

Exploring the potential for community enterprises in Gwynedd

Gwynedd, geography and demography

Gwynedd is a huge, scenic county with a small, dispersed population. Bangor is the largest city; it has a university and a population of 16,500 people. Gwynedd also has many small market towns and villages, including those that are ex mining, but is a largely rural and coastal county rather than an urban one. There are large numbers of second or holiday homes which can make it harder for younger people to stay in their hometowns and villages. The area has many tourists and its population swells in the summer and at other holiday times.

Most areas of the county have a low population with more older residents than average. The [Ageing Well Plan](#) states:

Forty one per cent of the County's population is over 50 years old, compared to the Welsh average of 39%.... At the same time, the aspirations of older people - and the aspirations of society in general - are changing. Every survey shows that older people wish to live in their own homes, to be as independent as possible and to have as much choice as possible.

Gwynedd is beautiful and this makes it an attractive place for people to retire to, sometimes with families and natural supports far away.

Community strengths

In Gwynedd people can and do support each other and there is a lot of community rooted energy and creativity. There are good local connections in many areas and chapels and churches, pubs and schools work together really well. Small projects, led by local people show what is possible.

At the start of the pandemic the Council developed a 'protect' response. This involved a team of staff, seconded from all over the Council and 3rd sector, libraries, housing etc. As communities began to mobilise to support shielded people the Council offered them support. Over 80 support groups emerged, and the new team responded to whatever they needed with creativity and compassion – enabling them rather than directing, practical and pragmatic.

Stories have emerged of lots of community driven activity, often within the most deprived areas having the strongest response e.g. a pub landlord offering food, local shops delivering groceries and librarian helping to form a knitting group. Lots of people stepped up and this was often the small private sector rather than the third sector. Lots of needs and requests that emerged were not Covid related but the new team responded anyway if they could.

Many of these groups have continued as the Covid response need lessens. Covid has been a catalyst to connect with and mobilise people but this could be something that could be built on more widely moving forward.

Schools and other community buildings are well equipped, have space and kitchens etc. There is real potential for them to act much more as community hubs.

Community Support Services

Comes under the Council's Economy and Community Department¹.

The department provides services in order for Gwynedd residents to make our communities a better place to live. It is important that voluntary groups and local enterprises are supported to respond to local opportunities and needs. The Council has a network of area regeneration officers and 'CIST' grants to support community projects.

Have access to grants and/or money from Welsh Government to develop and fund community projects. The department have a web-based portal where they advertise grants that community groups can bid for.

They lead on Community Renewal Fund projects. Ideas for projects include community pubs with meals and friendship circles and other linked initiatives.

The team has 5 full time Community Support Officers who are area based. These officers know their areas very well, they know people and groups locally. Each officer works with local community groups on projects and new initiatives. They mentor, support, plan and assist groups in bidding for grants. They act as a link between community and other departments of the Council. Community Support Officers and their connections have been key through Covid. They have developed buddying and other schemes to help shielded people and been catalysts for local action.

There are approx. 65 [Community or Town Councils in Gwynedd](#) and each has a clerk and some capacity for local action. They are becoming more active, with new and younger members, supporting and driving community initiatives. Community Support Officers have strong links to the Community Councils in their area.

There seems to be real potential for social care to play a strong part in this local community development work, but it does not as yet. Working through and with existing community structures could open real possibilities.

The team are just starting a consultation with community groups to identify local priorities and develop local area plans. Opportunities for care and support of local people to be seen as important and for this to fit well with a community enterprise development programme.

¹ <https://www.gwynedd.llyw.cymru/en/Council/Documents---Council/Councils-Departments/2021/Economy-and-Community-Departmental-Plan-2021-22-FINAL.pdf>

Employment and enterprise

Employment in Gwynedd is complex and complicated and somewhat unique. There are a lot of part time, low paid jobs, many linked to the tourist industry and often insecure or uncertain. Some people juggle several of these rather than having one main job. Underemployment an issue rather than unemployment – with some people constantly on the edge of crisis. There are lots of micro-enterprises and self-employed people operating in this space, for example holiday home cleaners. There are also a number of small enterprises that offer care and help at home services (see appendix A).

There are many additional strong examples of local people starting other enterprises that are locally rooted and really work – coffee, café, mountaineering, yoga and bike shop. Lots of entrepreneurial people and good ideas.

There are entrepreneurial people, including youngsters but this potential is somewhat untapped with many younger people moving out of the area to seek work opportunities. The draw of the area to tourists means people buy second homes, this forces up house prices which only exacerbates the challenge to young people who might become first time buyers or renters locally.

The Council would like to help create or enable more good, secure, well paid jobs that creates opportunities for young people and keep local money local.

Economic Development

A team within the Economy and Community Directorate that works alongside the Community Support Services Team².

We collaborate with partners to create the conditions for businesses and enterprises to establish themselves, to be competitive and develop in Gwynedd creating high quality jobs across the county.

