



## Evaluation Report June 2022

**First direct commissioning of care  
by Micro-carers agreements achieved in Wales**



## Contents

Impact at a glance 2019 – 2022 .....	3
Introduction .....	4
Acronyms .....	4
Purpose of the evaluation.....	5
Aims and Objectives.....	5
National Drivers, fit with policy .....	5
A definition of Micro-care.....	6
The Flintshire model of Micro-care .....	6
Hayley’s Micro-care journey .....	7
Future micro-care support structure .....	8
Key Aspect 1: Direct Commissioning .....	9
Key Impact 2: The impact of micro-care on social care workforce pressures.....	12
Toby’s micro-care story .....	14
Key Aspect 3: Impact of Covid-19 on micro-care .....	16
From zero to a growing micro-care business in 2-years.....	18
Key Aspect 4: Finance, Current Micro-care Rates & sustainable MC business .....	20
Key Aspect 5: Private hours and benefits to Flintshire County Council .....	22
Key Aspect 6: Up-date on contingency planning in Flintshire.....	23
Key Aspect 7: Impact of Micro-care Businesses on the Flintshire Economy .....	26
Key Aspect 8: Feedback from Micro-carers on the onboarding processes, difference to their lives, successes and challenges .....	27
Key Aspect 9: Lessons learnt.....	27
Key Aspect 10: Future plans for the programme .....	29
Conclusions.....	30
Recommendations .....	33
Appendix 1 .....	35

## Impact at a glance 2019 – 2022

 <p>24 micro-care businesses established</p>	 <p>34,330.25 care hours provided to Flintshire citizens</p>	 <p>Micro-care partnerships formed ensuring continuity of provision</p>
 <p>Home Care</p> <p>2 micro-carers progressed from sole-trader to agency status</p>	 <p>First direct commissioning of care by micro-carers agreements achieved in Wales</p>	
 <p>Quality Framework developed</p>	 <p>Support network of micro-carers established, Sharing challenges &amp; solutions &amp; new ideas.</p>	 <p>178 people provided with care, support &amp; well-being services to remain independent in their own homes</p>
<p>Delivery standards, Training &amp; qualifications Business requirements</p>	<p>40 care jobs created in total</p> 	<p>Bespoke business support for all micro-carers</p> 
<p>A partnership initiative</p> 		

## **Introduction**

This is the second evaluation report for the micro-care initiative developed by Flintshire County Council and Social Firms Wales as one solution to challenges faced in social care provision. Phase 1 of the project received funding support from the Welsh Government Foundational Economy Fund, Cadwyn Clwyd, and FCC. To build upon success of Phase 1 the project received further funding support from the Foundational Economy Challenge Fund, Cadwyn Clwyd and FCC. The project has continued to have full support of the Leader, and Chief Executive Officer of FCC, both continuing championing the initiative. A full background of the project can be found in [Appendix 1](#).

This report considers 9 key areas of the project, including:

1. Commissioning;
2. Impact of Covid-19;
3. Finance;
4. Private hours & FCC benefits;
5. Contingency planning;
6. Impact on Flintshire economy;
7. Completing the Quality Framework;
8. Lessons learned; and
9. Future plans for the initiative.

The second evaluation report takes into account activity up to 31<sup>st</sup> February 2022, carried out by Social Firms Wales.

## **Acronyms**

CIW	Care Inspectorate Wales
DC	Direct Commissioning
DP	Direct Payments
FCC	Flintshire County Council
MC(s)	Micro-carer(s)
MCDO	Micro-care development Officer
PPE	Personal Protection Equipment
PTSD	Post Traumatic Stress Disorder
RISCA	Registration & Inspection of Social Care (Wales) Act 2016
SCW	Social Care Wales
SFW	Social Firms Wales
SS&W(W)A	Social Care & Well-being (Wales) Act 2014
WG	Welsh Government

## **Purpose of the evaluation**

The purpose of this second evaluation report is to continue the journey of learning started in October 2019, to support FCC continue building upon the findings to:

- Learn from experience and share it with stakeholders
- Assess specific key areas including:
  - commissioning;
  - impact of Covid-19 on micro-care;
  - consider micro-care rates and sustainable micro-care businesses;
  - the impact of private hours and benefits to FCC;
  - an up-date on contingency planning;
  - the impact of MC on Flintshire economy;
  - the impact of micro-care on social care workforce pressures;
  - feedback from MCs on the onboarding process related to the QF; and,
  - plans for the future.

## **Aims and Objectives**

*Overall aims and objectives of the Flintshire project are to:*

- Improve the supply of sustainable care and support services across Flintshire by encouraging the development of micro-care businesses, particularly in rural areas.
- Maintain the existing care market and supply of Personal Assistants.
- Expand choice and improve outcomes; and,
- Encourage growth of well-being micro-care businesses that enhance the life of vulnerable people helping them to live fulfilled lives and to remain independent for as long as possible.

## **National Drivers, fit with policy**

- [Social Services and Well-being \(Wales\) Act 2014](#)
- [Well-being of Future Generations Act 2015](#)
- [Measuring the health and well-being of a nation](#), Public Health Outcomes for Wales March 2016
- [Social Services - The national outcomes framework](#) for people who need care and support and carers who need support 2019
- [Older People's Commissioners Report](#) ADSS Response to the Welsh Government White Paper "Rebalancing Care and Support"  
<https://www.adss.cymru/en/blog/post/response-to-white-paper-on-rebalancing-care>
- [Rebalancing Care and Support](#), Welsh Government White Paper
- [Our Strategy for the Future](#) (Care Closer to Home), Betsi Cadwaladr University Health Board, BCUHB

## **A definition of Micro-care**

Micro-enterprises are small enterprises that employ 5 or fewer people, this includes individuals trading independently and people who themselves are disabled or need support. They are independent operations operated by people who are entrepreneurial with a flair for overcoming challenging situations and developing new approaches to care, support, and well-being needs.

## **The Flintshire model of Micro-care**

The purpose of the Micro-care project is to develop a Micro-care offering by engaging Micro-carers directly through commissioning, direct payments, and private payment arrangements, which will also give Micro-carers opportunity to build sustainable business models. This is achieved by:

- engaging Micro-carers in the methodology of the Quality Framework to ensure delivery of high quality care, and the safeguarding of community members using care and support services;
- the creation of an attractive offer of support to develop micro-care provider services via Micro-care Development Officers and partner support organisations;
- supporting micro-care providers to apply for seed funding to develop micro-care business models;
- creation of supportive peer to peer networks;
- promotion of the concept of Micro-care provision effectively across Flintshire communities, and stakeholder groups; and,
- building sustainability into the project model by developing a range of support tools, guidance sheets and website; and, going forward, the Development Officers will be reporting to internal programme board. This will include the CEO, the Leader, Elected Member for social services, and senior social service officers.

## **Hayley's Micro-care journey**

After working in the care and community sectors for the majority of her working life, Hayley felt disillusioned with agency working, rushed home visits built around inflexible agency culture, and not the client. Adding this to becoming a mother and looking for greater flexibility to work around her family Hayley took the plunge, registered as self-employed, and founded her own micro-care business, Angelite Care. Over a period of 4-months with support from the Micro-care Development Officer, Hayley worked her way through Flintshire County Council Quality Framework which gave her the minimum and enhanced standards of commitment to ensure quality of care and service was the main priority of all people to whom she provides care or support services. This maximised market opportunity for her micro-care business to provide personal care, support and well-being provision for private clients, those using DPs and services directly commissioned by FCC.

As a new-start micro-care business Hayley is currently working with private clients, but qualified and ready to take on direct commissioned clients via Flintshire County Council. Her biggest challenges have been living right on the Flintshire border, restrictive CIW legislation rule of 4 or fewer care clients, finding clients in her local area, and clients needing minimum half-hour calls living outside her local area, e.g. a client requiring half-hour call in the morning, 15-minutes call in the evening, a 24-mile round trip each visit, not even adding up to a full 1-hour of pay each day. Hayley quickly realised the finances did not add up to develop a financially viable business.

