

Evaluation Report May 2021

“Overall, micro-care has proven itself. There are fantastic examples, choices, and solutions to stay home for longer, and it is cost-effective, with £10-15k saved in one place”.

“It’s choice, the gaps in areas that micro-care can fill...there is a place in the market for this.”

“We’ve been very proud to lead on the micro-care initiative, it has shown fantastic impact and will continue to do so.”

“If we can crack the commissioning and fine-tune the edges, micro-care could be replicated and attractive to other authorities.”

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Executive Summary

Background

In response to the findings of the North Wales Population Assessment (2017), followed by a feasibility study commissioned by the council of Flintshire County Council Flintshire (2018) undertaken by Social Firms Wales (SFW), the Micro-care pilot project was launched. The project is a partnership between the council of Flintshire County Council and SFW and was intended to provide one potential solution to social care challenges. This evaluation report cover the Micro-care pilot initiative from October 2019 - 31st May 2021.

The project would not have been possible without the full support of the Leader, and Chief Executive of Flintshire County Council who championed the initiative, bravely taking a chance; trail blazing a new way to develop an additional option of community care and support services. This belief and commitment attracted support from the Welsh Government Foundational Economy Challenge Fund, and funding from Cadwyn Clwyd. Overall the pilot project was championed locally by senior members of the cabinet, senior officers, County Councilors, and professional partners. To manage, and develop the project, 2 Micro-care Development Officers were recruited.

Analysis

At the time of drafting this report 21 Micro-care providers had been supported to set up new micro-care businesses, 19 of which were active to support community members with care and support needs. Overall care and support is being provided to 51 customers/clients, 49 of which are permanent calls, with 2 ad-hoc customers/clients. An approximate total of 390 hours of care, support, or well-being are being delivered each week through the pilot. Of the 390 hours, 350 hours are for care, 34 hours for well-being, and 7 hours per week of ad-hoc support. Ad-hoc care is providing 2 hours of care, and 5 hours of well-being service. Of those receiving care, support, and well-being services 77% are older people, with a large percentage of these having some form of dementia, 4% of people with physical disabilities, 17% people with learning disabilities living in supported living, and 2% is family related support.

A Quality Framework to ensure good quality micro-care organisations has been developed and serves 3 prime purposes:

1. Safeguarding clients.
2. Guidance to assist micro-carers to achieve high standards and professionalism as care and support providers.
3. Guidance to assist micro-carers in business development, growth, sustainability, and administration.

Seed funding to a maximum of £1k has supported micro-carers to purchase items such as laptops, office equipment, business insurance, PPE, uniforms, and DBS checks. 14 of the 15 micro-carers interviewed for this evaluation have been awarded seed funding. Support provided by development officers and SFW has been described

as invaluable. There has been positive economic impact in Flintshire by giving entrepreneurial people the right support to start new businesses and bringing new people into the care sector, all arriving from varying work backgrounds.

Micro-care has provided an additional supply option of care and support services for Flintshire County Council to call upon. It does not appear to have destabilised the care market, conversely, taking into account challenges faced by social care, it has enhanced supply particularly through the challenges of the pandemic.

Evaluation Findings

Micro-care has enabled a flexible response within rural locations, particularly in filling the gaps where traditional care agencies would not have been able to accommodate. Micro-care agencies have been established in these areas to address this problem. There are positive examples of micro-carer's becoming established in their locality which enables flexibility and strengthening community activity through networking within rural locations.

The impact of the pilot project in relation to those in receipt of micro-care provision is predominately positive. Micro-care has supported people to maximise independence and choice, is helping to alleviate isolation and providing families with reassurance that loved one are being cared for in a way that works for them.

By 31st May 2021 solutions to challenges in relation to the council directly commissioning with micro-care agencies were well developed. It is anticipated that direct commissioning will be in operation by the end of 2021.

The Flintshire model of micro-care has shown to be cost-effective, expanding supply, and offering additional choice to people needing care and support, while creating localised employment opportunities. Having said this, there are specific areas to address and obstacles to work through. Procurement, non-regulation, and the ability to sustain a business model are all challenges going forward and could impact significantly on the initiative's future viability.

Micro-care still faces challenges in relation to a sustainable business model in its own right, due to the restrictions within the RISCA legislation. To deliver personal care to more than 4 individuals requires a micro-carer to become registered with Care Inspectorate Wales. The rule of 4 is Welsh Government statutory policy which provides a level of safeguarding in terms of the number of people in the community receiving an unregulated care provision. However, it could be argued that the rule of 4 is not enabling, and could be viewed as stifling innovation. It is also not directly linked to risk as you could have four individuals requiring little care and support (2 hours a week) and another four needing support 24/7. The risks to these two cases are very different and have not been taken into account when developing the legislation. It could be considered that a fairer approach would be an hour based measure rather than the number of clients as a measure.

Conclusions & Recommendations

The micro-care project is working well and achieving intended outcomes. The majority of people taking part in the evaluation felt that the project should be continued, and that further development work was needed to create a robust and more sustainable business model.

Recommendation from the Evaluation are:

1. The support from a Micro-care Development Officer is highly valued and needs to be maintained.
2. Commitment of financial investment to sustain, protect, and further develop the project is essential.
3. Seed funding needs consideration/refining with regard to award criteria, and level of funding or support provided.
4. The Quality Framework should be recognised as a valuable resource that could be used in other areas across Wales. As it is in its early stages of development further work including its application, recognition as a safeguarding mechanism and developing the process for ongoing monitoring of micro-care agencies should be prioritised.
5. Implementation of the direct commissioning model and monitoring to support continued improvement.
6. To challenge the RISCA regulations with Welsh Government. It has to be recognised that the RISCA rules are high level policy legislation and will take time for any possible changes to be achieved. The rule of 4 however can be seen as arbitrary and as such should be reviewed.
7. Build on the support available for micro-carers with appropriate training needs (care and business administration.)
8. Re-evaluate the project in March 2022

Introduction

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.

This evaluation report is based on micro-care activity to 31st May 2021.

Number of people invited to contribute to the evaluation	61
Methods of contribution - Online Questionnaires and face to face online interviews	
Total number of people contributing	43
Total number of interviews conducted	19
Case Studies	3

The evaluation was carried out, and authored by:

1. San Leonard, Social Firms Wales
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Acronyms

CIW	Care Inspectorate Wales
DBS	Data Barring Service
HMRC	Her Majesty's Revenue and Customs
LA	Local Authority
PPE	Personal Protection Equipment
RISCA	Regulation and Inspection of Social Care (Wales) Act 2016
SCW	Social Care Wales
SFW	Social Firms Wales

Christine - My Story Cartrefle Care

Three years ago, I was living in a woman's refuge. I was pregnant and two boys under 3 years old. We had no money and just mounting debts. Over time, we finally managed to get our home in Flintshire. We only moved in with a suitcase full of our clothes and a pram. Over the coming weeks of settling in we were getting furniture slowly for free and donations.