Work includes:

- **Business Support** – 2 staff who offer advice and funding to businesses across Gwynedd. Access to internal grants and signposting to/securing pots external grants. Some of their work links to/is funded by wider national initiatives and funding pots e.g. Business Wales
- **High Value Wales** – activity to attract and retain high value sectors/businesses to Gwynedd. To create good, well paid jobs and keep money local. Current sectors include technology businesses and those involved in aerospace.
- **Employment and employability** – there is no unemployment in Gwynedd but there are people who are economically inactive and need help to become more economically active.

² <https://www.gwynedd.llyw.cymru/en/Businesses/Help-support-and-training/Help-support-and-training.aspx>

The Economy Team is interested in the potential of social care as a business sector – though currently it is a sector that tends to sit alongside rather than firmly in the economy tent – it is viewed differently from other sectors.

They already offer advice and support to small and start-up businesses and small enterprises within social care could be easily included in this. The team are also able to draw down money from Business Wales for tailored work and a social care enterprise programme might be something that could be funded in this way – offering a tailored business advice programme that would run alongside a more specific programme of work.

Community micro-enterprises within the social care sector could result in workers being slightly better paid, reducing the ‘leakage’ out of the local economy that currently happens with large, not local, homecare and other similar companies – local money would stay local, fit with the ‘buy local’ agenda and benefit the local economy rather than those distant from Gwynedd.³

Regeneration Board

The Council has a new Regeneration Board with regional links and a focus on enterprise, jobs and growth in the areas⁴.

The board encourages buy in from every area of the Council. This Board has not yet made a strong link with social care or seen social care as having good jobs/regeneration potential but this may be an opportunity. It could involve individual small enterprises working in partnerships or networks to maximise local impact and keep local money local. Or it could involve local community hubs being helped to think about social care and as an area into which they might develop.

Adults, Health and Wellbeing

Health and Social Care, including Homecare, which is the focus of this investigation, come under the Council’s Adults, Health and Wellbeing Directorate⁵.

The Council runs its own homecare service with 50% of local services provided by this service.

About 1,000 people in Gwynedd receive home care from the Council or another care provider. But the demand for these services is far higher than the number of home care workers available and is rising steeply in Gwynedd as it is across the country. As a result, there are frequently people who are at home without the care they require or needlessly in hospital or a residential home. Traditionally, home care support has focused on completing specific tasks at specific times of day within allocated timeslots. This way of working leaves little time to listen and understand what really matters to the individual, and to realise what kind of support they really need. As part of efforts to tackle this problem, the Welsh Government has passed

³ <https://cles.org.uk/>

⁴ <https://www.gwynedd.llyw.cymru/en/Businesses/Regeneration/Regeneration.aspx>

⁵ <https://www.gwynedd.llyw.cymru/en/Council/Documents---Council/Councils-Departments/2021/Adults-Health-and-Wellbeing-Departmental-Plan.pdf>

a Social Services and Well-being Act (2014) that allow and encourages key organisations and those requiring care to work together to do things differently.

Commissioning and procurement

In addition, the Council commissions external care provider organisations to provide homecare. There is currently a regional agreement across North Wales which covers the commissioning of homecare providers. This was established 4 or 5 years ago and went out to tender, it reopened 2 years ago and one more provider, Age Cymru, was added. Bidders were expected to demonstrate that they met certain standards, were competitive on price, had local knowledge and meet health and safety requirements. Providers on the list can set their own rates. This list/tender is not currently open to new providers.

There are currently 25 providers operating in Gwynedd who have signed up to this agreement. In practice most of them are inactive in the area with about 10 providers operating strongly. Providers are quite diverse with a large, English company (AbbaCare) that works across the whole county, medium and smaller local organisations. There are examples of providers that started as smaller, grass roots organisations, to fill a gap and now commissioned by the Council. One provider has a small number of staff, is family run and has a lot of private clients in addition to clients referred by the Council. There are some questions locally about the sustainability and resilience of smaller providers. The Council does not contract in any way with any providers who are not on this list.

In addition to the list for homecare the Council has a list of 'domestic companies' that they contract with to provide people with help at home (not care) services. The Council adapted the regional homecare agreement to produce a local tender for these organisations. 3 organisations are on this list and they are all quite small but not micro. They set their own rates. CRTs can refer people to these organisations. This list/tender is always open, so other domestic organisations could join it and be contracted by the Council.

The Council is keen not to shut out new provider organisations. They would be willing to reopen the contract lists and/or adapt a tender or framework if this would help increase the marketplace of organisations that could be referred to.

The development of the new 'patch based' approach is seen as a positive way to provide a more stable homecare marketplace.

There are examples of established community enterprises who are not registered with CIW operating on the Llyn (see Appendix A). The Council is not able to commission their services but CRT team members do signpost some people who will self-fund to them. People also use their services using a Direct Payment.