Being resourceful and exploring a wider market area Hayley has added another dimension to her micro-care business by developing a partnership with a local social enterprise where she provides support to people living with a disability or mental health issues who train there. Determined to develop a career in care Hayley is managing to operate her micro-care business and at the same time is working towards a degree in health care. Hayley said that *"being self-employed has given her a voice, something she felt she did not have as an employed care worker."* This has empowered her to take control and do more for her clients.

Taking the plunge to become a self-employed micro-carer has provided Hayley with an income and a flexible work life balance. Completing the Quality Framework has opened up further opportunities, and she is now part of Flintshire County Council direct commissioning framework, is able to take on Direct Payment and private clients, and is working alongside a professional partner, an achievement of which she is particularly proud.

Plans for the future of Angelite Care includes growing client hours as her daughter reaches nursery school age. What is clear is Hayley's motivation and determination and her ability to recognise opportunity and build upon it.

As Hayley says, *"It's about taking the plunge, until you try it you are not going to know."*

Her journey so far has been a learning curve, as she has progressed she has learned what works and what does not. She feels micro-carers fill the gap especially in rural areas where many larger agencies often do not operate. Hayley has spotted opportunity and built upon it.

## Future micro-care support structure

Aims To build a support structure that is supportive to new and developing MCs, and supports the aims of both citizens of Flintshire and FCC objectives.

### Evaluation

- The structure for micro-care has been reviewed taking into account lessons learned from phase 1 to continue growing and strengthening the project. The team will continue to have 2 officers, with revised roles to include:
  1. MC Planning Officer will work within the commissioning team taking a lead on the expansion of the programme and to develop recommendations from the evaluation. This will include adopting strategic oversight of the programme alongside the Commissioning Manager.
  2. MC Contracts Officer will work within the contracts team to support new, developing and existing MCs. This role will review all developments to date including QF, network meeting format, and general support, and lead on contract monitoring of MCs in the future.
- The amount of support provided to people considering becoming a MC is quite time intensive and is being reviewed. An existing front facing data-base used for DPs works well: [Direct Payments \(flintshire.gov.uk\)](http://flintshire.gov.uk) . Consideration is being given to replicating this for MCs or there may be opportunity to blend the two.
- There is still work to be achieved with regard to the business administration side of a MC business that the new structure will continue to provide along with partners e.g. Business Wales and Social Firms Wales.
- Restructuring network meetings will maximise on MC attendance numbers to bring MCs together in one place, to share experiences and learn from each other.
- How best to manage and support MCs on a daily basis. Some MCs seem to need a higher level of support compared to others who following early support require less ongoing support.
- For issues related to client concerns or crisis points, the first point of contact is for MCs to contact the client's social worker. A clear '*who to contact*' sheet is being up-dated by the team at FCC, this will be a valuable resource for all MCs.
- All MC paperwork is being reviewed and updated as appropriate.
- A questions and answers section is being developed based on questions that have previously been asked by MCs.
- The peer-to-peer support network is being reviewed which will match experienced MCs with new MCs. The value of peer mentoring although fully recognised for its value needs further development. Ideally mentors need to be time-served with lived experience of being a MC provider.
- FCC have purchased a license for SMART surveys, currently being used in other areas of social care. Questionnaires are resulting in improved feedback

from clients, families, providers and staff. It is felt the increase in responses is due to people being able to respond using smart phones. E.g. from a residential home perspective one residential home recently had 19 families respond to a survey, this level of feedback had not been achieved in the past. The success of SMART surveys in other social service areas highlights opportunity to explore SMART surveys with MCs. SMART surveys involve both client, their families. Ultimately these surveys will help to gather intelligence leading to micro-care service improvement and development.

- SMART Surveys will also help to generate response from MCs, where completing forms is not high on their agenda. This type of feedback is important therefore deemed a requirement to consider with all MCs, especially if entering into direct commissioning contracts with FCC. This should not detract from the fact that MCs are good at their caring/support role, but often not as strong on administrative requirements.
- Reviewing all elements of MC, the service will become sharper and more professional, credible service that will benefit, client, MC, and FCC.

#### Future opportunities

- Firm up on-going business support partnerships
- Develop the data-base for MCs that replicates the PA one
- Develop peer mentoring training
- Develop a frequently questions and answers for MCS

### **Key Aspect 1: Direct Commissioning**

#### **Aims**

- a. For Flintshire County Council to directly commission with micro-carers.
- b. To strengthen the care market, increasing supply and numbers entering the care market.

#### **Evaluation – For Flintshire County Council to directly commission with micro-carers.**

- Since the first evaluation report (May 2021) the challenges for FCC to directly commission with MCs have been overcome, a contractual agreement has been drawn up by the FCC legal team that complies with CIW legislation, and the first MCs engaged. To date 5 MCs are in a position to contract directly with FCC. This means they have completed the QF process, have undertaken the 2-day moving and positioning training provided by FCC and have agreed and signed the contractual arrangement with FCC. 3 more MCs are working through the process so they too can enter into direct commissioning arrangements with FCC. However, some MC providers found the 2-day moving and positioning training too demanding on time resources, impacting negatively on client commitments and income to the business. FCC are employing a full-time moving and positioning trainer. The 2 new MC development posts are exploring if this particular training requirement could

be adapted, e.g. could the training be broken into shorter blocks or time and a mix of day and evening sessions.

- At the time of writing this report the Commissioning Team had not directly commissioned a service with any MC. This is due to MCs concentrating on setting up and establishing their businesses. By the time MCs are ready to provide a directly commissioned service they have reached the maximum 4 care clients, therefore compliant with the RISCA rule of 4, but with no vacancies for additional care provision.
- From a direct commissioning perspective it becomes a '*waiting game*' for a vacancy in MC care provision. Vacancies happen when a client using a MC service passes away, or no longer in need of the service which could be due to moving to a residential service or achieving re-abled independence. In addition, for a MC to take on a DC client, there has to be gap/time in their rota that match the hours required by the client/FCC.
- MCs need to be supported to create co-operative working arrangements either with other MCs or agencies.
- The alignment of actively working by providing hands on care and completing the QF has enabled MCs to demonstrate they are providing a quality service.
- In addition to providing personal care, most MCs also provide support, and or well-being services. These services are not restricted by RISCA legislation. The additional elements of social and well-being services provides additional, income sources, all helping to building financially sustainable MC businesses, it also contributes to the early prevention and intervention agenda of the SS&WB(W)A. To rely purely on care provision only could lead the business to become financially fragile. However, this is not to say care provision only could be an option for MCs wanting to work limited hours and not reliant on income via a MC business.
- From a DP perspective the team is only involved when a person is looking to explore the DP option, at which point the conversation explores what type of care and support they need. If MC is the chosen option the DP team supports the client to achieve the desired outcome which can be a mix of MC aligned to other services.
- A few PAs have opted to become a MC but is not large scale and is currently not an areas of concern that could impact negatively on the supply of PAs.
- 2 MCs are actively looking for direct commissioned work, 1 is not able to work weekends or bank holidays and restricted to school hours. Such restrictive hours do not often match client need, so will need to be matched with a client(s) who many only need a few calls each week or a little bit of personal care and some well-being services. FCC is supportive and actively looking for a MC/client match.

Evaluation - To strengthen the care market, increasing supply and numbers entering the care market.

- 3 MCs stated that they have no plans to enter into direct commissioning arrangements, this is due to the nature of support service they provide.