After about a year, I went back to work as a dental nurse. But, again, I found that the company I worked for saw me as someone who can be replaced and not an employee. They were not sympathetic to my situation at home. I have found managers throughout my career to be like this and I had finally had enough. Over the past 15/16 years I have worked in different areas of health care, from care homes to psychiatric hospitals to palliative care. Everywhere I have been, I have never felt valued. As a result, I decided to start investigating how I could become self-employed and start my own care company.

This took me around 6 months until Marianne and Rob were put into their roles in the council. The process was interesting and a lot of work, but I really enjoyed it. At this point I still had no money and just crippling debt. But I was able to keep going without any contracts as I was determined to become self-employed.

Once I contracted my first service user, I started to see the benefits of becoming self-employed. After a couple of more months, I began getting busy and was able to put my youngest into nursery full time. I was starting to pay off debts and on time with bills.

For the past 7 or 8 Years I have not been able to buy presents for Christmas, birthdays, or any special occasions, even buying a card was a stretch. This year I was able to buy my children Christmas presents. I was more excited about this Christmas than they were.

Not only has becoming a micro-carer helped me financially but there is also other benefits for me - I want to be able to build my company and this has given me the best foundation to begin the process. I have a lot of support from the council and now I have started talking with social workers, they have been great with some advice too. I have also wanted to own my own company and become a manager that I have always wanted and needed.

My business gives me such a great purpose to get me out of bed on my bad days and reminds me every day of the future I am building for myself and my children.

Purpose of the evaluation

The purpose of the evaluation report is to learn from the progress to date of the micro-care pilot project. It assesses the effectiveness of the project, highlights progress, identifies challenges and barriers, and to consider potential solutions.

The report has been drafted to help Flintshire County Council to:

- Learn from experience and share it with stakeholders
- Assess its impact across key areas- the existing care market, delivery in rural areas and Direct Payments
- Assess outcomes of people using the services of Micro-care providers
- Identify project strengths and weaknesses
- Identify what key elements need to be in place for success to happen
- Create a basis for future planning and identify ways forward
- Assess the sustainability of the model for micro-care providers
- Consider the potential for replicating the model in other areas of Wales

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.
- building sustainability into the project model by developing a range of support tools, guidance sheets and website; and to,
- manage the project through officers who report to a multi-agency Implementation Board.

Methodology

Methodology adopted included both qualitative and quantitative data. Data has been collected using data from key performance indicators and other data collection by the Micro-care Development Officers. Due to Covid-19 restrictions face to face interviews have taken place using on-line platforms only, telephone interviews, and on-line questionnaires.

Interview groups included customers/clients, micro-care providers, commissioners, direct payment team, senior service managers, business support providers, and social workers.

A small collection of case studies have been drafted which give insight into micro-carers and the impact on customers/clients and families. Once again due to Covid-19, short video stories have not been made.

Key aspect: Knowledge of micro-care

Aim *Promote the concept of a micro-carer career and the provision of micro-care services effectively across Flintshire and stakeholder groups.*

Evaluation

The majority of work related to the promotion of micro-care has been achieved despite being hindered by restrictive guidance related to the Covid-19 pandemic. The micro-care development officers have achieved this by using on-line platforms for meetings and events.

Three sets of promotional material were devised to recruit micro-carers (including 'be your own boss' and 'make a difference'). The literature was not targeted towards current care workers.

Social media campaigns and press articles have been utilised effectively.

Promoting the concept of a micro-care career of choice has been somewhat limited with Covid-19 restrictions whereby face-to-face contact at career fairs, for example, has not occurred.

Routes used by micro-cares to find out about micro-care include, the Indeed jobsite, referrals from friends, Flintshire County Council website, Carers events, Pop-up events, Flintshire County Council communications such as press releases on Flintshire County Council website and newsletters, word-of-mouth, Twitter feeds, Network events, Facebook An example is a micro-care team was contacted by someone wanting a micro-carer for her father and then decided she would like to join the programme as well.

The Micro-care Team have received 75 enquiries regarding the programme, with 25 of them resulting in positive outcomes (either joining the programme or accessing other care roles (e.g. Volunteering or NHS jobs).

The micro-care pilot initiative would not have been possible without the full support of the Leader and Chief Executive of Flintshire County Council who championed the initiative, bravely taking a chance; trail blazing a new way to develop an additional option of community care and support services. This belief and commitment attracted support from the Welsh Government Foundational Economy Challenge Fund and funding from Cadwyn Clwyd. Overall the pilot project was championed locally by senior members of the cabinet, officers, County Councilors, and professional partners.

Evaluation feedback demonstrates that micro-care has been successful due to the quality of the people involved in the initiative. The senior managers, cabinet members, political leadership, the commissioning and contracts team, the development officers, all working hard together to improve outcomes. General consensus is that despite pandemic restrictions the micro-care pilot project is well known across Flintshire.

Key aspect: Impact on the Direct Payment market

Aim *To offer a micro-care option within the DP market, expanding choice and improving outcomes for citizens.*

Evaluation

- Clients currently have the choice to engage with the DP market or by using private means to engage a micro-carer.

Micro-care is an additional option of care and support, offering wider choice of service provision. Choosing the preferred option, e.g. service provided direct by the LA, a care agency, or micro-care, is considered early on when social workers are discussing a package of care and support with the person needing additional care to aid independence at home.

Aim *To avoid destabilising the existing care market and supply of Personal Assistants.*

Evaluation

- The pilot avoided targeting people currently employed as carers or PA's.
- While there was initial concern that existing personal assistants could transfer to micro-care and destabilise the existing care market, this has not happened. There has been only one occasion where a client (and their family) asked their PA's to become micro-carers and in this instance, the choice was between either contracting with a traditional agency or contracting with micro-care. Micro-care was the preferred route to ensure continuity of care and flexibility.
- Of the 15 Micro-carers taking part in the evaluation 13 had a good understanding of existing models of care and how Micro-care fits into the choice of care and support options
- To date no complaints have been received from other care agencies that provide care packages in the area
- Choosing to engage a micro-care gives the client a more personal service without having to employ a PA directly.
- Micro-care does not replace the need for PAs. The introduction of micro-care means people needing care and support services have an additional option to choose from. Some people may require both to fulfill more complex care needs/packages. Micro-care offers flexibility to client care and support needs which can be achieved through discussion and agreement between the micro-carer and the client/customer, e.g., hours from one week could be banked and used the following week to fulfil the client/customer needs and desires.