Wellbeing

A team of approx. 9 people that integrates social care and health and was created under the Social Services and Well-being (Wales) Act 2014. They come under Adult Social Care, have a preventative and community agenda and connect closely with the Economy and Community Directorate and with Children and Families. They are mostly funded by the Integrated Care Fund and are engaged in activity that speaks to that agenda.

Current projects or initiatives link to carers, dementia support, intergenerational work and mental health promotion for young carers. In the past the team led on such initiatives as the [Ageing Well Plan](#) and the [Carers Booklet](#)

The team have also done work on alternative, community-based models of care and support that builds on strengths and been involved with the CRT based Community Connector initiative.

Community Resource Teams (CRT)

In line with the Social Services and Wellbeing Act Gwynedd Council, in partnership with the Health Board have set up 5 Community Resource Teams⁶. CRTs are multi-disciplinary with district nurses, social workers, community connectors, care providers and others all working together. Teams cover services and supports for older people, physical disability and sensory disability. Within each team there are second tier localities.

Setting up Local Community Resource Teams - five Community Resource Teams have been established to deliver a range of coordinated health and care services within the community. This will help make sure that care is arranged quickly and appropriately, with health care workers, social care workers, home care workers, families, communities and the individuals themselves working together more effectively.

There are 5 team leaders and they manage teams of social workers, OTs and other practitioners – not including wider health colleagues – though this greater integration is part of the wider transformation agenda that is underway. Every CRT has a Community Connector, employed by a third sector organisation, who offer advice and information to people about supports and other things in their community.

The process for each CRT is the same. People make initial contact, usually through the local one stop information number/email/online form which is known as the IA⁷. Once the person makes contact someone from the team will call them for a chat and then they are allocated a worker – social worker or care practitioner. The worker will meet the person and has a ‘what matters’ conversation and a decision is taken as to whether they are eligible for public sector funded support.

If the person is not eligible the person may be referred to the team’s Community Connector or other route to support including services on the Council’s domestic help list.

If they are potentially eligible the worker undertakes an assessment, develops a care plan and then refers the person for adaptations, equipment, meals delivery or services such as homecare. At this stage they also discuss Direct Payments.

If people need homecare there is a list of providers that the team can refer people to. Some areas are better served by providers than others and there are increasing gaps between people who need care and providers that can deliver what is needed. Some providers are also

⁶ <https://www.gwynedd.llyw.cymru/en/Residents/Health-and-social-care/Adults-and-older-people/Home-care.aspx>

⁷ <https://www.gwynedd.llyw.cymru/en/Residents/Health-and-social-care/Adults-and-older-people/How-do-I-get-help.aspx>

'handing back people' – telling the Council that they cannot or will not provide a service to someone who they have agreed to support.

Workers could also talk to people about self-funding or Direct Payments in order to enable them to purchase services from providers or other organisations that are not on the Council's lists. This approach can enable workers to get round blocks/gaps in services.

For people who are eligible CRTs seem to have a strong focus on time and task focussed 'calls'. As a result, traditional homecare providers are seen as the only way to meet people's needs and finding a 'provider to pick up the calls' rather than understanding and meeting people's outcomes can become the focus. There is a view that they can sometimes find it hard to work more creatively to help people in ways that work for them.

Homecare providers can find it hard to deliver the 'calls' that people are seen to need so this narrow focus on them can mean people are faced with little or no choice of how their needs are met and/or long waits or even no support.

Community Connectors

Each of the 5 CRTs has a Community Connector as part of the team. People perceive this role and how it is carried out in very different ways with some seeing it as key and others less so.

Community Connectors seem to have strong links with their local VCSE sector and in pre Covid times did chat to people who are not eligible for care, broker social connections between people and act a catalyst for new groups and activities to emerge e.g. helping set up a Meds Shed. Covid has made this hard as most groups and activities have stopped – leaving very little to signpost people to and less 'filtering out' of 'low level support' people as a result.

Community Connectors do not seem to be well linked with Community Support Officers and there are also questions about the strength of their broad local, community (rather than VCSE) connections.

Direct Payments

Gwynedd has a clear person-centred policy on Direct Payments which was coproduced and signed off in 2015/16. The policy has a strong focus on choice and control and gives Direct Payments as an option for people to achieve this. It also has a focus on meeting people's personal wellbeing outcomes.

There may be a gap between current policy and practice.

The process is that a social worker or other CRT member assesses the person's needs and agrees the outcomes they need to achieve. They then offer the person a range of options of ways to achieve those outcomes including family, third sector, commissioned services or a Direct Payment.

Different CRT members have different views of Direct Payments. Some seem enthusiastic and confident to promote them and others much less so. Direct Payments are perceived as being

complex and a lot more work than the alternative of a commissioned service and a lot of responsibility for the people that take them.

If people choose a Direct Payment then they are given 2 choices – do everything themselves or have a managed account⁸. The Council contracts with an organisation called Rowan to offer this managed service. [Rowan Organisation](#) have a team of 5 advisers operating across Gwynedd and 2 other North Wales counties. This service has recently been retendered.