- The majority of MCs needed support from the MCDO to fully understand the terms and conditions as laid out in the direct commissioning contract. Some found it confusing and difficult to work through, stating *“there was a lot to take in.”* This was not helped as support meetings were via on-line platforms, some MCs felt it would have been beneficial to work through the contract in a face to face setting.
- MCs felt direct commissioning will make it quicker and easier to match MC with clients who have been assessed of needing support. Others feel it will help to *“bring in more clients”* to achieve maximum capacity both in terms of client numbers and hours a MC is prepared or requires to work to achieve a sustainable business model. One MC stated, *“Direct commissioning will allow me to fill spaces I currently have in my workload. Also as it pays more than direct payment, it will cover some of the shortfall of finances to cover sickness and holidays. Furthermore it will allow me to invest more into the business so I am able to expand.”* Some MCs were already working to capacity and do not have any plans to take direct commissioned work in the near future.
- It is too early to fully assess the impact of direct commissioning, however, benefits seen so far by commissioners is where more unusual packages e.g. a rural location where the client requires only three calls each week for an hour in the morning to help with personal care before going to a day service. This type of requirement can be difficult to fill with an agency as it does not fit comfortably into an agency rota planning, in this type of situation MCs can be invaluable.
- 2 people with care backgrounds are currently working through the QF to qualify as MCs eligible to take on direct commissions with a view to set up a day centre for 3 days a week in their local community. This model would not be restricted by RISCA rule of 4.
- The Rule of 4 or fewer ‘care’ clients is restrictive for MCs to develop financially sustainable MC businesses without an additional offering support and or well-being services. This restricts MCs who wish to specialise in care provision, potentially a missing opportunity for high level care provision for Flintshire citizens.
- The team at FCC found conversations with CIW who are responsible for carrying out WG legislation frustrating with regard to any consideration of legislative changes. It is recognised that legislation is not easy to change. The WG do not see MCs as providers, they see them as something quite specific which is good, however, there needs to be legislation to help them, not restrict them. Ideally MCs need to be recognised as a profession in its own right, providing equally professional services as those who are registered.

#### Future development opportunities

- To continue developing the commissioning process to make it more accessible to MCs, ensuring support to work through, and fully understand the contract agreement.

- There is scope to further develop co-operative arrangements between MCs beyond DP and private clients to include direct commissioned clients. There is already evidence of successful co-operative arrangements related to DP and private clients. Such arrangements could be with other MCs, agencies and FCC in-house domiciliary team as part of business continuity contingency planning.
- Support MCs to develop businesses that blend personal care, support and well-being provision where appropriate to develop financially sustainable business models.
- For further clarification related to employment and HMRC legislation. There can be between 4-600 PAs employed across Flintshire. There are PAs that would like to work for multiple clients but find it difficult due to legislative barriers that hinder systems being developed that help people needing care and support.
- Develop case study examples of blended care packages where this is a mix of MCs and self-employed and employed PAs working together to provide care and support, taking into account employments and HMRC legislation. Each element, although aligned, needs to be approached separately for the purpose of clarity.
- Continue strengthening joint working between social care departments to achieve the best possible package of care and support for individual and to maximise on valuable resources. This approach benefits everyone, the client, the family, the LA and those involved in care provision.
- Develop a shorter moving and positioning training session that works for FCC and fits around demanding MC schedules.
- Develop and facilitate conversations with WG, CIW, FCC, SCW, SFWales and selected MCs to consider legislative change related to the rule of 4 care clients. Is there potential for FCC to pilot a different approach that could focus on maximum hours per day rather than the number of clients.
- Share learning across other areas of Wales to help build a sustainable commission model.

## **Key Impact 2: The impact of micro-care on social care workforce pressures**

**Evaluation** - The British Medical Association report<sup>1</sup> talks about social care facing unprecedented pressure due to an increased demand for care and support services aligned to funding and workforce challenges. The population of Wales is predicted to increase by 6.1% to 3.28 million by 2039, with an increase in people over the age of 65 projected to increase by 44%. Compared to the rest of the UK Wales has a higher population of older people, and with lower levels of financial means. The report further states that those ages 65 and over needing help with care will increase from just under 200,000 back in 2013 to 285,000 by 2030, equating to increase of 43%. Alarming this is only 8 years away. Wales faces to challenges to recruit and retain

---

<sup>1</sup> [Social care in Wales \(bma.org.uk\)](https://www.bma.org.uk/social-care-in-wales)

social care personnel which is exacerbated by the loss of many EU workers, low pay, long and often unsociable hours and time restrictive calls, care workers who made career changes due to pressure on social care workforces throughout the pandemic and unprecedented competition from employers in other sectors.

The Welsh Government's 'Programme for Government'<sup>2</sup> has pledged to pay social care workers in Wales the real living wage<sup>3</sup> (9.90 per hour.) An additional £96m has been invested to give social care staff and additional £1,000 net payment which will reach around 53,000 social care personnel. Although this is generally welcome especially as the cost-of-living crisis threatens many household budgets, this additional £1,000 does not include micro-care workers. This raises the question of recognition of the value that MCs bring to Wales as an additional social care option at a time when there is a deficit of social care workers.

The introduction of MCs has contributed positively to help reduce the number of people in Flintshire waiting for care packages to be put in place. As already stated in [key aspect 3](#) of this report, in particular at the height of the pandemic there were 4-500 hours unfulfilled hours of care, meaning that people needing support with personal care in their own homes we left waiting for support to be put in place. People have managed either via increased strain on informal carers or, where this is too much, have "stepped up" into a care home while provision was searched for. Alternatively they are "stepping down" from hospital until availability.

To February 2022 there were approximately 24 new MC providers working across Flintshire, 2 of which employed additional staff and 2 which progressed to agency status, registered with CIW with scope to employ numerous care workers going forward.

Micro-Care has propped up the workforce in a number of ways. It has provided an entry point into care work for people with families or other caring responsibilities that need additional flexibility but cannot find in employment with a care home or agency. The diversity of the role also provide an additional entry point for people who are not initially interested in providing personal care but are interested in providing well-being services, similarly of which there are not many formal employment opportunities for. Finally Micro-Care has recruited people who were already working in care but had become fatigued and were potentially ready to exit the sector altogether. This opportunity has allowed us to retain people in the sector but provide a new motivation or alternative for people to explore.

#### Future opportunities

- Continue promoting MC to both potential MCs and citizens
- Raise the profile and true value of MCs with policy leaders
- Increase online advertising presence
- Run narrow targeting campaigns to appeal directly to certain employment markets that are new to care

---

<sup>2</sup> [Programme for government | GOV.WALES](#)

<sup>3</sup> [Implementing the Real Living Wage for social care workers in Wales | GOV.WALES](#)

### **Toby's micro-care story**

Following achieving a degree in surveying 30-years ago, Toby then ran a business with his father importing spa equipment from Germany to re-sell. The past 15-years he spent supporting his elderly parents, sadly losing his father in 2008. In 2016 Toby became full-time carer for his mother for 4-years until she too sadly passed away. By this time he had gained a lot of experience and knowledge around the care needs of older people. He read about micro-care, met the Micro-care Development Officers Marianne and Rob, like what he heard, thought, "*I'll grab this, this is my thing.*" Toby also says "*micro-care came along at a remarkably fortuitous moment while getting over the grief of losing mother and wondering what to do!*" From being in business, working with companies and clients, caring for his mother, and being praised by district nurses for the way in which he looked after his mum, Toby thought, "*I might be okay at this.*"

Toby provides a range of care, support and well-being services including personal care, help in the home and garden, getting out and about, and socialising such as one young man whom he provides a mix of care, support in the home and helping him to and from his wheelchair rugby team meetings. Part of his working days also include meeting potential new clients who want to retain independence in their own home. Toby finds the level of support needs of clients change, some require more support as time goes on, while some require less as they recover. If unable to attend a client due to planned or unplanned leave Toby pre-arranges with clients and family members to ensure the client continues to receive support.

Toby has undertaken the majority of the Quality Framework requirements and would like to complete it. This would enable him to Directly Commission with Flintshire County Council, adding an additional source of clients. He has noticed that recently clients coming from a direct payments source have 'dried up.' He feels this will pick up again when the 2 new micro-care officers are fully operational. During the winter months Toby worked up to 35-hours a week, but is currently only working 18-hours a week. But as he says, this is one of the realities of being a micro-carer, client demands change, some only require your services for a short period of time, maybe while recovering from illness or hospital stay or respite requirements, and sadly due to clients passing away. Toby to date has not needed to advertise his services, but he feels he needs to be more proactive, he has designed a simple website which is nearly ready to 'go live' to the general public which he hopes will generate additional clients.

Toby has adopted a single, flat rate charging policy, irrespective of service requirement or whether people are private, or in receipt of direct payments. His rates align to direct payment rates paid by Flintshire County Council. Payments received are only for actual time spent with a client, it does not include travel time. This payment has to cover all costs related to running his micro-care business, it takes into account, fuel, maintaining a vehicle, travel time, PPE, work clothing, office supplies, telephone, promotion, covering holiday leave and ideally paying into a private pension scheme. One client Toby supports requires just 1-hour on Saturdays, and 1-hour on Sundays. Travel to this client each day amounts to a 16-mile round trip, with no other client call on this route. With today spiralling cost of

living, including the alarming rise in fuel costs, this may be something that needs analysing and consideration.