Key aspect: Impact on Commissioning

Aim *For the council of Flintshire County Council to directly commission with micro-cares .*

Evaluation

- The contract to enable micro-care to be directly commissioned is expected to be ready late summer 2021. By the end of the year, the aim is that there will be some micro-carers who have signed a contract with the local authority who are routinely being offered work through the brokerage service. However, there are tensions here. Due to procurement regulations, Flintshire County Council Brokers must first approach care providers that are on the framework and there is an expectation that these providers are prioritised. As such, brokers would only turn to micro-carers (and/or providers not on the framework) where there is no framework solution. The ability to directly commission is expected to make a significant impact. Older people in particular, often do not want the responsibilities of a direct payment, including micro-carers in brokerage will help to strengthen the system, offer combined packages and blended options. Directly commissioned services are expected to increase choice through brokerage. The nature of micro-care will change going forward as volumes increase. Those involved in the pilot have devised guidelines to ensure that no subcontracting occurs.
- Client/customer choice and preferences are taken into account when a new care provision is needed. Initially there will be choice related to DP or service managed by Flintshire County Council. Choice of type of provision will be discussed at an early stage with a social worker. A new client/customer choosing a DP option gives them 3 further options. 1. To use the DP to directly employ a personal assistant; 2. To use the DP to purchase the services of a micro-carer or use DP to purchase the services of a care agency. 3. Alternatively, a new client/customer may choose a care provision commissioned by Flintshire County Council. This service will be provided by Flintshire County Council in-house team or by agencies under contract to Flintshire County Council. As direct commissioning expands to include micro-care, this will provide another source of care provision for Flintshire County Council giving Flintshire County Council a wider pool of domiciliary carers to call upon. For the clients/customer choosing a commissioned service provision, their care package will be provided via in-house, agency, or micro-care depending on availability at the time.

Future development opportunities

- A wider discussion beyond Flintshire County Council is required to develop new ways to commission services. This is particularly evident when it comes to client choice and developing potential procurement exemptions. However, this must be balanced with the investment that has been made by providers who have

been through the framework and the potential response from agencies who may feel undermined. Legally, from a procurement perspective, agencies on the framework would be offered a new care package first. This predicament is underexplored and requires attention going forward to balance the framework legalities with the choice and autonomy of a client wishing to use a micro-carer through a commissioned service.

- The capacity in terms of hours and client/customer numbers of micro-cares is limited by RISCA legislation. A micro-carer is not required to register with CIW if they care for 4 or fewer individuals. To care for more than 4 individuals requires for a micro-care to become a registered and inspected service. The rule of 4 is Welsh Government statutory policy which provides a level of safeguarding in terms of the number of people in the community receiving an unregulated care provision. However, it could be argued that the rule of 4 is not enabling, and could be viewed as stifling innovation.
Scenario 1 – A micro-carer provides care to 4 very easy clients/customers for 2-hours each per week, a total of 8 care hours. Realistically the micro-carer has capacity to provide more care hours in their working week. However the RISCA rule of 4 does not permit the micro-carer to provide care services to additional clients/customers. Without a micro-carer developing a secondary income stream this scenario is not financially sustainable, and a risk of Flintshire County Council losing valuable experienced care providers.
Scenario 2 – A micro-carer provides care for 4 clients/customers with complex needs, each requiring significant care hours per week, often each person requiring multiple visits each day. This scenario has potential to be sustained and provides Flintshire County Council with additional experienced care provision to call upon.
- Going forward, micro-care needs to be an established integral and integrated part of council processes. How this will be developed within brokerage needs further refining, particularly around the capacity of a micro-carer to take on more packages and how this is communicated with brokerage effectively.

Aim *To strengthen the care market, increasing supply and numbers entering a career in care*

Evaluation

- There is a recognised shortage of good quality domiciliary care across Wales and further. In Flintshire, there is a range of good providers and established partnerships, and the county also offers in-house care. Yet nevertheless, the workforce constraints of the care market mean that often, there are not enough carers, and the sector faces considerable pressure. Micro-care has offered invaluable support to the sector by supporting the development of micro-carers who are well connected, local, and come armed with their community knowledge which increases resilience and adds social value.
- The pilot programme has been acutely aware of the precarious position that new micro-carers may be exposed to, which could potentially limit the engagement of new micro-carers due to the high risks associated with the role.

Micro-carers are self-employed, and the nature of their business can be dynamic. Dealing with challenges and immediate threats to the ebb and flow of cash flow will need to continue responsively, particularly as the micro-care business volumes increase after directly commissioned services commences within Flintshire County Council.

- At the time of drafting this report 21 Micro-care Providers had been supported to set up new micro-care businesses, 19 of which were active to support community members with care and support needs.
- Overall care and support is being provided to 51 customers/clients, 49 of which are permanent calls, with 2 ad-hoc customers/clients. An approximate total of 390 per permanent and ad-hoc hours of care, support, or well-being each week. Of the 390 hours, 350 hours are for care, 34 hours for well-being, and 7 hours per week of ad-hoc support. Ad-hoc care is providing 2 hours of care, and 5 hours of well-being service.
- Of those receiving care, support, and well-being services 77% are older people, with a large percentage of these having some form of dementia related issues, 4% of people with physical disabilities, 17% people with learning disabilities living in supported living, and 2% is family related support.
- Micro-care has offered a new, innovative way to promote caring as a professional career which has supported the profile of care more broadly. Covid-19 has offered an opportunity for individuals to think about the prospects of entering the social care sector, which may not have been a possibility before by supporting people into the sector who can generate an income from directly assisting people from within their own communities has added strength to securing micro-carers, enhancing choice and flexibility, and promote the sector. People with a genuine interest to seek a sustainable role have had the opportunity to work in a different way.
- Of the 15 micro-cares, 5 (33%) were new to the care sector, 10 (67%) had some care experience but had left the care sector to pursue other career choices but then returned to the sector to become micro-cares.
- The backgrounds of those new to the care sector ranged from office based employment, call centre, artistic, and unemployment.
- Motivation to become a Micro-carer ranged from aspiring to ‘be my own boss/run my own business’ witnessing poor support for relative, dissatisfied with working in a care home setting, wanting new challenge, desire to help people, flexibility and opportunity to work closer to home.
- All micro-carers stated that they felt valued and appreciated by both the people they care for and Flintshire County Council. 12 Micro-carers interviewed saw Micro-care as a long-term career/business while 3 considered it from a short-term perspective due to uncertainties around establishing a sustainable business.
- 12 people found it easy to make the transition to become Micro-carers while 3 found it difficult. The support from the micro-care development officers is reported as being valued and appreciated by all micro-carers taking part in the evaluation particularly highlighting the training provided, one-to-one support and working at a pace and time suitable to the micro-carer.