Thinking around Direct Payments seems very geared to people employing their own staff even though policy is very clear it can and should have a much wider focus. This is shown in the mandate given to the organisation in the tender which has a strong focus on people who want to become employers. With the specification⁹ talking about helping people who take a Direct Payment to recruit, employ and manage a Personal Assistant. There is little or no emphasis on people who might want to take a Direct Payment, as a managed fund, and use it to contract with a provider and/or purchase some other kind of support. This is reflected in the service currently offered by Rowan on their website.

The Council has a suggested hourly rate of almost £13 per hour for people who take a Direct Payment. This is calculated with the assumption that people will employ staff, on a reasonable hourly rate with additions for holiday, sickness cover etc. This rate is not set in stone and within the policy social workers can make a case for the person's outcomes to be met in another way and at a higher rate, as long as they show how they will be met. This aspect of the policy does not seem to be well understood or implemented. Local staff report that budget constraints make justifying higher rates a challenge.

People can choose to employ family members. Recruitment of PAs is also a challenge with people 'fishing in the same small pond' as larger care agencies.

170 people in Gwynedd take a Direct Payment. Direct Payment take up rate for older people in Gwynedd is low. On Llyn only approx. 15 people take a Direct Payment. The people who do take a Direct Payment report they work well – the flexibility and freedom seems to be really valued. Some people use a Direct Payment to purchase services from small enterprises.

The new Homecare model will move from a spot purchase of any provider to a patch-based model where people can only use the services of the one provider in their locality. Direct Payments could offer opportunities. If the provider a person knows and trusts 'has lost the patch' in the retender then the person can continue to use that provider by taking and using a Direct Payment. In that way they can keep their original agency/relationships. The Council will authorise a higher rate of Direct Payment in order that the usual rate charged by the provider can be honoured.

⁸ <https://www.gwynedd.llyw.cymru/en/Residents/Health-and-social-care/Adults-and-older-people/Legal-and-financial-information/Direct-payments.aspx>

⁹ https://www.sell2wales.gov.wales/search/show/search_view.aspx?ID=APR362725&catID=

Health

The Health Board boundary covers multiple local authority boundaries including Gwynedd.

Ysbyty Gwynedd in Bangor is a district general hospital in Bangor which is managed by Betsi Cadwaladr University Health Board. It serves the population of Bangor, Anglesey, Conwy and Gwynedd. It has approx. 300 inpatient beds. In addition, there are 7 community hospitals dotted around Gwynedd and Anglesey.

Hospital discharge, homecare and help at home

The Health Board boundary cover multiple local authority boundaries, and this can cause challenges for health staff involved in the discharge of people who will need help at home and for the Council and other local staff tasked with arranging that help. Each hospital has a Discharge Team and/or discharge lead.

Nurses and other hospital professionals can have limited awareness of the care and support options available to people once they leave hospital. Community Resource Teams (CRTs) in each area of Gwynedd are seen as this knowledge base and as the locality-based coordinator of health and social care activity.

When a person is due to leave hospital the nurse/ward fills in a referral form to send to the CRT to trigger the arranging of home care or other support. This is seen as a nurse/ward function/issue rather than a social work one.

CRTs do not stay connected with people in their area who go into hospital, even when they are known and are using homecare or other similar services. As a result even if the person was receiving home care or other support before they went into hospital they are not automatically picked back up by the CRT. CRTs know the person will be leaving hospital but are unable to act until they receive the discharge paperwork. This creates delay for the person and hospital and challenges for the CRT and for care providers.

Covid has created additional challenges. Before the pandemic there were several third sector organisations based on the wards including Red Cross, Care and Repair, Carers Outreach and Age Cymru. These organisations could advise people before they went home and begin to make arrangement for them. Covid has meant they no longer have a presence, so this early work is not undertaken.

Even though CRTs are multi-disciplinary, hospital discharge referrals and referral pathways are not, with individual referrals being made to individual CRT members.

Each day there is a daily list of people in hospital who are medically fit to come home – ‘62 people on the list today for example’. The majority of these are older people. Pilots in some areas see teams meet twice each day to discuss these people and the help they will need at home once they are discharged. The lack of care services available can mean that people are badged as ‘awaiting packages of care’ and remain in hospital longer than they need to as a result.

People who need support at home can be referred to a range of homecare providers including that run by the Council and others who are on the local framework. Providers tend to be commissioned to provide 'time and task' services which are traditional and transaction rather than creative and person centred. The CRT approach one of the providers on the list and ask if they can 'pick up the package', if the preferred provider is unable to provide the support that is needed the request is sent to all the providers on the list to see if any of them can. The CRT cannot refer to other services or supports that might be able to offer what people want or need.

People can choose to take a Direct Payment, and this means they gain more choice in how their support needs can be met. The process is slow however which can be a disincentive to people who may have chosen this approach.