Covid-19 did not present too many challenges for Toby, he used full PPE at all times, and when attending to a Covid positive client, doubled up on layers of protection and made sure windows were open, he also took advantage to be fully vaccinated. With precautions in place Toby managed to stay Covid free. Covid did make it more difficult to work with the social care team, having to do everything over the telephone or via zoom meetings. He does have some concerns that potential new clients are having to wait to be assessed, mainly due to the impact of Covid on services in general. Many of those waiting have to go down the 'self-funded' option, despite being eligible for support via direct payments, e.g. a gentleman with vascular dementia, the wife having been admitted to hospital for surgery, needing immediate care and support. Currently all new clients for Toby are coming through NEWCIS Bridging the Gap Respite Scheme<sup>4</sup>, which has the potential to give people needing care and support up to £300 over a 6-month period, which Toby says although a welcome initiative, in reality will not pay for many visits! Taking into account the direct payment rate of £14.58 per hour, £300 would purchase 20.57 hours of care or support over the 6-month period, equating to less than 1-hour (0.79 hours) of care or support per week!

Toby states, "*being a micro-carer has changed my life*" e.g. one elderly gentleman he drives him to a wood workshop, helping him to make wooden items such as bird boxes and a bird table, Toby finds this not only enjoyable but rewarding too. Toby also recognises that to do all personal care could become exhausting potentially leading to burn-out, but providing a mix of care, support and well-being service the balance is manageable and, "*at the moment, it is good.*" Although it is often inevitable, he feels great sadness when losing a client he has got to know and cared for. Toby intends to continue building his micro-care business, and grateful for support he has received from the micro-care team, hoping support will be ongoing. Toby is flexible to the needs of his clients, and appreciated for this. He would like to know more about the functions of commissioning team and a better understanding of direct payments, which could easily be remedied by inviting them to speak at a network support meeting. Many of the care packages offered are often only 30-minute calls; adding mileage, time, and costs, from a business perspective mostly not a viable offer. This presents a risk to Flintshire County Council; micro-carers could opt for more lucrative longer hour packages of support, leaving a deficit of personal care needs.

Toby feels that micro-care is more than a standard domiciliary agency call, the idea is to be able to spend more time with clients! He fully recommends others to consider becoming a micro-carer, he says it is flexible, fun, can be long hours, and you do need to have a car.

---

<sup>4</sup> [Bridging The Gap Respite - NEWCIS](#)

### **Key Aspect 3: Impact of Covid-19 on micro-care**

**Aim** Assess the impact of Covid-19 on micro-care on project development and broader

#### **Evaluation**

- In the height of the pandemic there were 4-500 hours of unfulfilled care requirement. Without the support of MC this would have been double these figures, meaning people were unable to return home from hospital or respite care or in need of home care for the first time. For example *in December 2021 FCC had 630 hours of domiciliary care waiting to be allocated to care providers, the North Wales average at the time was 950 hours. At the same time MCs were providing c.400 hours of direct care in Flintshire.* Without them, FCC would have had over 1000 unallocated hours of care required. They have clearly made a huge difference for provision to the people of Flintshire. This does not include support and well-being hours, which are equally as important to Flintshire citizens. If MCs would not have been able to accommodate some of these hours there would have been far more people in the community who required care, but were unable to receive it.
- The start of the pandemic, early 2020 saw people out of work due to ‘lock-down’ and wanting to do things to support their communities, e.g. become a MC. During the second lock-down people were beginning to experience mental and physical fatigue. This was not restricted to any particular area, or demographic, and not just the field of social care. Fatigue led to people not wanting to work under such pressurised conditions, therefore, looking different work choices and to have more control over their working lives.
- A few MC businesses have been established by people moving from social care agencies, it is possible that this is due to high pressure in the social care sector which experienced many challenges throughout the pandemic e.g. care staff testing Covid positive and having to isolate, cover for sick leave difficult to manage, people working double shifts.
- Testing Covid positive did not present a significant challenge for MCs. It is thought this is due to careful planning, attention to infection control and working in the client own home, in total contrast to residential care settings where there are high numbers of residents and care staffing.
- MCs are comfortable to wear full PPE when providing service to clients, but emphasised that some clients found it difficult to understand conversation due to the MC wearing a face covering. Others have reported that they take further precautions, e.g. not accepting refreshments but felt this took away and element of ‘friendliness’ from the client, carer relationship.
- MCs feel supported by FCC due to a continued supply of PPE at no cost to the MC. 1 MC stated, *“I am fortunate that I have managed to not have contracted Covid -19 so I have worked all through the pandemic - having the PPE supplied from Flintshire has been a great help and I make sure that this is still used on every visit.”*

- Some found a reduction in client hours due to families being available to support during lock-down periods.
- The majority of MCs found it easy to obtain an adequate supply of lateral flow testing kits.
- The DP team are mainly reliant on social workers having good quality, empowering conversations with individuals that support the person to take control of their own support needs. Through no fault of their own, social workers have become more reactive, having to focus on crisis situations. This has changed priorities, lessening the empowerment of citizens, more about how to keep a person living in the community, out of hospital, away from crisis point.
- Crisis points has led to less options through the Brokerage team, who were also working to capacity. This results in people being encouraged to opt for a Direct Payment. The DP team have found themselves working with people who did not really want to manage a DP but there has been no other choice.
- Ideally the DP team want to work with people who have a desire to self-direct their lives and able to have a meaningful conversations about how their needs are met. This could be a mix of support e.g. support from a MC, a piece of equipment, a community group etc. to best meet the assessed needs.
- MCs seemed to deal with it well, all were clear around infection control and use of PPE. A lot of work undertaken by MCDOs initially to instil the importance of controlling infection and appropriate use of PPE. There was only 1 safe-guarding incidence regarding inadequate use of PPE. This was dealt with and addressed successfully. Regardless of the size of provider e.g. MC or large provider agency FCC applied the same advice and guidance to all parties regarding safeguarding and use of PPE, including access to PPE equipment, training and Covid vaccinations. FCC feel it is important not to distinguish between them. Family member contacted the Safeguarding Unit, the unit spoke with the MC, the MCDO then spent a lot of time with the MC to emphasise the importance of safeguarding. This underpins the importance of continuing the support role going forward.

### Future development opportunities

- Post Covid-19 there is a need to get back to a more joined-up approach that takes into account a mixed package assessment.
- Explore further the RISCA rule of 4 that could be used only to aid contingency planning with regard to short-term 'breach' of legislation. Is there a caveat e.g. a consortia or partnership arrangement between MCs where each MC is providing care to the maximum 4 clients. 1 MC is taking planned or unplanned leave. Is there potential for the remaining 3 MCs to pick up on the 4 additional calls? Of course this would take other members of the consortia or partnership arrangement above the rule of 4 or fewer care clients, is there a caveat for consideration that this could be permissible for a time limited period?
- Explore a MC co-operative arrangement that could provide contingency cover or a rural area co-operative arrangement. 1 direct payment co-operative

arrangement exists in Flintshire (a family 1<sup>st</sup> co-operative). This could align to the work of MCs. This could provide another option to add to mixed provision.

- Reinforce guidance and QF related to HMRC to avoid ‘grey areas’ between self-employed and employed status.
- There is a consideration for MCs to enter the children’s market. There is a shortfall in terms of provision, not just children with disability; the DP team do a lot of work with generic children’s teams working with families. MCs with specialist knowledge, skills and experience to work with children with complex needs, many needing 24-hour support, e.g. provision of general support, working with families with PTSD, children with autism, respite care and parenting. This is one of the benefits of MC where a view can be taken from an objective perspective, to look at an issue and build a bespoke, appropriate solution. To date, when the DP team are working with families to look at solutions of what might work for them, they have not yet identified any MCs that can provide these types of support or service. The team have not had opportunity to access the reasons for this, but see it as an area of need which could be an opportunity to develop specialist skills for some MCs. There is potential here to develop a specialist MC service and could result in taking significant pressure off the social care system. Most of these families are already in receipt of a DP, just looking for the right services to purchase. At the time of writing this report the team were working with approximately 40 families that dip in and out of crisis requiring support and services. The provision of a few hours of respite does not necessarily solve the problem it needs to be a broader provision depending on an assessment of need. Families may have been coping pre-pandemic, but Covid-19 has heightened need. It has to be noted that RISCA legislation means that unregistered carers cannot provide personal care and currently independent MCs are not able to be registered.