- Difficulties related to setting up a Micro-care business are in the main around the time it takes to secure early care packages, communication between Flintshire County Council departments, slow speed of DBS Check returns, lack of time choices for network meetings, the majority of difficulties related to heavy load of paperwork, especially initially.
- 12 micro-carers are registered as Sole Traders (Self-employed) with 3 have registered their businesses at Companies House. 14 Micro-carers do not employ any other staff with only 1 micro-carer employing 3 other people.
- 1 micro-carer felt that the support of the micro-care development officers contributed a great deal to starting their businesses. 3 felt the micro-care development officers contributed a lot and 1 person a limited amount. All 15 felt stated that they could not have become micro-carers without dedicated specialist support.
- Micro-carers felt improvements could be made by mandatory hands on training, mentoring support from experienced micro-carers and better collaboration opportunities, all of which could not happen due to covid restrictions. Workshops related to partnership working, financial management, tax returns, marketing, and registering with CIW Would also be appreciated.
- 2 micro-carers have registered with CIW and are now off-framework care agencies and as such the rule of 4 care clients does not apply. Developing a micro-carers business first provided a foundation on which to establish an off framework care agency . This progression not only created employment for 2 micro-carers initially, but has potential to create employment for others, and bring new people into the care sector.

Linda's story - TLC and Enabling (Trelawnyd Living Care and Enabling)

I had been working in a job that I was not enjoying anymore, and this had been a similar situation for the last few years. There was no personal reward and was looking for a career that was going to give me some fulfilment in my day-to-day life. On reflection I knew that helping others and working to support the local community would give me self-worth and to say I was doing a job I was proud of. By chance when looking on the Flintshire website, we saw a notice about Micro-Carers and on reading the details I sent an email to the project team for further information.

I had an immediate response to my request and had a phone call with the project team a couple of days later. On speaking initially to Marianne, I was told about the micro-carer project and what it was trying to achieve and how it was going help people live safely in the own homes with dignity and respect for as long as possible, and would also be supporting the local community. In addition to this, Marianne also explained about the help you receive from Flintshire County Council in achieving this new role.

Given this is a new career for me in caring and working for myself, it has been a completely new learning experience. There was a lot of mandatory training that needed to be completed and I have been supported every step of the way in getting this arranged, along with all the documentation that I need to complete to support the business being set up and started. Initially, I was working at my old job alongside trying to complete the training, but given how unhappy I was, and I did not think I could give this new role a hundred percent dedication, I decided to leave and concentrate fully on this new Micro -carer role.

I am now coming to the end of my training, and I am excited and looking forward to the future. The Micro-Carer Project Team have given me a fantastic opportunity and I am really looking forward to working with the other Micro-carers and alongside Flintshire County Council.

- Being a micro-carer goes beyond being a good carer. To succeed, a micro-carer needs to be business orientated, managing contracts, payments, and tax returns, for example. SFW has been commended on the support offered to date with this.

Future development opportunities

- There is scope to further consider how the development team targets prospective micro-carers with a business/entrepreneurial disposition. Micro-carers need to operate as a business and appeal to small-scale business-orientated people.

Aim *The cost of Micro-care provision and any impact on care budgets*

Evaluation

- There is one example of £10-15k cost savings occurring (supported living).
- This has been achieved with significant investment from the Welsh Government's, Foundational Economy Challenge Fund, funding from Cadwyn Clwyd, and Flintshire County Council. Flintshire County Council funded one development post, while WG funds paid for the second.

Further development opportunities

- Savings offered via the micro-care option need to offset the cost of development officers who facilitate and support the project.

Key aspect: Impact on rural areas

Evaluation

- People working within social care are acutely aware of the capacity struggles in rural areas. It was hoped that micro-care would ease some of the capacity issues with social workers (for direct payments) and brokers (for commissioned services, once established) which could direct micro-carers to particular geographic areas. It has increased options available to social workers and brokers in specific areas and supported community cohesion, networks, and local links.
- Micro-care has enabled a flexible response within rural locations, particularly in filling the gaps where traditional care agencies would have not been able to accommodate. Some areas of the county are hard to access which is not appealing to agencies, especially for shorter care calls. However, there are positive examples of micro-carer's becoming established in their locality which enables flexibility, strengthening community activity through networking within rural locations.
- Micro-care has helped in rural localities particularly where there are not enough packages for an agency to pick up a 'run' of calls to warrant an agency carer (travel time). Drawing on micro-carers in these situations has freed up agency staff to do 'runs' in the town, while micro-carers concentrate on the villages near their community.

Future development opportunities

- There is potential to further develop and strengthen networking and buddying opportunities between micro-carers to benefit the client by enhancing flexibility, build community links and resilience, locally.
- Increase the connections with small rural areas through different methods (word of mouth).

- In regard to Flintshire County Council directly commissioning with micro-carers going forward, development is required to map out how the commissioning framework system recognises the benefits of choice and holistic relationships being developed locally between micro-carers and clients when it comes to the framework. This would need to be developed while recognising potential issues around transparency, perceived favoritisms, the accountability of public funds, and the procurement framework.

Key aspect: Growth of sustainable, good quality micro-care providers

Aim *Develop a Quality Framework to ensure good quality micro-carers and appropriate safeguarding of vulnerable people.*

Evaluation

- The quality framework is established as a live document.
- The majority of micro-carers will not be regulated by CIW which posed additional issues for assurance for direct commissioning. CIW Wales were broadly welcoming and supportive of the overall project, particularly with its aim to help professionalise the sector, however, the ‘rule of four’¹ is ambiguous (further explored in a later section). CIW inspected Flintshire County Council in April 2021 and micro-care was seen as a good and progressive form of care that is reflected within the inspection report.
- SCW has not been able to register individual micro-carers. Concerns such as potentially having care workers set up as a micro-carer who had previously been struck off the Social Care Wales registration were shared. Concerns were shared on the lack of ability to register a micro-carer as fit for practice. While there have been no issues here to date, concerns were shared on the processes if they were to be an issue and clarity around sanctions and stopping commissioned services. Further worries about how this could impact direct payments were also shared.
- The model of micro-care has been devised to address some of the tensions evident within the personal assistant model, such as ensuring a DBS check is completed and training is accessed. This has addressed some governance concerns. There were issues around micro-carers not being able to complete DBS checks for themselves. To work around this, the LA applied for DBS checks on behalf of the micro-carers and charged a fee to do so, as part of the assurance process.
- Training is offered to micro-carers through workforce development. However, concerns have been raised over the ‘hands-on’ training that can be a challenge. For example, a micro-carer may have completed moving and