Information and advice

As required by law Gwynedd offer a single point of access to people who need care and support. There are 5 of these, each linked to one of the CRTs and manned on a rota basis by members of the CRT. This is known as the IA system. Enquiries come in on the phone, by email or by [filling in an online form to request help](#) . One aim is to avoid people needing to use adult social care services.

The online form is very service focussed, asking people what services they want and need rather than what matters to them, what works for them and what they might need help with.

CRT team members, including social workers, community connectors and OTs respond to the enquiries that come in, offering a chat on the phone, and advise people on their options.

A new sharepoint system is being developed which, along with other team functionality will offer a directory of services and supports available locally. This directory will be internal to the CRT/public sector and is not for the public.

The sharepoint system, covering all of Gwynedd and Anglesey, will offer information on the wider transformation agenda and specific projects that come under that. It will enable CRT members to save and share reports, information and guidelines. Each CRT area will then have its own section of the site showing patch boundaries and key professionals and workers – with contact details. This local section will have folders where CRT members can share documents and work together. In addition, there is a local directory of services and supports in each CRT area. This can be populated by all CRT members including the Community Connectors. It currently has a strong provider and third sector focus but the functionality of the site could be easily used to capture and share information about a wider range of support options or other opportunities. The system will also allow a wider audience to access and potentially input information.

The IA system is also the route for referrals of people who are leaving hospital and need help at home. In practice this group can be the primary focus of the CRT advice teams, making referrals to care providers, facing challenges in identifying a provider who might be able to help the person and then trying to identify a provider who can and/or putting the person onto

a waiting list. This takes the place of the brokerage service which previously undertook this task.

For public information Dewis is the Welsh Government directory of care and support services that is available to all authorities. Whilst it is used by children's services in Gwynedd, it is perceived by adult services as not local, not accurate and not current. As a result, it is not widely used by CRT members. This reluctance may extend to the wider public. There is a view locally that it is not the functionality of Dewis but rather how it is used (or not used) locally that is the challenge. There may be potential for Dewis to be of real value to Gwynedd, offering useful information to the public.

Gaps and challenges

There are waiting lists for people who need homecare and help at home. There is also a waiting list for people to have an initial assessment. People are unable to be discharged from hospital in a sensitive and timely manner and the situation is challenging for everyone involved.

There are gaps in the provision of homecare and help at home for people, but it is unclear whether this is systemic – with the current approach to time, task and calls being undesirable and unsustainable or an actual lack of service providers/staff or a combination of the two.

There is a general shortage of care workers and this is a countywide issue. The sector is seen to compete for workers with other sectors such as tourism and hospitality. In Covid, when tourism was less and hospitality was closed some people found work in care – now these sectors are reopening they may return and leave the care workforce diminished.

CRT teams feel there are particular gaps in providers who are able to offer help with personal care, especially for people who need a lot of help. Covid meant that family carers were supporting people without help and now we are unlocking their need for a break/respice is very clear.

In addition members of the Llyn CRT feel there are big gaps support at home for people who do not have personal care needs, early support for people, to retain their connections and independence.

The Council's positive Covid response also identified issues such as isolation, housing, debt and health. People were identified who should have been on the Council radar but weren't and may have been eligible for care and support but weren't receiving any.

Gaps seen in supported transport, specially in rural areas.

Addressing the gaps and challenges

To address these issues a regional project was developed by 6 North Wales authorities and the health board with Gwynedd Council electing to use the Vanguard Method of systems thinking.

Over the past two years, Gwynedd Council and the Local Health Board have been working to develop the way home care is delivered so that the support is focused on helping older people to live their lives in the way they want.

The work started with a pilot in 5 areas with 5 homecare providers, modelling a system based on small teams given real autonomy to help people in creative ways. The test also aimed to see if it was possible to reduce people's reliance on paid services. It put people at the centre, offering them the support of a small team or named people with a stronger focus on their personal outcomes. Work has also been done on the underpinning systems that might block a more integrated, person-centred approach such as data sharing.

The work has prepared Gwynedd for new homecare tenders, commissioned on a 'patch' basis, with 16 patches across the county. In the future there will be 8 in house providers covering 8 of the patches and the remaining 8 providers will be selected using a tender process. The tenders will be more outcome focussed and less 'time and task' than the current approach. Staff will get a higher rate of pay to help improve recruitment potential.

A lot of work has been done to help the 10 existing providers to engage with this change. They have been offered workshops, additional training and mentoring. The Council is confident they have enough provider organisations to run the new system but there are still uncertainties about the huge culture and systems change providers will have to make.

The potential for community enterprise

A wider part of this transformation agenda is creating real choice for people who need help to live their lives. There is the potential for small enterprises to work alongside the larger patch-based providers, enhancing and extending what is on offer to local people. Local money stays local and local jobs are created which adds social value. Lead Cabinet members are supportive of this potential.

