

National Care Forum

Leading the Way: The Distinctive Contribution of the Not-for-Profit Sector in Social Care

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Foreword

The Institute of Public Care, Oxford Brookes University (IPC) has been commissioned by the National Care Forum (NCF) to produce a series of three papers which provide an overview and practical examples from NCF members of the distinctive contribution made by the not-for-profit sector to social care. The three papers cover:

- People: not-for-profit organisations as good employers.
- Innovation: not-for-profit organisations as deliverers of innovative and creative new forms of care.
- Value: not-for-profit organisations as providers of added value and social capital.

The first paper focuses on the distinctive contribution that the sector makes to employment practice, and why it is such an attractive sector within which to work.

The second paper focuses on the distinctive contribution that the sector makes to innovation in social care practice, and why it is so well-placed to deliver the changes which people need and public policy demands.

The third paper focuses on the distinctive contribution that the sector makes to added value and social capital through social care practice. It illustrates the wide variety of extra contribution which not-for-profit organisations make, not only to those they care for, but the communities within which they work. They demonstrate why added value is significantly more likely to be offered by the not-for-profit sector, at a time when public policy requires a more broadly based contribution from organisations that deliver social care.

Paper 1: People

1 Introduction

This paper explores the importance of an effective and committed workforce in delivering good quality care, and shows how the not-for-profit sector is leading the way in developing sustainable policy and best practice.

The social care workforce is tremendously important. In its national workforce strategy Skills for Care said that *'There are an estimated 1.75 million paid jobs in adult social care in England.'* Of this, it estimated that over 70% involved providing direct care and support, and that over two-thirds of all jobs were in the independent sector.¹ The increase in life expectancy, particularly of people with disabilities, and the associated growth in age-related illness and disability (such as dementia and other long-term conditions) are stimulating greater demand for social care, and this is likely to continue for the foreseeable future, requiring a larger and more effective workforce.

The Government recognises this, viewing the workforce as a key part of its future vision for adult social care. It wants to see *'...a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so.'*²

There are some major challenges. Funding for care has to be addressed and the Government needs to respond to the recommendations of the Dilnot Commission. Questions about the capacity and quality of the residential care market have been raised following the financial problems of the private sector Southern Cross in 2011 which left 35,000 residents across the country uncertain about continuing places in their care homes. Deep questions need to be asked about the quality of care that people should be entitled to, and what kind of organisations are best placed to ensure that those employed in the sector are able to provide that care.

This paper does not claim that the talent and commitment needed from the social care workforce can only thrive within not-for-profit structures. It does argue, however, that an ongoing commitment to supporting staff is a fundamental characteristic of the not-for-profit sector, and that this helps to ensure that the sector is able to remain at the leading edge of innovative workforce policy and good practice - particularly at a time of great change and financial pressures.

¹ Skills for Care (May 2011): Capable, Confident, Skilled, A Workforce Development Strategy

² Department of Health (November 2010): A Vision for Adult Social Care

2 Why do People Want to Work in the Not-for-Profit Sector?

The not-for-profit sector workforce has been growing. Surveys undertaken in 2007 by Workforce Hub and NCVO³ have revealed a significant growth in the workforce in the previous decade, and at a higher rate than the public and private sectors. There are other changes too:

- Increased professionalisation of the sector - One-third of employees (33%) had a degree or equivalent qualification. Between 1996 and 2005 this had increased by 43%.
- A more female workforce - Over two-thirds of the workforce was female (69%), similar to the public sector (64%) but much higher than the private sector (40%).
- A higher proportion of part-time workers - Part-time employees accounted for 39% of voluntary and community sector employment - higher than in the public and private sectors (29% and 23% respectively).
- A higher proportion of disabled staff - Nearly one in five people (18%) working in the sector had a disability, higher than the public (14%) and private sectors (13%).

These characteristics are borne out by the National Care Forum's own annual surveys of staffing within its membership, which also noted some other strengths of the sectors workforce.⁴ The 2011 survey covered 48,037 staff from a wide range of member not-for-profit organisations. It showed a continuing rise in the rate of qualification of staff with over 65% of care staff qualified to NVQ 2 and almost 85% of managers achieving NVQ 4 level. The survey also showed a broad spread of ages, but with a strong emphasis on the employment of mature workers, with over 43% of staff aged over 46 years, and less than 16% aged under 25 years.

The study also showed a marked recent improvement in staff retention in the sector, with an increase to 20% of staff with more than 5 years of experience. It showed that people are staying with not-for-profit employers - the proportion of those leaving because of 'competition from other employers' had reduced from 8% in 2010 to 2.6% in 2011. This may be influenced by current economic conditions, but we think that in the long term the people that are needed to deliver good quality social care will be attracted to a sector which provides sustainable jobs and offers real development opportunities to the whole workforce, including those who are older and who have disabilities.

What is so attractive about the not-for-profit sector? We all want to work for organisations which offer a fair reward and make us feel proud about the

³ NCVO (2008) UK Workforce Hub

⁴ National Care Forum (2011) Workforce Statistics Survey

work that we do. We think that many people working in social care recognise that not-for-profit organisations are able to offer this because:

- They have strong governance arrangements based on clearly stated social principles and values, and they re-invest surpluses to enhance and improve services.
- They are committed to creative and flexible employment, recruitment and retention practices which offer the best opportunities for employees to develop their skills and make a good quality contribution to the well-being and care of those they support.
- They share best practice in infrastructure and information sharing organisations, of which NCF is a leading example.

Below we explore why these qualities are important and, through examples, show how not-for-profit organisations are leading the way in employment practice.

