care. We will then conduct a mixed methods comparison of adult social care delivery models, focused on five provider types – one of which is community business. We will use key metrics for quality and sustainability, building on existing literature and what commissioners tell us about how they assess provision. We will break the analysis down by provider type and social care component, summarising our findings in terms of the advantages and disadvantages of each provider type delivering residential, domiciliary and day care. In the final stage of our research we will generate estimates of the number of people the community business sector could grow to support, based on what commissioners tell us about market potential and data on the scale of funding and numbers of people needing social care. The five provider types we will compare in this research are:

1. Small to medium privately owned businesses
2. Large privately owned businesses
3. Charitable sector
4. Public sector (owned by the NHS or local government)
5. Community business

Phase 1: Interview research with commissioners

In the first phase we will interview a sample of 10 social care commissioners working in a mix of urban and rural contexts, in both local authorities and clinical commissioning groups, and who commission the full range of adult social care services.

Sampling and data collection

We will use purposive sampling to ensure broadly representative coverage, advertising through the extensive commissioner networks of the Foundation, Community Catalysts and the Association of Directors of Adult Social Services (ADASS). The interviews will be conducted in a semi-structured style to ensure coverage of key topics, but also create space for new themes to surface. We will ask commissioners to share:

- Their thoughts on community businesses currently delivering social care, whether in their own area or through case studies we describe to stimulate discussion;
- Which components of social care (e.g. residential care, domiciliary care and day activities) they think community businesses are best positioned to deliver and why;

¹ Following definitions used by C. Needham et al. (2014).

- What role they see for community businesses in social care in the future and whether there is growth potential;
- Barriers to commissioning community business and, where they have been commissioned, how these barriers have been overcome;
- What key qualities they look for in social care provision, particularly in terms of assessing care quality and business sustainability.

Data analysis

Interview notes and transcripts from commissioners will be uploaded into QSR-NVivo10, a qualitative data analysis software programme, for thematic analysis. Codes will be generated inductively: a thorough reading of the entire data-set will be used to identify an initial coding framework, data will then be coded, the codes will be sorted into themes, the themes will be assessed for external and internal homogeneity and connections between themes, and the essence of each theme will be drawn out by re-reading the data extracts (Braun and Clarke, 2006). To ensure coding reliability, the coding will all be done by one member of the research team. The coding logic will be checked by one other member of the team coding a sub-set of the transcripts halfway through the coding process.

Reporting

The findings of this qualitative research will be reported in a short interim report summarising the views of commissioners on the current and future role of community business in social care delivery, and the metrics they use to form opinions regarding provision.

Phase 2: Mixed methods comparison of provider types

In the next phase we will compare the five provider types on metrics of quality and sustainability, and assess their respective roles in the delivery of each component of social care.

Identifying metrics

Metrics will be based on existing literature describing the key characteristics of high quality and sustainable care, along with the concepts and qualities commissioners report using to assess provision. We expect the metrics for quality will be based on those used by the CQC: safe, effective, caring, responsive and well-led. Drawing on existing research into social care quality we will also include measures of personalisation and innovation. Table 1 provides a set of metrics which could be used as the basis for comparing providers on quality.

Table 1: Metrics for quality

Source	Metric	Definition
CQC (2016)	Safe	People are protected from abuse and avoidable harm.
	Effective	People's care, treatment and support achieves good outcomes, promotes a good quality of life, and is evidence-based where possible.
	Caring	Staff involve and treat people with compassion, kindness, dignity and respect.
	Responsive	Services are organised so that they meet people's needs.
	Well-led	The leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.
Needham et al. (2014)	Personalised	Providers are flexible about the support offer and allow people to have choice and control in relation to activities and care.
	Innovative	Providers develop new approaches and offer alternative solutions to social care needs, whether in how care is delivered, what activities are included, or who is involved.

Metrics for sustainability are likely to include an assessment of financial viability in terms of average fees, running costs and returns (where appropriate), evidence of provider failure (e.g. providers ceasing trading or handing back contracts), and evidence of sustainability in the broader sense in

terms of generating staff buy-in and community benefit and having regard to environmental protection. Table 2 provides a set of metrics which could be used as the basis for comparing providers on sustainability.