Lessons and reflections

Community

- Community is strong in Gwynedd. Covid has showed a huge community spirit in Llyn. Lots of people working together to help others, local meetings of agencies convened to help make this happen.
- There are questions around how to retain the energy and willingness that was unlocked through Covid.

Economy

- The Council would like to help create or enable more secure, well paid jobs, that build contributory economies rather than extract.
- There are already a high number of small enterprises and sole traders and social enterprises in Gwynedd, including those that offer care and help at home services. This indicates a potential to harness the power of lots of small solutions when it comes to economies, growth and investment rather than one or two bigger opportunities.

Economy and social care

- Social care not yet seen as a strong focus sector for economic growth and good jobs. It could be and the infrastructure is there to make that happen.
- Economy and Community are not currently well connected with social care. There could be lots to gain from better joint working.
- Social care transformation could link well with economic regeneration. To do this there needs to be shared working, intent and language with wellbeing and 'whole lives' as a focus not statutory services and 'prevention.' Real opportunities to bring the two workforces together to share information and expertise, break down the labels and silos and think differently and jointly.
- Smaller community enterprises operating successfully within the care/wellbeing sector could and do offer some people a chance to retain their flexible life/workstyle whilst also making it more secure and less economically risky. Work would be year-round and not just seasonal, hyperlocal and with a constant market/opportunity to gain income.
- The area has a strong economy linked to tourism with small companies offering holiday home cleaning etc. Where do these people go out of season? Could they run small enterprises or contribute to the care economy in some other way? Could things look different with a creative eye and approach?

Social care- gaps, challenges and potential

- Social care and health are currently the focus of a large and positive transformation programme
- Discussions about homecare and help at home currently seem to have a strong focus on 'packages', 'calls' and time and task, rather than outcomes for people and finding the best way to achieve them. For example the online form used by CRT asks people what services they want and need rather than what matters to them, what works for them and what they might need help with.
- Community Connectors are recruited and employed by 3rd sector provider organisations. They are well connected within the VCSE sector may not have the right confidence or skills or ability to be creative, collaborative and to connect more widely.
- Recruitment in social care is hard. Inability to recruit leads to an inability of people to access homecare services from an agency or to employ their own staff. Waiting lists and frustration are the result.
- A programme with a focus on smaller enterprises, that links to the transformation agenda and learning from the experience of established care enterprises, could have a positive part to play in addressing some of these challenges and maximising some of the wider economic and community development opportunities.

The market for community micro-enterprise in social care – getting paid

- There is a need to find a way for more small enterprises offering homecare and help at home to get paid for what they offer
 - Being directly commissioned by the Council does not seem to be an option because it is unlikely they will be big enough to become CIW registered.
 - One market could be self-funders but the care contribution cap in Wales makes this potential market less strong than it would be in England.

- Direct Payments could be used at greater scale but this might be difficult within the current system and culture.
- A higher rate of pay resulting from a higher Direct Payment rate could help to solve recruitment challenges. Direct Payments could be a strong way to create a market. A strong market could drive a larger and more diverse marketplace.

Direct Payments

- People who take a Direct Payment say they work well with the freedom and flexibility allowing for good personal outcomes.
- There are no real system or policy blocks when it comes to using a Direct Payment to buy the services of micro-enterprises. There are examples of established community enterprises who are not registered with CIW operating on the Llyn. The Council is not able to commission their services but CRT team members do signpost people who will self-fund to them. People could also use their services if they take a Direct Payment. This shows what is possible.
- Despite these strong examples there are many cultural and practice barriers
- Getting a Direct Payment is seen as complex for both workers and holders.
- Social Workers are not always positive about Direct Payments and/or creative in their use.
- Direct Payments are mainly seen as for people who employ their own staff. The contract with Rowan or other provider has an 'own staff'/PA focus.
- The Direct Payment rate is not high enough to fund a contracted service from micro-enterprises at scale.
- The theoretical potential for higher rates needs work to be realised in practice and at scale. Direct Payments are not widely used in Llyn and this is particularly true of older people.
- There may be scope for an internal Council review of Direct Payment processes and practice.

Conclusions

- Gwynedd already has a hidden care economy with entrepreneurs that are connected, passionate and form a base to build from.
- The transformation agenda is leading to a large and imminent restructure and creating lots of opportunities and drive to think and do differently and better. It has strong leadership and a skilled team.
- As part of this agenda there would seem to be real potential to bring together work across Council departments and community priorities with (creative, community led) social care and health at the heart.
- A community micro-enterprise development programme, strongly linked to Economy and Community but led by social/health care with links to the new patches could work well.
- Covid has created connections and experience that could be built on now and there would seem to be lots of creative local social and other enterprises that would be willing to partner.

- Approached in the right way it could also help support the systems and culture change and working connections necessary to create the strong markets necessary for it to sustainable and transformative.
- There are lots of bits of the jigsaw already in place but Gwynedd may benefit from help to connect these and fill small gaps in the picture. Building on what is already there is key and any community micro-enterprise programme needs to really fit with what is happening in each locality – not layer on top.