¹ Under CIW legislation, an unregistered carer can work with a maximum of four ‘care’ clients at any one time (this excludes wellbeing/support clients).

positioning training, yet be unfamiliar with a particular hoist and/or sling for a specific client, and without established mechanisms for shadow shifts, this can leave both the client and micro-carers vulnerable. Training offered does not always meet the need of a micro-carer, particularly with timeframes. When a new agency member of staff is recruited, it could take some time to arrange their training which is organised in-house by the LA. However, a care agency is more likely to be able to accommodate significant delays with this (for example, training is booked up 3 months in advance). Yet, for a micro-carer, this could significantly affect and restrict their business development.

- Flintshire County Council has thought hard about safeguarding and with the micro-care development officers and commissioning team, there is assurance that the care delivered is of a good enough quality. However, concerns were shared on how well micro-carers understand the safeguarding processes. While supported to a degree, as sole traders, they are making decisions out there on their own. However, a Safeguarding officer has attended a Network meeting and understanding around Safeguarding is checked out at both Network meetings and as individuals go through the Quality Framework. micro-carers have details of the out-of-hours safeguarding team within social services.
- – 2 micro-care providers have completed the Quality Framework criteria with an additional 5 working through it.
- 2 operational micro-carers are planning to employ additional staff members mid-summer this will increase the supply of care hours available.

Future development opportunities

- Discussion is needed to clarify if, and how the Quality Framework will be monitored/accessed
 - for micro-carers who have undergone the process possibly annually/bi-annually
 - For micro-carers who are on the framework for commissioned services
- Going forward, there could be scope to challenge both the CIW (WG) 'rule of four' and the possibility of micro-carers registering with SCW.
- Potential consideration on DBS checks – will the LA continue with this role long term?
- Further developing a buddy system may bridge some of the issues around 'hands-on' training experience and requirements.
- Development with the training department needs to consider the unique challenges that a significant time delay to training can have on micro-carers, while not creating tension with larger organisations when training is prioritised.
- Buddying with larger care agencies may help to offer support to micro-carers as lone workers.

Key aspect: Impact of Covid-19

Aim *Assess the impact of Covid-19 on project development and broader social services.*

Evaluation

- Beyond the limitations of the unknown (how many potential micro-carers did not engage with the pilot due to covid related concerns), the pandemic has not featured as a significant issue, other than in respects for ensuring micro-carers had access to appropriate PPE and were up to date on government advice and guidance. On the contrary, the pandemic may have attracted micro-carers who may have been displaced from their previous employment to the pilot, who was responsive to the opportunity.
- The impact of Covid-19 has meant that general meetings, network meetings and training has been conducted using on-line video platforms and telephone call. 8 micro-carers felt this had been highly successful, with 7 feeling it had been reasonably successful.
- 4 micro-carers felt Covid-19 had impacted a great deal on their decision to start a Micro-care business, 5 a little, and 6 not at all. Micro-carers felt with the exception of regular Covid-19 testing and the correct personal protection equipment Covid-19 had not significantly impacted on business activities.

Key aspect: The impact of care on the private care market

Aim *To develop robust micro-care supply that can work in partnership with existing care agencies and does not undermine the sector.*

Evaluation

- As the pilot began, established providers were kept informed of developments during provider meetings. Micro-carers are not perceived as a threat to established providers, mainly due to RISCA limitation restricting a micro-carers client capacity to care for 4 or fewer individual. It does however open up opportunity for micro-carers to work with care agencies to ensure provision continuity e.g., overall an agency may work with a micro-carer, the agency delivering the majority of the care package, with a micro-carer providing the remainder. Flintshire County Council has made it clear to care agencies that there is more than enough care work for all care providers, therefore agencies see micro-carers to be of value. Partnership working is described as creating solutions, rather than a threat to business. There has been no direct impact on the business volumes of agencies, nor has there been a flurry of agency staff leaving their role to set up as a micro-carer.

- Flintshire has a unique marketplace for care packages. Currently, there are only two agencies that cover the whole of the county, the remaining provision is geographically based, due to the rurality of the area.
- Micro-care was not established when existing frameworks were developed and micro-carers would not meet the expectations (insurance, background experience, for example) to meet the framework if it were to be revised.
- Micro-carers are not the same people as agency carers. The pilot has tested the market and micro-carers are more interested in running their own business. The areas are distinct.

Aim *Support micro-carers to apply for seed funding to develop micro-care business models.*

Aim *Support micro-carers to develop sustainable businesses.*

Evaluation

- Seed Funding applications were assessed by a small funding panel consisting of the 2 micro-care development officers and a business advisor from SFW. It was important to ensure the funding panel reflected both care and support, and commercial expertise. The Seed Fund was administered by SFW.
- Seed Funding - 14 of the 15 Micro-carers have been awarded Seed Funding, 1 did not apply for funding support. 2 stated that they could have set up their business without Seed Funding, 3 would not have been able to set up without it, and 10 would still have set up their Micro-care business without Seed Funding but it would have been difficult to do so.
- 4 micro-carers received a great deal of support from the micro-care development officers, 8 a reasonable amount lot, 2 a little, and 1 person needed no support at all to complete the application.
- Of the 14 applying, 8 people found the timescale from application to receiving funding support very acceptable, and 6 acceptable.
- Seed Funding supported 2 care services to be established, 2 support services, and 10 a mix of care and support services.
- Funding support enabled new micro-carers to purchase laptops, printers, uniforms, personal protection equipment, insurance, Micro-soft Office software, training, and lockable filing cabinets for safe-keeping of client/customer paperwork.
- There is reasonable confidence with micro-carers that they will find sufficient customers/clients to develop sustainable Micro-care businesses. 7 micro-carers felt greatly confident, 6 confident, with 2 feeling not confident. At least 2 Micro-carers have additional paid employment as well as running their own Micro-care business to sustain themselves.
- Aligned to developing a sustainable business, micro-carers felt they had achieved flexibility/work-life balance. 6 stated a great deal of flexibility/work-life balance, 6 a lot, 2 a little and 1 person felt they had some way to go to achieve this. The latter is related to managing time to complete daily business tasks around being in and out all day.