### **From zero to a growing micro-care business in 2-years**

This case study picks up on Christine’s story which was included as a case study, written by Christine herself and included in Flintshire’s first micro-care evaluation. Christine who signed up for Flintshire County Council micro-care initiative was the very first micro-carer in Wales when she started her journey into building a sustainable business.

Cartrefle Care is registered as a single Director Limited Company offering a varied and flexible range of services including, personal one to one care and support, house cleaning, laundry and ironing, sit-in service, collecting prescriptions, shopping, pet feeding and walking, appointment assistance, trips and days out. Across the past 2-years Christine trialled different formats to see what works best for her clients, for herself and family. Initially she worked with up to 11 clients but found juggling client needs, travelling times, cost, and family responsibilities challenging. So she changed her business model by supporting fewer clients, and developing ‘blocks of care’ packages with a minimum offer of no less than one-hour. This resulted in packages of unhurried and well-planned care and support

that benefit the client, and a financially sustainable business. She is currently working with 7 clients during school hours providing 4-5 hours of calls each day. The rest of her dedicated work time she spends making sure all administration is kept up to date, and marketing her services, though she does admit, marketing is not her strongest skill!

Hayley was also one of the first five micro-carers to complete Quality Framework to be eligible to accept Directly Commissioned clients from Flintshire County Council . Hayley says *"I found the paperwork a bit annoying, but the process was*

*generally fine. I actually quite enjoyed it, I like having deadlines and structure, and work better like this"* She felt some of the questions related to the Quality Framework a little difficult to fully understand and could have benefited from some example scenarios.

Becoming self-employed and founding Cartrefle Care has enabled her to move from living with her children in a refuge, develop an independent income, work flexibly through mental health challenges, embrace motherhood as a single parent, and sustain a home for her young family. Growing up with a brother who is challenged with autism and working in the care industry since the age of 16 has given Christine has a wealth of lived experience upon which she has built what her business has become today.

Christine not one to 'sit back,' has future plans. The well-being aspect of Cartrefle Care is an area that is showing potential for expansion. Christine is currently exploring 'personal journal' writing and is working with her young son to produce a personal journal to help him process his thoughts and feelings, which is working well for him. She has been asked by a friend if she will work with her son, to help him produce his own personal journal. This is an area that could be expanded to support other parents and children to process and manage life challenges they face. She would also like to share her knowledge, skills and experiences as a mentor with others new to micro-care.

In September Christine's youngest child begins school, this will give her a little more time to work on business expansion plans. Right now she is looking to employ on an additional person as a support worker to help her expand her business activity and reach.

Christine's journey is immense, but does she have any regrets, this is what she said, *"No regrets if anything becoming a micro-carer help me with recovery from poor mental health challenges. I can now give my children a home and things, and security. My only regret is I did not it sooner. I am nearly out of debt and saving to buy a house. I want to offer employment to others and to be the sort of manager that I needed when life was at its most challenging, sadly if did not have this sort of manager."*

Her motivation and determination, her achievements, and her future vision for Cartrefle Care is fulfilling her own needs, client needs, and providing and an additional care, support and well-being option to Flintshire's care sector.

See [Christine in action](#)

## **Key Aspect 4: Finance, Current Micro-care Rates & sustainable MC business**

- Aim**
- a. To attract, and sustain micro-carers to work in Flintshire
  - b. To sustain micro-care businesses

### **Evaluation Payment rates**

- At the beginning of the MC pilot direct commissioning was not an option. Throughout the early stages of the project the legal team worked hard to ensure the development of direct commissioning contract complied with both CIW and procurement legislation. This has since been achieved through the development of a contract.
- Payment rates for MCs whose clients purchased service via a direct payment was initially £13.28 per hour. These rates were reviewed early 2022 taking into account inflationary rates, implemented April 2022. With an increase of 9.77% this takes the rate from £13.28 per hour to £14.58 per hour.
- Direct commissioning rates for MCs not employing any staffing, the rate of £14.66 per hour was increased by 9.14% to £16.00 per hour.

	<b>Current rate 21/22 per hour</b>	<b>22/23 from 4<sup>th</sup> April 2023 per hour</b>	<b>% Increase</b>
<b>Direct Payments rate</b>		£14.58	9.77%
<b>Commissioned rate (sole trader)</b>		£16.00	9.14%
<b>Commissioned rate (with employees)</b>		£16.50	8.95%
<b>Sleep in rate</b>		£10.59 or £84.72 for an 8 hour shift	9.77%

- Direct commissioning rates for MCs employing staffing, the rate of £15.14 per hour was increased by 9% to £16.50 with the conditional stipulation that employees are paid the ‘real living wage’<sup>5</sup>.
- The DP rates are based on a PA rate and do not take into account business administration requirements that help with financial sustainability of MC businesses.
- Commissioned rates are higher than DP rate taking into account some business administration costs.
- In support of developing financially viable MC businesses MCs are being encouraged to consider direct commissioning as part of their business services.
- If MCs are willing to adopt an open accounting process and the £16.00 or £16.50 rates do not prove to realistically support a sustainable MC business, FCC will cost model aligned to the open book process to consider real cost

<sup>5</sup> [Minimum wage rates for 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/minimum-wage-rates-for-2022)

rates. This will only be considered through an evidence base being formed via open accounting.

- It has also been agreed with MCs that if contingency care is via an agency, FCC will consider paying an agency rate to cover the difference. This will be done by negotiation case by case, and for a time limited period only.
- Some MCs felt the DP hourly rate was not sufficient, especially taking into account the lack of holiday and sick pay, or pension contributions, and questioned the worth of being self-employed. This raises the question of the MC service at risk of losing experienced MCs. Conversely, the nature of financial modelling for any self-employed person should take this into account. For people transitioning from employed to self-employed status this consideration needs to be built into support for new MCs at the start-up stage.
- Comparative rates in Pembrokeshire  
Micro-enterprises providing care, support and well-being services in Pembrokeshire charge the same rates to all clients, whether they are self-funders or clients using DPs. Rates are based on service offering and local market conditions. Rates range from £15-18.00 per hour.  
The average for support and companionship (with no personal care) £15.00  
The average for supporting with personal care which often includes which often includes manual handling and support with medication £18.00 per hour.  
Current DP rates in Pembrokeshire £12.65 per hour. This means that the client tops up using own funds to meet the MCs rate. The DP rate is currently based on the client employing services of a PA. Going forward there is agreement 'in principle' that the rate for micro-enterprises providing care and support services to be raised to £15.00 per hour to help reduce the financial burden falling directly on the client. This new rate when applied will be slightly higher than FCC DP new rate of £14.58 per hour (2022/2023)

### Evaluation Sustainability of Micro-care businesses

- Length of time established of MC businesses vary from under 3-months from start-up to those working for over 12-months.
- A range of MC businesses have been established providing a range and mix of services, ranging from:
  - personal care service only;
  - support service only;
  - well-being service only;
  - partially blended support and well-being service; and,
  - fully blended personal care, support and well-being service.
- Client numbers for each MC varied greatly, ranging from just 1 client up to 1 MC supporting up to 12 clients.
- The hours MCs are currently working range from 5-hours per week right up to and average of 70-hours per week, these hours include sleep-in responsibilities.

- The maximum number of hours MCs would like to achieve, or prepared to work each week also varied ranging from 20-hours to 80 hours per week.
- Of the MC responding to the survey 1 employed 3 other people to deliver their services and 1 employed 1 other person.
- For 8 MCs responding income generated by their services was not the only income supporting their own household. 4 MCs stated it was the sole household income.
- 1 MC stated, *“I struggled getting clients in my area. I had to go outside of the area for clients that I found myself through people I knew. It wasn't practical for me with just one local client for half an hour call early in the morning and a one hour call one day a week. I had to work every day to make the hours up and it wasn't practical for me with my children and husbands hours. I didn't get many offers sent to me through direct payments etc, so I went private.”*
- Fitting in all client hours and their needs aligned to a busy family schedule seems to be challenging.
- Getting accustomed to the ‘business’ side of MC e.g. financial management and care plans.
- MCs are finding it difficult to turn away potential new clients needing care provision, but have to due to restrictive RISCA legislation. It was felt that to achieve a sustainable business model MCs need to work with more than 4 care clients. This has led to blending personal, support and well-being services. MCs are motivated to develop sustainable operations.