Reference

Council Plan

<https://www.gwynedd.llyw.cymru/en/Council/Documents---Council/Strategies-and-policies/Gwynedd-Plan-17-18/Gwynedd-Council-Plan-2018-2023.pdf>

Council performance against plan

<https://www.gwynedd.llyw.cymru/en/Council/Documents---Council/Strategies-and-policies/Gwynedd-Council-Plan-2018-23/Gwynedd-Council-Annual-Performance-19-20-HYG.pdf>

Adults, Health and Wellbeing Directorate - plan

<https://www.gwynedd.llyw.cymru/en/Council/Documents---Council/Councils-Departments/2021/Adults-Health-and-Wellbeing-Departmental-Plan.pdf>

Statement of intent

<https://www.gwynedd.llyw.cymru/en/Residents/Documents-Residents/Health-and-social-care-documents/NorthWalesstatementofintent.pdf>

CIW registered providers of Domiciliary Care in Gwynedd

[https://careinspectorate.wales/service-directory?search_api_fulltext=Gwynedd&field_service_type\[\]=10&latlon\[distance\]\[from\]=1.6&field_authority=All](https://careinspectorate.wales/service-directory?search_api_fulltext=Gwynedd&field_service_type[]=10&latlon[distance][from]=1.6&field_authority=All)

Transforming Barriers

<https://www.northwalescollaborative.wales/step-change/>

Advocacy

<https://nwaaa.wales/gwynedd-project/>

Appendix A

Connecting with and learning from established enterprises

Scoping enterprises in Gwynedd

The aim of this report was to identify and engage with existing community micro-enterprises offering help and care to people on the Llyn peninsula. We wanted to find out: -

- The size, scale and scope of the existing enterprises and what they offer
- The barriers for challenges to setting up and sustaining their services.
- Their supports and access to information/ training
- Their ideas for the future and commitment to creating a thriving local care economy on the Llyn.

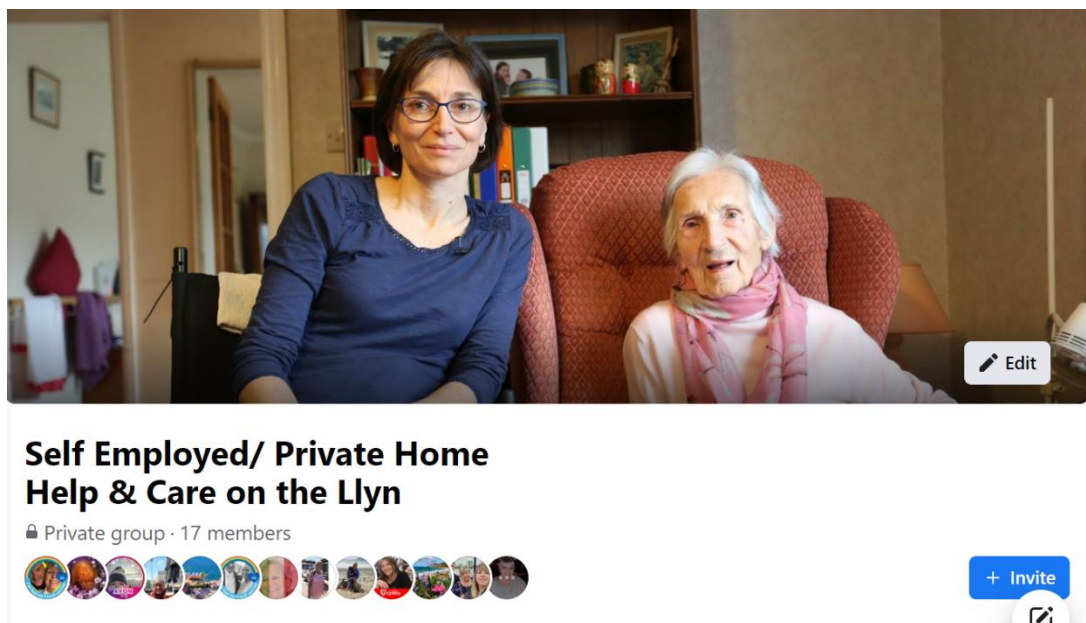
Numbers

We identified, engaged and interviewed:

- 8 self-employed help and care enterprises
- 8 holiday let/tourist cleaning and domestic support enterprises

We established a discussion and peer forum involving these 16 enterprises and community leaders.

Through interviews and surveys we were made aware of a further 15 people who offer paid support to local people, although we were unable to interview them to learn more.



What enterprise leaders told us

We contacted 8 cleaning and domestic support services, 7 of which focus solely on the holiday and tourist industry. Despite having staff and management with a background in care, only [one](#) of the cleaning and domestic support services actively promoted themselves to people needing help and care. It was felt to be financially beneficial to focus on holiday lets. One cleaning enterprise was interested and had looked into this previously but felt the regulation too large a hurdle to overcome.