- 12 micro-carers felt they had received a lot of guidance to create sustainable businesses, with 3 stating a little.
- micro-carers are keen to develop their businesses. Future planning to grow their micro-care businesses include attaining CIW registration, raising hourly rates, grow hours per week/month, more promotion, support the growth of the network of micro-carers, employ other people and look for more contracts and private work, keeping up-to-date with societal needs and training, more interaction with Flintshire County Council, and continue developing a good service.
- The support offered to Flintshire County Council and micro-carers from SFW has been described as invaluable. This is evidenced through the development of sustainable businesses that have social value and rolled out in their local communities.
- Micro-care development officers have supported the growth of micro-carers to date.
- Encouraging new social-based enterprises has been described as a ‘win-win’ situation that is embedded in practice within the programme for Welsh Government priorities over the next five years. Community-based enterprises, as demonstrated throughout the pilot, offers the opportunity to develop the quality of care the county can offer to clients.
- There is a risk that if an established micro-carer were to lose just one or two clients (not unusual within the care sector) that they would no longer be financially viable.

Future development opportunities

- Brokerage (and commissioning) need to explore how micro-carers can sustain during frequent changes to their business and to have the ability to fill gaps appropriately. This needs to be done with a transparent approach and with due regard to the procurement framework.
- There were concerns over the future of micro-care related to funding – how many micro-carers would it take to make the service viable in the long term? At present there are 21 micro-carers. A target figure is hard to guess, however, a figure of 50 – 60 micro-carers has been suggested.
- If the project were to fold, it may be possible to integrate some micro-carers into existing care services, or for them to secure employment in the open labour market.
- To encourage peer to peer support e.g., jointly commission Microsoft office training, marketing, and general business management/administration training, and accessing training provided via Flintshire County Council.
- Format of training limited due to the pandemic. No interaction and chats and natural peer to peer support. This will change and provide wider peer support as pandemic restriction ease.

Aim *Develop cooperation between micro-carers and with agencies to ensure good contingency planning template design.*

Evaluation

- Contingency planning featured significantly within the pilot project evaluation. With the traditional agency approach comes scale which cannot be replicated with micro-care, bringing inherent risks with both emergency and planned contingency situations. Potentially, micro-carers are at risk of feeling isolated and vulnerable, particularly when faced with an emergency. To offset this, the pilot developed a network consortium to bring micro-carers together and facilitate a space for workers to access peer support and advice from the development team on how to manage contingency planning. As part of the quality process, contingency templates were devised and explored openly and transparently with each client to proactively explore contingency preparation. Each preparation template was devised in collaboration with the client, their social worker, family/informal carers, and the micro-carer. A contingency process being trialed considers 4 options; 1. can the client/customer manage for a short period of time, e.g. 1-day; 2. can a family member/friend/neighbour support for short period of time; 3. network with other micro-carers re: their capacity to support the client/customer; 4. cover via an agency in an emergency. To date, there have been no significant ramifications from a lack of contingency planning that has impacted service provided to a client/customer.
- Micro-carers are also coming together themselves to develop relationships based on geography, friendships, and involvement in collaborative care packages.
- A barrier to micro-carers being able to plan for absences between themselves is the CIW legislation regarding the ‘rule of four’ whereby for any individual to provide care without being registered as a provider, a maximum of four clients can be for care requirements. This has posed challenges around planning for when someone accessing a ‘support’ and/or ‘wellbeing’ package then begins to also require care, particularly in instances where it would be detrimental to the client to have to seek new care provision. Further issues are posed when planning ad-hoc emergency cover and planning absences for holidays. The CIW arbitrary ‘rule of four’ has not been challenged and contributors to the evaluation have struggled somewhat to align the differences between delivering personal care to eight clients for half an hour each per day, compared to one client having four hours of support per day.
- Cooperation between micro-carers and care agencies has been ad hoc and responsive to particular situations. However, it is commendable how during these times, providers and micro-carers have come together to explore responsive solutions to complex situations. This was evident through a package for a client living in a rural area whose service from a provider was disrupted by staffing issues due to the pandemic. The client’s social worker contacted the micro-care team, and a micro-carer was able to step in who

lived in the same village. Without the micro-carer, the outcome would have been a reliance on informal care, drawing on the resources of the in-house enablement domiciliary care team, or potentially, temporary residential care provision. This arrangement was developed into a longer-term solution with ongoing collaboration between the care agency and micro-carer.

Future development opportunities

- Strengthening relationships between micro-carers by facilitating space for natural relationships between micro-carers to flourish. Shared work (adhering to CIW regulations) will foster good practice and support with contingency planning going forward.
- Developing further networks with care agencies where appropriate. This would include further scoping out opportunities for contingency planning, sharing training and resources, a buddying system, and negotiating with providers who may have short and long-term capacity to work in partnership, depending on the care package requirements.
- In the future, it may be appropriate to challenge the ‘rule of four’ CIW legislation. The micro-care pilot project has demonstrated that the ‘four’ is not clear cut and can be a significant barrier to maintaining established relationships between client and micro-carer. As momentum grows, there may be an opportunity to use Flintshire County Council micro-carer as precedence.

Aim *Encourage well motivated individuals from diverse backgrounds into micro-care.*

Evaluation

- Micro-care has offered a new, innovative way to promote caring as a professional career which has supported the profile of care more broadly. Covid-19 offered an opportunity for individuals to think about the prospects of entering the social care sector, which may not have been a possibility before by supporting people into the sector who can generate an income from directly assisting people from within their communities has added strength to securing micro-carers, enhancing choice and flexibility, and promote the sector. People with a genuine interest to seek a sustainable role have had the opportunity to work differently.
- To date, new micro-carers have come into the social care sector from a range of diverse backgrounds, including previous business workers, informal carers, previous personal assistants and carers, community activists, a nurse, and economically inactive people. A general consensus from the micro-carers is that they want to engage in something rewarding that makes a difference. For example, one micro-carer is aiming to set up a community garden for dementia clients while another would like to explore specialising in palliative care.
- Micro-carers tend to be flexible, responsive, and valuing while demonstrating creative solutions to problem-solving. Most micro-carers do

not take a 'time and task' approach to their business, rather, micro-carers fill the gap that is part of social exchange, particularly with clients who use provision to support their wellbeing.