Table 2: Metrics for sustainability

Source	Metric	Definition
Cameron (2016)	Fees	Average cost of care to the commissioner or individual per week, hour or session (as appropriate).
Burns et al. (2016)	Running costs	Average cost to the provider of delivering care including staff costs and overheads.
	Returns	Capital returns and dividends accruing to owners and shareholders.
ADASS (2016)	Provider failure	Instances of providers ceasing trading or handing back contracts in the previous six months.
SCIE (2010); Hull et al. (2016)	Community impact	The service achieves a balance of positive social, economic and environmental outcomes for the community as a whole.
Naylor and Appleby (2012)	Environmental protection	Providers minimise harm to the environment and are capable of responding to the operational consequences of anticipated environmental changes such as climate change.

Data collection

A wealth of existing data on charitable, public and private providers from the CQC, ADASS, Kings Fund and the Family and Childcare Trust can be examined to assess private, public and charitable provider types against most metrics, including those set out above. As an emerging part of the market and often small in scale, there is far less data available for community business. Primary data collection will be required.

We will work with Power to Change, Community Catalysts and other organisations in our network such as UnLtd to identify a sample of community businesses covering a range of regional and demographic profiles (urban and rural, older and disabled people, high and low levels of need) and engaged across a range of social care activities. Power to Change market analysis finds 75 community businesses engaged in health and social care as of 2016. The set of community businesses delivering adult social care specifically is smaller. We estimate that a sample size of 6 businesses represents approximately 20% of the market and should allow for data saturation and findings with a high degree of generalisability.

In each of the sampled community businesses we will interview 2 care staff, 2-4 people receiving care (depending on the scale of the business) and 1 senior manager using a semi-structured interview method. Topic guides for the interviews will be developed to collect data on each of the agreed metrics, drawing on the CQC indicator framework and questions used in other pieces of existing research. We will also ask community businesses to provide information on financial sustainability, for example in published accounts and forecasts, and any other quantitative information included as metrics (e.g. number of people supported and level of care needs).

Data analysis

Interview notes and transcripts from community businesses will be uploaded into QSR-NVivo10, as before. A deductive coding tree based on the metrics will be used at first and several members of the research team will be involved in coding, working together to produce cross-case analysis (Yin, 2013). To enhance inter-coder reliability, the early stages of coding will be undertaken by hand by the whole research team, working off printed transcripts. In the second coding phase, new codes will be developed inductively based on conversations with the research team about emergent themes. These will both add detail to our understanding of whether and to what extent community businesses meet the metrics, and make room for any additional themes to be acknowledged.

The secondary data used to assess private, public and charitable provider types will be collated in an Excel spreadsheet; systematically recording quantitative and qualitative findings on each of the metrics for each provider type in each component of care delivery.

Once the coding of primary data has been completed, the findings can also be collated and summarised in Excel against each metric and component of care. Presenting both primary and secondary data in the same format will facilitate comparison between the provider types. Table 3 gives an example of how the data could be summarised, in this case for the metric of responsiveness to people’s care needs. The analysis has also been boiled down to the CQC’s 4-point scale – from outstanding to inadequate – which could be used to provide a ‘quick-glance’ summary of findings.

Table 3: Illustrative summary of primary and secondary data analysis (not based on real data)

Component of care	Provider type					
	Metric: Responsive	SMEs	Large private	Public	Charitable	Community
Domiciliary	<i>Outstanding</i>	<i>Requires improvement</i>	<i>Good</i>	<i>Outstanding</i>	<i>Good</i>	
Residential	<i>Good</i>	<i>Requires improvement</i>	<i>Requires improvement</i>	<i>Requires improvement</i>	<i>Good</i>	
Day activities	<i>Outstanding</i>	<i>Good</i>	<i>Inadequate</i>	<i>Good</i>	<i>Outstanding</i>	

Data will also be analysed for advantages and disadvantages of delivering each component of social care through different provider types, based on both performance against the metrics and qualitative findings regarding why some providers are better at particular kinds of care. This analysis will draw on the approach of Needham et al. (2014) who established that micro-providers are better at delivering personalised domiciliary care because of the increased autonomy they gave to care staff compared to large providers; whereas this difference is less pronounced in relation to day care. We will be able to generate findings of this kind which are useful for pin-pointing the role of community business in social care relative to other provider types, and also potentially challenging commissioner perspectives on the quality and sustainability of community businesses – depending on how similar these findings are to the views of commissioners highlighted in the first phase. Through this second phase of the research we will be able to evidence:

- How community business compares to other provider types on key metrics of quality and sustainability in adult social care delivery;
- The advantages and disadvantages of each provider type in relation to residential care, domiciliary care and day activities;
- The role that community business would be best placed to play in the future of social care given their track record.