#### Future development opportunities

- As the MC service develops there will be more factual evidence with regard to preventative services opposed to some of the more anecdotal scenarios. It is suspected that more people could come to social services in crisis if they had not received early support and intervention of a MC.

### **Key Aspect 5: Private hours and benefits to Flintshire County Council**

**Aim** To find out if the private market is having an impact on reducing (or delaying) clients coming through to FCC

- It is still too soon to assess benefits to FCC related to private care hours provided by MCs. However, there are a couple of instances where a MC has gone in to deliver care and support assessed as a need by FCC following a period of reablement support. On arrival to the clients home, the client did not actually require personal care, but did need ongoing support, e.g. to check the client is okay, is up and dressed, maybe making them a drink etc. MCs have

also reported back that although personal care is no longer a requirement the client and or their family chooses to transition to a private support call. This gives the family on-going reassurance that someone is visiting and checking on the family member. This type of transition is achieved through shared negotiation between client, commissioner and the social worker.

- Where a client is no longer in need of personal care this opens up a vacancy for the MC to take on another personal care client.
- Another example is a gentleman living outside of the UK who wanted reassurance that someone was supporting his mother who is living with early stage dementia. This early intervention, prevention/support helps to pick up on deterioration, identify and avert potential crisis points.
- The wider well-being support that is being provided by MCs, e.g. shopping, cleaning, nutritional needs etc. enables a person to stay in their own home for longer, rather than the scenario where the person is living in a situation where such tasks were becoming unmanageable and developing into more challenging situations.
- Recruitment in social care is currently at its most pressured, particularly domiciliary care workers. Taking into account rising fuel and vehicle costs, lone working, and lack of Covid-19 controls in client homes as you would see in a care home setting as an example. Carers who have continued to go into client homes throughout the pandemic have to be recognised for their commitment for their contribution keeping community care services going by clients, families and FCC .

### Future opportunities

Study on how this local preventative work has had an impact e.g. Preventing escalation of need or residential care

## **Key Aspect 6: Up-date on contingency planning in Flintshire**

Aim To ensure continuity of service provision, lessening negative client experience

- One person was being supported by the in-house domiciliary care team and an agency providing the social requirements, the client was continually being let down by the agency not being able to provide the staff, resulting in the in-house team continually receiving calls to cover this support. A MC could be included in overall provision to provide a contingency option.
- Business continuity (contingency planning) is a requirement for all MCs for all direct commissioning contract agreements, e.g. cover where a MC is unable to deliver service due to sickness, planned or un-planned leave. A direct commissioning arrangement will not go ahead without the assurance that a contingency plan is in place and all parties are agreed, or with an external agency so the client does not experience a disrupted service. There are a

number of options that could provide contingency e.g. support from family, a neighbour other MCs and agency. It has to be noted that each time a contingency arrangement is required each will be unique to the circumstances at the time.

- At this point in time contingency plans have not been sufficiently tested from a MC perspective, but are being actioned successfully in DP and private client service delivery. Contingency could be strengthened by partnering MCs with a care agency(s), and or FCC in-house service who could pick up the cover when necessary. Contingency planning is easier for care agencies that have larger staff provision, but more challenging for smaller staffed providers such as MCs. Commissioners at FCC are fully aware of the challenges and committed to supporting MCs to take up commissioned services and are working through contingency challenges with them.
- The RISCA rule of 4 or fewer personal care clients for a MC could impact negatively on MCs forming co-operative arrangements, e.g. a MC may already have 4 care clients and may have capacity to support an additional client short term while another MC in taking planned or unplanned leave. To this would place the MC in breach of RISCA compliance legislation. The RISCA rule of 4 or fewer care clients is extremely restrictive in terms of sustainable MC care services.
- As the MC service continues to develop, the challenges related to contingency will be tested, solutions identified which can be replicated across the MC service.
- Contingency planning is an essential part of care planning with all new clients, e.g. flexible care arrangements, care delivered on a different day that is convenient to both the client and the MC, or a family member providing care in the short-term, the MC providing care Monday to Friday with the family providing care at the weekends. Although not the ideal these examples helped a very pressurised system and provided support to the family at a time where no other option was available.
- To date there does not seem to be an issue with MCs not turning up for an appointment. This is due to contingency planning required by all MCs. This is achieved by MCs forming supportive working partnerships and having good communications with families, many of which are able to provide cover in extreme circumstances. Some care packages are more flexible, so care days/hours can be adjusted by mutual agreement with MC, client and family members.
- Of the MCs responding to the survey only 5 had entered into consortia or partnership arrangements with other MCs.
- All MCs entering into consortia or partnership arrangements see this as essential to enable them to be able to fulfil direct commissioning contractual arrangements and to ensure appropriate client cover when taking planned and un-planned leave.
- One Supported Living home has care provided via a collaboration between a number of MCs. This is working well. To date there is no failing with this arrangement.

- 1 MC stated that they “*would not take a job unless they know it can be covered by another MC*” if they were unable to attend.
- 3 MCs have successfully established a working partnership to deliver a 24/7 provision in a supported living home. 1 MC stated, “*We work it so we can take alternative weekends off and can cover each other for unexpected illness or just emergency cover and holiday cover.*”
- Partnership working also provides a structure in which to share challenges and opportunities with other MCs.
- 1 MC would like to form partnership arrangements but did not know other MCs felt such arrangements would be useful.
- To date no partnership arrangements have hit any major challenges that have not been overcome. However, as MC is still in relatively early stages of development in Flintshire, consortia and partnership arrangements are still to be fully tested.
- These examples emphasise the importance for good and continued communications and relations between the family and the MC.
- As part of contingency planning CIW have permitted FCC to commission with provider outside of Wales due to the current situation with social care provision, e.g. carers testing Covid-19 positive and the impact of Brexit resulting in less European care workers. To date providers from outside of Wales have been limited as they have not satisfied FCC due-diligence standards, e.g. one provider whose care staff were all new to the care profession with limited experience. When asked about assessing staffing competencies as ‘new starters’ the methods used were not considered sufficient and reassuring. Needless to say this provider was not engaged. This is where the QF as developed in Flintshire is extremely valuable. This protects vulnerable clients (safeguarding), and the provider and FCC from reputational damage or at worst legal challenges.

### Future opportunities

- Continue building capacity of partnerships and co-operative arrangements between MCs, agencies and FCC in-house domiciliary care team.
- Create more opportunities for MCs to meet to:
  - Share, challenges, solutions and general learning etc.
  - establish working and contingency partnerships; and to,
  - establish mentor relationships where established MCs can support new MCs.
- Create case studies of consortia and partnership arrangements documenting challenges, solutions and new opportunities.
- Is there potential to consider an approach that permits MCs providing personal care to work in partnership with other MCs, allowing one of the group to take planned or unplanned leave, the remaining members would pick up on fellow provider responsibilities. However, if the remaining MCs were already up to capacity of 4 care clients, by taking on just one more care client put MCs

in breach of current RISCA legislation (the rule of 4 or fewer care clients.) Is there scope to consider that additional care clients could be taken on for a permitted/agreed short period of time only. Such an approach would help to ensure business continuity and contingency planning. To achieve this would require for a legislative change, a first step being to raise this approach with WG, CIW and SCW.

- A collaboration of MCs could be formed that only work as ‘bank supply’ workers, similar to hospital bank nurses or educational supply staffing. This could potentially suit people not wanting full-time work commitments, or where MC provides a secondary income.

## **Key Aspect 7: Impact of Micro-care Businesses on the Flintshire Economy**

Aim Overview of the economic and social contribution of micro-care.