- Feedback from family members of a client includes micro-carers as being dedicated, flexible, valuing, and outstanding.
- Micro-care is helping to challenge the role of a carer. Historically, the role has been perceived to be a low skill and has been a low-paid position. With micro-care, individuals are not only running their own business, but they also have the opportunity to become employers which shifts the perception of a carer.
- Micro-care is explored in a context of entrepreneurial thinking; whereby proactive people cultivate their own sustainable business. This has, to some extent, began to shift the perspective of what a carer can be capable of.
- From a workforce perspective, micro-care has offered a different route for people who may have previously found it difficult to work within the sector (young parents for example, who cannot meet the demands of a care agency contract, yet are community-minded, with links and networks), or for potential workers who have not considered the social care sector an attractive career option. These are the people for whom micro-care is an attractive option.

Further development opportunities

- Once direct commissioning is agreed and in place, micro-carers will be perceived as being on par with larger care providers, further enhancing the views of a carer as also being able to manage their own sustainable business.
- Feedback from multiple individuals indicated that the key to a successful micro-care initiative is staying fairly small and lodged as part of the local community. There is a finite number for micro-carers to ensure that the initiative does not begin to undermine established agency or personal assistant provision. However, it has been suggested that capacity could be at least doubled before this becomes a concern.

Aim *To offer good quality support to all potential and practicing micro-carers*

Evaluation

- Micro-care development officers have worked hard to offer support to both potential and practicing micro-carers. While there have been teething problems, expected with innovation, development officers have worked closely with micro-carers to devise a wide range of templates, contracts, and agreements.
- Similarly, SFW has been commended on the support offered to micro-carers while establishing their businesses. Support provided via this source has been general, and one to one especially around registering with HMRC as a sole trader and taking on staff.

- Support has also been accessed by new micro-carers requiring general business development support. This has been provided by Business Wales and Flintshire County Council in-house business support team.
- Business support required included pre-start, registering a company/self-employed, registering as an employer & employing staff, business planning, financial management, marketing, and sales, growing your business and one-to-one mentoring.
- All business advisors interviewed felt well informed about micro-care due to good communication from the micro-care development officers.
- Taking into account micro-care is in its infancy, as it gathers pace in its development further gaps in business support may be identified.
- In addition, all business advisors felt that despite a backdrop of the pandemic and lockdowns, micro-care has managed to ‘churn’ economic activity locally by creating work and jobs, and providing new spending power and sustainability.
- It was also observed that start-up and growth funding is always an issue but due to the make-up of a micro-care enterprise this was not a major barrier.
- It was considered that new businesses had been created to fill a gap in the social care market.
- Likewise, it gave an opportunity for people to formalize activities related to care and support.
- Concerns were raised on whether the training package on offer is enough. All micro-carers can access training offered to any carer in the county, as well as specific training on how to run their business, but contributors to the evaluation question whether there are gaps still to be identified as the micro-care project develops in the future. This was raised by both micro-carers and business support agencies/departments. As the micro-care project is still new, hence additional business support needs as it continues to grow and micro-carers develop and grow their business offering and learn about compliance with legislation.

Future development opportunities

- Multiple contributors noted that the role of the micro-care development officers is critical to the success of the pilot and future development. While this could reduce the potential cost savings, the initiative would likely crumble without the post and overall facilitation.

Aim *Develop peer to peer network meeting*

Evaluation

- Regular peer meetings were established during the pilot.
- Micro-carers have also developed their networks of support.
- Network Meetings are held monthly, facilitated by the micro-care development officers . 8 micro-carers found meetings extremely useful, 5 useful to some degree, and 2 do not attend network meetings. 5 felt network meeting to be extremely well run, whereas 8 well run. 12 felt the frequency

- of meeting was good. 2 micro-carers communicate with other micro-carers outside of network meetings, 10 communicate a little, and 3 not at all.
- Micro-carers would like to see options for network meetings at other times and days, maybe split between morning, afternoon, and evenings. For those that do not, or unable to attend network meetings they would like to receive up-dates through a Flintshire log-in webpage and for all information to be in one place.
 - As Covid-19 restrictions are eased 6 micro-carers stated a preference to continue using on-line video platforms for meetings, 2 preferred face-to-face, and 7 would prefer a mix of on-line and face to face meetings.

Future development opportunities

- Several micro-carers commented the idea of varying times of network meetings, reflecting the irregular operating hours of micro-carers

Key aspect: Future sustainability

Aim *Build sustainability into the project model by developing a range of tools, guidance sheets and website.*

Evaluation

- The micro-care website is live.
- Templates such as contingency planning and contracts are available.
- Other counties in Wales are exploring micro-care based on the pilot in Flintshire. To date, Wrexham, Denbighshire, and Powys are known to be considering the model.
- All micro-carers stated the importance of supported and guidance provided by the micro-care development officers.

Future development opportunities

- Flintshire County Council to continue providing appropriate support to micro-carers.

Key aspect: Impact on service users

Aim *To create an additional offering of care provision for Flintshire residents.*

Evaluation

- Social Workers have micro-care as a choice when exploring services and provision with clients. Micro-care would be included in the same way as direct payments and commissioned agency provision as part of an enablement package.

Aim *To provide a more person-centred and consistent provision*

Evaluation

- Throughout the evaluation, contributors were clear that one of the key benefits of the micro-care option has been to offer consistent, flexible, and person-centred care and support.
- Clients want reliability, respect, voice, control, and personal centeredness. To offer this locally is responsive, particularly when micro-care can also offer social values and these key attributes offer space to comprehensively develop the choice of care offered to people.

Aim *To improve choice and service user well-being*

Evaluation

- While there are financial benefits to micro-care, the overall benefits are not simply in terms of fiscal savings. Bespoke, personalised care, support and well-being is being offered through a desire to explore a new flexible and responsive approach.
- Micro-care has proven itself with some fantastic examples of increased choice and solutions which enable clients to stay at home for longer.
- The micro-care team was contacted by a social worker from the supported living team to explore whether micro-carers could offer a flexible and responsive solution for a group of six people living together in a new setting. Template collaboration agreements were developed to enable this bespoke arrangement to flourish.