Phase 3: Assessing market potential

The final phase will bring together the findings of the previous two phases in an assessment of market potential. We will generate estimates of the number of people the community business sector could grow to support by looking at:

- Average number of people supported per community business;
- Average fees for social care provided by community businesses;
- Potential to scale up existing community businesses to support more people;
- Potential to increase the number of community businesses providing each component of social care;
- Predictions regarding future funding and demand for social care.

This will enable us to evidence the scalable potential of the community business sector in commissioned adult social care in terms of numbers of people that could be cared for and supported,

and the implications on quality and sustainability of shifting (aspects of) social care delivery towards community businesses.

Reporting

Once the third phase is complete, all the findings will be collated into a final write up, summary report and Powerpoint presentation.

DISSEMINATION AND INFLUENCING

The research findings and outputs will be targeted at three key audiences:

- Community business;
- Social care commissioners;
- Policy makers and opinion formers in and around central government (particularly: Department for Communities and Local Government, Department of Health, Cabinet Office, Social Care Institute for Excellence, Think Local Act Personal).

The summary report will be targeted at the community business sector, written with advice from Community Catalysts in order to tailor to this audience. Working with Power to Change, we will seek opportunities to circulate the findings to businesses and present at sectoral events.

Given our extensive existing work with commissioners, we also aim to turn the findings into a social care training package which can be delivered to groups of commissioners across England to support good practice. Training will be provided at a fee, paid for by local authorities and clinical commissioning groups and therefore not budgeted into costing for this project.

In order to influence policy makers we will send targeted email messages to key contacts in the social care policy sector and central government. The emails will share the research report and pull out the key findings relevant to each person in a punchy format.

MILESTONES AND DELIVERABLES

This project will run from July 2017 to April 2018.

Milestone	Deliverable	To be delivered by
Inception meeting with steering group	Formation of steering group	30 th June 2017
Start of interview research with commissioners	Commissioner sample and topic guide	10 th July 2017
Completion of interview research with commissioners (Phase 1)	Interim report on the views of social care commissioners	8 th September 2017
Identification of metrics for comparison	Table of key metrics	29 th September 2017
Start of interview research with community businesses	Community business sample and topic guides	13 th October 2017
Completion of interview research with community businesses	Analysis of how community business does on key metrics	1 st December 2017
Completion of mixed methods comparison of provider types (Phase 2)	Summary tables comparing providers and setting out advantages and disadvantages	26 th January 2018
Completion of market potential assessment (Phase 3)	Estimate of the number of people the community business sector could grow to support	16 th February 2018
Completion of research write up	Final research report and summary	16 th March 2018
Start of dissemination to community businesses	Presentation or workshop at event; mailshot to businesses	2 nd April 2018
Start of dissemination to commissioners	Mailshot to commissioners	2 nd April 2018
Start of influencing work with policy makers and opinion formers	Targeted emails to contacts in the social care policy sector and key contacts in government	2 nd April 2018

ANTICIPATED OUTCOMES AND BENEFITS

The community business sector will:

- Be better equipped to develop businesses in the social care sector, targeting the components of care best suited to their model;
- Be able to evidence the value of community business in social care against key metrics used by social care commissioners and compared to other types of provider;
- Be equipped to advocate in a targeted way for their role in the social care sector;
- Have more opportunities to bid for and deliver social care contracts.

Commissioners of social care will:

- Better understand community business and how to build it into social care delivery models;
- Have more evidence on which to base commissioning decisions, including how they structure funding to make room for different provider types.

Central government policy makers will:

- Have greater awareness of different provider types and the role they play in social care delivery;
- Be able to factor new evidence into planning and forecasting for the future of social care and related decisions on policy and funding.

RISKS AND LIMITATIONS

An inherent risk with primary data collection is participation, which is voluntary. In this case we are confident that our strong commissioner and social care networks, combined with those of Community Catalysts and Power to Change will enable us to recruit both commissioners and community businesses to be part of the research. We are also able to be flexible over the six-month research period to work around people's schedules, increasing our ability to build the sample.

The second risk is that the research is limited by gaps in secondary data. CQC data provides good coverage, but data may be limited for some metrics suggested by commissioners. We will manage this risk by being creative and reflective in matching data to metrics, and transparently reporting our methods and any data gaps in the research write up.

Finally, this project is limited by resource and capacity. The research is ambitious and the budget is tight. This means that we will not have much flexibility to go deeper into new themes and ideas that may emerge through the process. To manage this, we are currently exploring options for further funding we could bring in to complement and extend this work.

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