- The MC pilot project has provided a launch pad on which local people have been supported to develop new business ventures, some of whom have made a career change, and some who were unemployed, new jobs have been created especially in rural areas where limited care resources existed.
- 24 new businesses have been established
- 2 micro-carers have progressed from MC to agency status going on to employ an additional 16 care workforce.
- 40 care workforce jobs in total created.
- 2 MCs progressed from employed PAs to self-employed MCs.
- 4,939 hours of personal care delivered.
- 17,207.25 hours of support delivered.
- 3,643 hours of well-being services delivered.
- 25,789.25 hours of care, support & well-being hours provided by MCs to Flintshire citizens totalling £342,481.24 circulation of Flintshire based wealth.
- Although no hard data has been gathered MC are providing service within their local area. This will contribute to minimising travel and carbon reduction.

### Future opportunities

- Social value and impact needs to be measured and monetised.
- Promote MC as a career and employment option to more diverse communities across Flintshire.
- Create an open day type session to promote MC where people can come to hear about MC, meet other MCs, ask questions and take the next steps if appropriate.

## **Key Aspect 8: Feedback from Micro-carers on the onboarding processes, difference to their lives, successes and challenges**

### Aims

Micro-carers perspective to complete the QF and direct commissioning contractual arrangement.

- Although MCs found the content and lay-out of the QF process logical in layout, and reasonably clear and easy to understand, it was found to be ‘time consuming,’ a lot of information to process, and all needed support from the MCDO to complete all elements.
- Due to client commitments 2 MCs have reported that they found it difficult to commit to the 2-day moving and positioning course as required to comply with the direct commissioning contractual arrangement.
- 1 MC stated that although she had already written policies for her business they had to re-write to fulfil QF requirements.
- All MCs value the support, guidance and motivation provided by the MCDO.
- 1 MC stated, *“The Framework helped focus my mind on the purpose of my business and helped me to reflect on what services I wanted to deliver and how I was going to deliver them, and how the Code of Conduct would support this process.”*
- MCs found the templates helpful, 1 stated they were waiting for a mentor to help them go through them to ensure they have been completed correctly.
- Another MC stated, *“The Quality Framework is an excellent addition to the service being offered, and ensures that providers continually reflect and develop their businesses to increase professionalism within the Care profession.”*

### Future opportunities

- Ensure all new MC are made aware of the content of the QF requirements at the earliest possible stage of engagement.
- Create training that fits around MCs already working which considers how much training could be achieved pre-start-up or early start-up period, and how much training needs to be aligned to ‘evidence of service’ requiring the MC to be operational.

## **Key Aspect 9: Lessons learnt**

- Having a bit more time to work around the co-operative arrangements linking MCs to work jointly to ensure business continuity. If more time to help shape some of this is about being fair and equitable to all MCs, so all are considered, this will ensure all offers are compliant of procurement legislation.
- More work to support MCs to be ‘commissioning ready’ to fill vacancies quickly, matching client need with MC availability and capacity to support business sustainability.

- Considering the context and the challenges the pitot project has been forced to operate in namely a global pandemic, the number of hours MCs are currently delivering on behalf of FCC, which include private or through direct payments all of these hours could potentially have been unfulfilled.
- Diversifying the market has had a positive impact on early client prevention and early intervention the available of intervention services.
- There are concerns that once seed-funding ceases some new MCs may find it difficult to purchase items required that support business start-up, especially for those managing on limited financial resources. Early seed funding to date has been invaluable in supporting new MCs to purchase business related items e.g. lap-top, lockable filing cabinet, appropriate business insurance, the latter which a MC start to provide service without etc. Although seed funding in financial value is small, up to £500.00 for support and well-being businesses, and up to £1,000.00 for care businesses, the loss of seed funding could be a significant challenge for some wanting to establish a micro-care business.
- Concern around governance of MCs and examples related to a MC asking for 'cash in hand.' There are risks here to be considered. This type of situation could be viewed as a foundation for future exploitation of the client (safe guarding), and the MC at risk of breaching HMRC taxation legislation. If such a situation became a reality and was challenged, the MC legally and reputational and FCC with regard to reputational damage.
- Employing a PA via a DP is a huge undertaking for a client and not always something they want the responsibility of. This opens up the potential to explore a consortia or partnership of MCs working with the client, the MCs working different days to support the client, which will also ensure business continuity. In addition, this type of arrangement would not put the client and MC at risk of breaching IR35 legislation<sup>6</sup>.
- Need for MCs to complete the majority of the QF and signed off at business start-up stage. Once MCs begin working with clients demands on their time is high, therefore completing the QF difficult to fit in. Ideally MCs need to complete the majority of the QF first, then start taking on clients. Can it be revamped, identify paperwork that can be completed early on to make the process slicker? However there is some elements of the QF that require measurement against care activity, so a balance needs to be achieved to support MCs and ensure competence and quality of care.
- Could seed funding be identified and used to fund new MCs to undertake intensive 2-week training for the majority of the QF, but to take into account work-based elements as outlined in the bullet point above?
- Be brave and have a go at something. When we started the journey and undertaking the feasibility study, initial meetings looked at the risks which at the time seemed quite daunting! But by working through them we were able to mitigate and minimise them, backed up by the development of the QF. We did it slowly, and carefully, but we did it..... learning and changing things, as necessary. We did it in a controlled way, but actually took the plunge and sticking to your principles and that Micro-care would help with care options.

---

<sup>6</sup> [Check employment status for tax - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

## **Key Aspect 10: Future plans for the programme**

- The programme has achieved all main objectives. This success has built a strong foundation to build upon, to continue developing MC provision further strengthening the care market, increasing supply and numbers of new carers entering the care market.
- Work on commissioning, with key the focus on making the commissioning market more accessible to MCs.
- Refine the structure of MC support from 2 x MCDO to 1 x Planning and Development Officer and 1 x Contracts Officer.

**The Planning and Development Officer** will take a lead on the expansion of the programme and to develop recommendations from the evaluation. This will include adopting strategic oversight of the programme alongside the Commissioning Manager. Key areas of focus will include:

- Systems and resources development and review, including the Quality Framework
- Website/portal development
- Communications and Marketing
- Reporting and Evaluation

**The Contracts Officer** will oversee engagement of new MCs, supporting them through the QF, and explore new developments that MCs want to look into, e.g. 2 MCs are considering delivering day care services. This type of service is not restricted by RISCA regulations so a MC could support more than 4 clients in the MCs own home and not delivered in the clients own home, in which case would be classed as domiciliary care. This could be an option for people who may still need personal care but could go to a MCs facility in their own home for the day with a small number of other people, provided with a mix care and support. This is seen as day care and unregulated. It could be seen as a similar model as a child care business operated in the child carers own home. This presents a viable opportunity e.g. life skills, work preparation. In addition, the MC has the potential to support 4 clients as well as providing a day care type of provision. The officer would also work with the brokerage team to match client with MC, and monitor the quality of active contracts.

- FCC are striving to double the number of MCs across the next 12-18-month period to engage 50 MCs.
- In February no further grants had been identified. Investment to continue supporting MC will be provided by FCC and support from Social Firms Wales. However, other options will be explored.
- Some MCs have chosen to purchase their own PPE, but throughout the pandemic FCC has provided PPE at no cost to MCs. This provision will continue until the end of March 2023.
- It is important that if you are going to set something up you either do it well or you don't do it at all. If conversation with WG and CIW is to take place proof is needed that the pilot is not only working but working well, this has been achieved in a controlled environment. Lots of press releases and good social media coverage has shared success of the project.

## **Conclusions**

**Future MC support structure** The future structure of micro-care is being built on robust foundations established during phase one of the project. This has enabled FCC to review and define roles, processes and relationships with all social care departments making them fit for the immediate future supporting citizens, MCs and FCC objectives.

**Commissioning** FCC has successfully navigated challenges, allowing them to directly commission with MCs. This has resulted in creating an additional care option, and the number of carers working across the county.

Micro-carers would like to know more about the direct payment and commissioning process. This could easily be remedied by inviting people from commissioning and direct payments teams to present at MC network meetings.

FCC are in a prime position to challenge restrictive legislation, to further test the care market and to continue building on robust foundations laid down by the pilot project. In particular to continue building upon the QF and contingency planning.