Key Aspect - Customer/client perspective on Micro-care provision

- 5 people took part in this area of evaluation and were either family members or the service users themselves. 4 were existing care service users, 3 people are using a micro-carer in addition to an existing care service, 1 person had moved from an existing care provider to using a micro-carer only.
- Of those people responding to the evaluation 2 people were paying for their micro-care service through private means, 2 using a direct payments option.
- 3 people found the micro-care provision to be very consistent and flexible, with one person finding the service moderately flexible and consistent. All respondents reported to being very satisfied with the service the micro-carer provided.
- In relation to changes and differences to daily life, and well-being of people in receipt of care and support are heartening, they include,
- *“Our micro-carer has empathy with our Grandmother, her manner is appreciated by all family members”*
- *Having a micro-carer has enabled my husband “to go out independently, it has given him someone different to talk to, and to go to different places” It also provides this person with respite and time to do things of her own choice. She also stated, “We don’t know what we would do without our micro-carer. My husband is now less depressed when at home which is good for us both.”*

- *Having a micro-carer has “provided support for my Mother-in-law not just for essentials but for the small jobs too.”*
- *“Following a spell in hospital due to a stroke I had 6-weeks reablement care support at home. When I was able to manage most things on my own, I had help to find a micro-carer to help with things that I find difficult such as going shopping, jobs in the home and to visit the garden centre to buy plants. Help to buy plants is particularly important to me, once they are home, I then plant them out in my own time as I am able.”*
- *All people felt that engaging a micro-carer is helping them, or a family member to live a more fulfilled life and improved mental well-being. This is what people or family members are reporting:*
- *“My grandmother is always happy when she knows her micro-carer is visiting that day.”*
- *“My husband is so much better now he has a little independence and can get out and about without me and meet new people. It also means I can take my Mother shopping.”*
- *“My Micro-carer is a real life-line. Without him I would not see anyone.”*
- *All are satisfied with the care and support they are receiving from their micro-carers.*
- *3 respondents would recommend using a micro-carer to other people and families, 1 would not, however, this was quantified by, “Don't tell people about how good my Micro-carer is, if they find out they will want him, and he may not be able to fit me in if he gets too busy!” Other comments include:*
- *“The only experience we have of the micro care service is our own micro-carer, and we consider ourselves as fortunate to have been able to find her, initially because she is local to my grandmother, but then as we had amazing feedback from my grandmother, we realised that our micro-carer provides the care that everyone should be entitled to.”*
- *“We don't know what we would do without the support of our Micro-carer”*
- *“Our micro-carer has been excellent; he has been really good at communicating with us all the time. We are grateful for this as we live some way from my Mother-in-law. He has gone beyond all our expectations.”*

Story from a family member

When I started on the journey of needing someone to care for my mother it was overwhelming. Convincing my mum that she needed someone to help her and for the family accepting we could not be there enough for her left us guilt ridden. Allowing a stranger to look after her leaves you in turmoil. For my Mum and the family, it has been very the best decision we have made on her behalf.

Sally started and mum just thought she was coming in to have a cup of tea and some biscuits with her she could not remember her name and called her "*Miss Pinafore*" In only a few months Sally has formed a relationship with my Mum, and she helps with bathing and getting dressed. Knowing how private and independent my mum has always been I never thought this would be possible.

Sally's upbeat way guides my Mum to eat and look after herself, but Sally still always gives my mum choices about everything from where she wishes to eat her dinner to what she wants to wear, nothing is ever forced and the respect she shows to my mum is amazing.

Having a micro carer has changed my mums daily life completely, she is seeing the same person so she now looks out of the window waiting for her to arrive and although her health condition will never improve, I can see a significant change in her and can only describe it as her being more content.

I know the day will come that my mum will need residential care, but ,for now that day is being extended week by week due to Sally.

- Micro-care has a place in the market as a hub model, whereby packages come into a central point and are then distributed. These established structures have served the project well. There will always be a demand for care and the more strands for care to fit a range of different needs, the better. One solution is not appropriate.

Overall comments

- The Flintshire example has shown to be cost-effective, expanding the supply and offering more choice to people needing care and support, while creating localised employment opportunities. Having said this, there are specific areas to address and obstacles to work through. Procurement, non-regulation, and the ability to sustain a business model are all challenges going forward and could impact significantly on the initiative's future viability.

Future potential

- One response commented that longer-term (3 years) investment would now be welcome. The initiative has been successful, and the innovative approach fits squarely into the focus on health and social care, community cohesion, workforce development, and pandemic recovery. It is viable, vibrant, and can become a key part of the sector going forward. Similarly, as well as investment from WG and Flintshire County Council, there is an opportunity for NHS investment whereby far-sighted health colleagues can see the long-term outcomes for investing in community resilience.
- Supported living could be a key area for micro-care development as there can be struggles with provision offered in the marketplace. Using micro-care can offer a better potential mix for an individual, particularly for well-being time. Similarly, for people living with their families, where a care package would not have previously been offered, someone who may have attended a traditional day centre service may wish to explore micro-care as an option, including shared support.
- Contributors to the evaluation are keen to explore how models of micro-care could be rolled out into other areas, such as into child services (see below) and to non-social care areas where the local authority may be struggling, and a small business could help. One example of upcycling was also offered as an opportunity for investment from other sectors that could help the micro-care approach to grow and develop as a model.

Scoping out the potential within child and family services:

There are two specific areas of interest to further scope and explore within this area:

1. 'Edge of care'

In these situations, parents may be struggling, often with an adolescent. Flintshire County Council aims to put in a range of preventative measures to avoid the situation escalating. There has been growth here and the authority aims to respond early with intervention and support to keep children and families together, where it is safe to do so. When working with families, a personal assistant can be the outcome and intervention to help, however, there is difficulty with sourcing PA's and attracting the right carers to the market – could micro-care help here? What principles and approaches could be transferred and adapted to a different client group? Could this offer a solution to the challenge? Managing intervention is based on an individual assessment and clarity and clear planning would be required. For intensive support interventions, a case coordinator facilitates a range of support, including from the third sector and volunteer mentors for example, and this coordinated partnership approach could be strengthened with a micro-care model, as a range or box of solutions. For example, could a micro-carer offer support to a parent? Evenings can be a difficult time and there is not a 24/7 services unless it is an emergency. Could a micro-carer offer advice/support over the phone?

2. Foster/respice services

Within foster care services in Flintshire County Council, Mockingbird has been launched based on constellations. This is a group of foster carers coming together to support children with a hub carer in the middle. They become a virtual family and within the constellation, rather than requiring approval from social services repeatedly, people within the constellation can arrange support amongst themselves. Sometimes glue is needed to keep the naturalistic, community-based constellation together, to avoid the child needing to go into care (for example, children with disabilities). Could a micro-carer be the glue?

Overall, referrals and demand for service are extremely stretched not only in volume but in acuity. Families are struggling, having coped with reduced respite during the pandemic by generally running on adrenaline. Resilience is reducing as a sense of normality returns and families are exhausted. Services offered pre-covid will not meet the increasing levels of demand. Is there an opportunity here for co-producing support packages with families where micro-carers can support and plug some of these gaps of unmet need?