Through word of mouth, we identified and engaged with an additional 8 self-employed enterprises who offer personal care, home and community support. Of these 8 enterprises: -

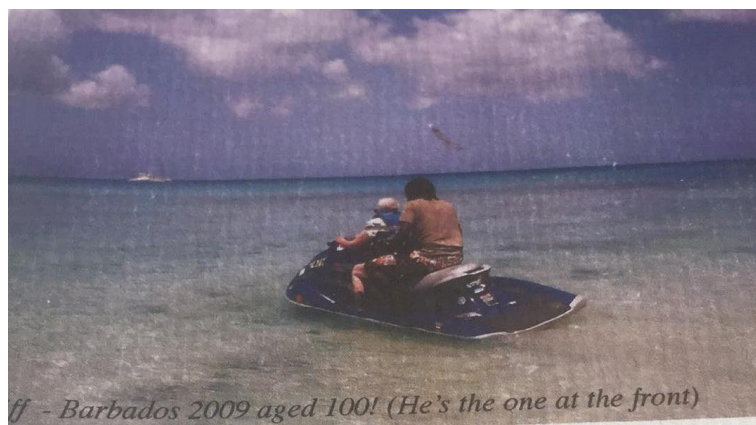
- 7 relied solely on word of mouth to access work. Only one of the enterprise leaders actively promoted their service.
- 2 worked full time and the remaining 6 supported people alongside other jobs or family care commitments.
- 4 enterprises supported older people or people with a disability alongside holiday let cleaning
- 6 offer personal care as part of their service
- On average the enterprises worked with 5 people at any one time
- £14 per hour was the average cost of their services
- The average weekly hours worked was 22.5

Background to the enterprises

Most enterprise leaders fell into providing support after being asked by neighbours or friends. 4 of the 8 enterprises were keen to move away from the speed and demands of traditional domiciliary care, to a slower pace where they had more control and could offer greater flexibility to the people they supported.

Case Study

Beryl works at the local Spa Shop and also supports people on her street. All the support she has offered is through word of mouth. She takes real pride in being able to offer high quality support. Beryl supported Harold, a family friend, for years. Through her support Harold was able to re-engage with his love of travel. They went on holiday together to Barbados.



5 of the 8 providers knew someone who was already self-employed.

There was a strong theme that many have set up and support people alongside family or childcare commitments.

Having looked after both parents with Dementia for 5 years alongside working nights in a care home, I needed a change. My parents would not accept a carer, having different people, different time so I wanted to offer that continuity to other people.

Community Enterprise Leader

It is clear from social media that many of the enterprises knew of each other and had already made links to others who were providing similar services.

Barriers and challenges people face

Most of the enterprises do not have a relationship with Gwynedd Council but talked positively about contacting the Council if they have a problem. At interview none had ever had to do this. The issue of training was raised, there is no formal access or route to training or to refresh their existing training. Some providers were able to access online training. One of the enterprise leaders who was previously CIW registered can access training and links others to this.

There were two groups of enterprises who offer services to people who use a Direct Payment. These enterprises have contact from their local CRT team. However most accessed their work through self-funders and word of mouth.

When asked what is the most challenging aspect to offering an independent help/care service people talked about finding cover for sickness and holiday, the irregular nature of the work and the feeling of isolation.

Opportunities and potential for the future

There is clearly a strong, vibrant and well-connected community on the Llyn. The new Facebook forum quickly attracted 16 enterprise and community leaders who share a passion and commitment to helping support a local care economy. When asked most enterprises knew of or are linked with at least one other enterprise.

During the course of our research, we were made aware of a further 12 people who offered this support but who declined to be interviewed. It was really encouraging to hear that these hidden networks are there, but there is little known about the support they provide.

In addition we asked all enterprises

If there was support available to set up and access regular work how many people do you know who may be interested in setting up an enterprise/going self-employed?

Most enterprise leaders interviewed knew someone who may be interested but was concerned about the set up or workflow or the regulatory side of setting up a service.

It is a great option for people my age, as you have some security all year round and can fit in with grandchildren. I know lots of ladies who would be really interested **Enterprise Leader**

I am a cleaner at the moment but would like to offer care, but didn't know it was possible without being regulated **Potential Enterprise.**

When surveyed all of the enterprise leaders we interviewed would be happy to speak to, mentor or support someone who was looking to offer support and set up their own enterprise. Similarly, all of the enterprises we spoke to who work alongside other jobs or family care commitments would be willing to pick more work up if the infrastructure and support is in place.

When surveyed around the help they would most value in the future the providers were

- A central community enterprise directory
- A peer support network
- A centralised code of conduct or quality standard to reach.

In the future I would like for there to be somewhere to go if I or anyone had a problem. I would want confidence that myself and others have set up to the same standards. We don't want any old Tom, Dick and Harry doing this, we need a system where both parties are safe. Protection for worker and the person. Make assessment and ensure that people have the right values and are going into this for the right reason

Interviewee