- Develop and facilitate conversations with WG, CIW, FCC, SCW, SFWales and selected MCs to consider legislative change related to the rule of 4 care clients.
- Explore further the RISCA rule of 4 that could be used only to aid contingency planning with regard to short-term 'breach' of legislation. Is there a caveat e.g. a consortia or partnership arrangement between MCs where each MC is providing care to the maximum 4 clients. 1 MC is taking planned or unplanned leave. Is there potential for the remaining 3 MCs to pick up on the 4 additional calls? Of course this would take other members of the consortia or partnership arrangement above the rule of 4 or fewer care clients, could there be consideration that this could be permissible for a time limited period, or;
- Is there potential for FCC to pilot a different approach that could focus on maximum hours per day permitted per day rather than the number of clients.
- The risks highlight that legislation protects against, have been mitigated in a different way which could provide the confidence to relax some of the initial legislation. If everyone does it in a similar way, if everyone had a QF and a supportive network facilitated and run by the LA this may give WG the confidence to trial a revised approach. Maybe a pilot approach the conversation and to expand the domiciliary market in a different way.

**Impact of Covid-19 on MC**

Initially Covid-19 had a positive impact on the project in that:

- People without work due to lock-down explored MC as an employment and business option.

- MCs were able to pick up unfulfilled care hours therefore reducing the number of citizens waiting for packages of care.

In addition, Flintshire ensured that PPE was available to all MCs. Overall MCs felt well supported by the council. By the very nature of personal working environments, risk of MCs contracting Covid-19 was far less than carers working in residential or nursing settings with numerous residents and large staff numbers.

Finance, current MC rates and sustainable MC businesses During the period of the project rates paid to MCs were via DPs was increased by 9.77%, DC rates by 9.14% for MCs not employing any additional staff, and for those who employed additional staff by 9%. In addition FCC are encouraging MCs to adopt an open book accounting system to begin evidencing real cost of running a MC business with a view to reviewing rates further.

There is some concern that some MCs are working long hours, it has to be questioned if this can be sustained long-term.

Seed funding has been instrumental in supporting MCs at start-up stage to be able to purchase good business insurance and item with high ticket prices, e.g. laptops and mobile telephones.

There is also some concern about the cost of training both in terms of both price and time to undertake, with no one there to backfill. Expanding the remit of the seed funding to include training opportunities would be beneficial.

Some clients requires short visits e.g. 30-60-minutes, often these calls have no other client calls on route enabling the MC to spread time and travel costs. Taking into account travel time, alarming rise in fuel costs, such calls from a business perspective are often not financially viable. This could present a risk to FCC if MCs opt for longer calls leaving a deficit of providers to service short calls.

Private hours and benefits to FCC It is still too soon to assess benefits to FCC related to private care hours provided by MCs.

Up-date on contingency planning in Flintshire It is fair to say that contingency situations are still being tested. Some MCs have established good working relationships with other MCs, supporting each other to cover periods of planned and unplanned leave, resulting in citizens receiving continuity of service. However, there are still some MCs who have not established co-working reciprocal working arrangements, this suggests further work is required in this area which could consider MCs working with care agencies and FCC in-house domiciliary care team.

Impact of MC businesses on Flintshire's economy In general the MC project has provided a launch pad on which local people have been supported their own business, change career path and created new job opportunities. Finance related to MC has circulated around local people and the local economy, and for MCs to progress from sole trader to company and or agency status.

Feedback from MCs on the onboarding processes, difference to their lives, success and challenges

In general MCs with the support of the MCDOs did not find the QF process too challenging. It seems the QF helped to focus the mind on service provision and helped to ensure MCs continually reflected and developed their businesses to increase professionalism within the care sector. MCs found the templates were helpful

## **Recommendations**

**Recommendation 1** FCC to challenge current WG legislation re: rule of 4 or fewer care clients; to consider alternative options e.g. limited number of care hours per day/week.

**Recommendation 2** Introduce QF to MCs at an earlier stage of MC development to support MCs to be 'commissioning ready' sooner, and to explore entry into the QF with existing MCs to alleviate risk of MC being up to capacity with private care clients and unable to take on DC clients.

**Recommendation 3** Explore additional funding sources to support further development of MC in Flintshire, e.g.:

- Continue seed funding support to new MCs and ongoing support for existing MCs.
- Formalise the QF for use as a Wales wide development and quality assurance tool.
- Continue with business support specific to MCs
- Future evaluation evidencing

**Recommendation 4** Explore full cost of short calls and negative impact from a business perspective, and consider including in open book accounting analysis.

**Recommendation 5** Explore MC potential for additional specialist social service areas, e.g. children's services, disability services, and day care services.

**Recommendation 6** Develop on-line directory accessible to clients and MCs that can be easily updated by MCs, keeping their details and offering up-to-date. Also ensure links with [DEWIS](#) etc.

**Recommendation 7** Develop interactive webpage where people can find out more about MC, download guidance information and apply to become a MC.

**Recommendation 8** Higher focus on marketing MC, e.g. expand use of social media and refresh marketing and communications plan. To include supporting MCs with their own marketing activities.

**Recommendation 9** Re-establish network meetings and include presentations from other FCC departments, e.g. direct payments and commissioning teams.

**Recommendation 10** Explore the use of SMART online surveys for the engagement and involvement of MCS and citizens/clients.

**Recommendation 11** Develop MC mentors, matching established MCs with new ones.

**Recommendation 12** Support further promotion and development of cooperative arrangements to support contingency planning and continuation of services to clients.

Recommendation 13 Refresh business development support in particular business planning and financial management at entry stage.

Recommendation 14 Embed 'person centred' approach in QF and with all MCs, to take into account FCC 'Progress for Providers'.<sup>7</sup>

Recommendation 15 Develop a monitoring system that streams directly off the quality framework. This will mean once a provider is approved and accesses directly commissioned work they can be monitored, e.g. at 6 week and 3 months to pick up and address any issues, followed by more extensive annual monitoring.

Recommendation 16 Continue strengthening joint working between social care departments to achieve the best possible package of care and support for individual and to maximise on valuable resources.

Recommendation 17 Higher emphasis on MC as a preventative measure reducing escalation of need for residential care, maintaining citizen independence.

Recommendation 18 Consider how a collaboration of MCs could be formed that only work as 'bank supply' workers, similar to hospital bank nurses or educational supply staffing as an additional option for contingency planning.

Recommendation 19 Social value and impact needs to be measured and monetised.

Recommendation 20 Promote MC as a career and employment option to more diverse communities across Flintshire to strengthen workforce options and tackle current social care pressure.

Recommendation 21 Create an open day type session to promote MC where people can come to hear about MC, meet and talk with established MCs, ask questions and take the next steps if MC is the right for them.

---

<sup>7</sup> [Progress for Providers \(flintshire.gov.uk\)](http://flintshire.gov.uk)

## **Appendix 1**

This micro-care initiative is a pilot project developed by Flintshire County Council and Social Firms Wales as one potential solution to social care challenges.

Pressures on the social care sector are well documented. The North Wales Population Assessment (2017) projects that in Flintshire, we are likely to see an unprecedented increase in the number of older people (those aged 65+) from 30,000 in 2014 to 46,000 by 2039. The impact this can have on the current social care sector is vast, given that there are currently issues with a lack of capacity in the sector.

A Strategic Review of the Care Sector in Flintshire in November 2017 found that:

- Providers of care reported that recruitment and retention into the sector is a particular challenge.
- There were a number of community based approaches outside of the delivery of traditional residential, nursing, and domiciliary care services that may play a role in providing support to individuals where needed and add additional resource to a sector that is struggling with a lack of capacity to meet need.

A Feasibility study carried out by Social Firms Wales on behalf of the Council was subsequently carried out to examine the potential for developing Micro-care enterprises in Flintshire. Following the report in January 2019, approval was given to set up a Pilot Micro-care project in Flintshire and a multi-agency Micro-care Implementation Board was established. The project is part of the wider Council Alternative Delivery Model (ADM) Programme. The pilot was established to develop and support the growth of micro-care enterprises in Flintshire with the aim of delivering direct care, support, and well-being services. The growth of Micro-care is seen as an additional option of care and it is hoped will provide help to divert crisis in the care sector as a preventative measure, whilst delivering care which is efficient, effective and person centred. The project will provide opportunities to build resilience in communities through developing local, bespoke solutions to peoples care needs.