3 Governance Which Promotes Long-term Investment in Quality Care

There are three characteristics of the not-for-profit sector which make it particularly appropriate for social care:

- Despite the technical differences between different legal entities, all not-for-profit organisations share the requirement to use any surpluses to the advantage of the organisations objectives. This encourages a genuine long-term commitment to social care, and helps to avoid the dangers of disinvestment or asset stripping experienced in other sectors.
- Similarly, and particularly with registered charities, members of governing bodies do not benefit financially from the activities of the organisation. By providing opportunities for people to serve in this way organisations enhance social capital, and gain access to experienced and knowledgeable expertise often missing from other sectors.
- Most not-for-profit organisations have to comply with strict audit and reporting responsibilities. The Charity Commission has a strong commitment to ensuring that charities remain viable and sustainable. Members of Boards generally take this responsibility extremely seriously, and the result is a preponderance of organisations which are well-run, transparent and open to public scrutiny.

As we shall see through examples, this form of governance creates a culture in the sector which encourages organisations to uphold strong developmental values in their recruitment and retention of staff; use their flexibility to offer employment conditions designed to enhance the quality of care; and see employment practice as part of a long-term investment in

care practice and service quality.

From chief executive to care worker, the governance arrangements of the not-for-profit sector promote a culture of long term investment in good quality care practice and continuing improvement.

4 Developing the Care Career Path

The Orders of St John Care Trust (OSJCT) operates 73 care homes in Oxfordshire, Wiltshire, Gloucestershire and Lincolnshire. OSJCT delivers care to elderly people of any background irrespective of race or religion in Nursing Home, Residential and Extra Care settings and employs 3,700 staff.

OSJCT believes strongly in a direct link between training investment, service quality and good staff retention. Accordingly it maintains a high commitment to staff training and development, with 4 Regional Training Managers, a Head of Qualifications and a QCF Centre with Assessors from within the organisation.

With a very high proportion of care staff trained to at least NVQ level 2, OSJCT regards formal qualification as crucial to quality as well as staff recognition and confidence.

As Paul Simons, head of training says, this approach to qualifications applies to all jobs within OSJCT and not just to care staff, and they have been successful in finding an appropriate NVQ or equivalent qualification for almost every member of staff.

OSJCT believes that many of its staff will continue to offer high quality service over many years if they are able to progress their careers with them, rather than having to move to seek advancement. It is very committed to the development of a supported career path for staff with leadership and management potential. It operates three levels of leadership training:

- A 'Leaders of the Future' programme aimed at those identified early in their career with OSJCT.
- A Trainee Manager programme as a next stage for those who have gained supervisory experience.
- An ongoing leadership programme for all Managers.

The rationale for this overall approach is the belief that there are leaders at many different levels in OSJCT, that they need to set the tone of the organisation and that they are central to good quality performance and care. Many people who work in the care sector have a deep seated long-term commitment to care. Not-for-profit organisations such as OSJCT which

share this commitment can help staff to develop their contribution, and to pass on their knowledge and experience to other throughout the course of their career.

Not-for-profit employers are taking a career-long perspective, encouraging the retention and development of good carers, good managers and good leaders for the future.

5 Focused Training in the Workplace

First founded as the Royal Surgical Aid Society in 1862, AgeCare now owns and operates four care homes in the Midlands and south of England, caring for some 200 older people, and providing dementia, nursing, residential and day care services.

In 2008 AgeCare decided to renew its investment in staff development. Staff Development Manager, Paula Craen reviewed the agency's approach and decided that there was a need for a more systematic, work-place focused approach based on competencies and a consistent scheme of assessment.

A programme was developed to deliver core statutory training, delivered through planned Focus Weeks for each care home. This enables training to be concentrated in an individualized and cost effective way. All members of staff are able to take part, with individual time slots, and with minimum impact on service continuity. Each care home has a Staff Development Facilitator, and the training sessions are backed up by Activity Books, with each member of staff expected to complete them to support their learning. Key training messages are reinforced by displays, posters and booklets.

The AgeCare training model is closely linked to evidence on performance-staff members are involved in performance assessment, and accident and incident reports are linked in to the process. The scheme also connects to the agency's systems of appraisal and clinical governance. Following the successful introduction of core statutory training the development of competencies and focused training has spread to include a wide range of practice issues, including food hygiene, Fire Warden work and medication.

External inspectors have recognised the impact of the programme, and this supports the view of the organisation that this approach, based on long-term, consistent and systematic commitment to training is a key foundation of a high quality care service.

Not-for-profit organisations recognise that care work is skilled and complex, and that those delivering care need regular training. They are leading the way in investing in training to ensure that service users get the best possible care.

6 Finding the Right People and Inspiring Them

St Monica Trust provides a wide range of services for older people in the south west of England, and in 2011 supported 1,206 older people in its care homes and sheltered housing, as well as aiding 1,000 people with gifts or grants through its charitable funding.⁵

Zara Ross, Head of Care, regards high quality recruitment as critically important, and the Trust invests considerable time and effort in its recruitment processes for all grades of staff.

'We rely on much more than the interview- we get people to write, participate and engage. This is hard work, but it sorts out the people who have the capacity to give of themselves from those who are there just to get a job.'

The Trust also takes induction of new staff very seriously with a 15 day programme which includes all statutory skills but also the policies and value of the agency. New staff both shadow and are shadowed in their early stages, and the new worker can expect a good deal of support and feedback.

The overall St Monica Trust approach reflects a commitment to the idea of 'relational care'. This embraces the entire relationship between caregiver and care recipient, including the physical, social, emotional and spiritual dimensions of human connection. This approach is reflected in the Trust's person centred approach to staff support and development, and the belief that whatever the individual's role is they need to be 'inspired' as well as having the right skills.

Crucial elements of ongoing support include regular good quality supervision, feedback on an ongoing basis, effective appraisals and a mixed approach to training, which makes use of a small central training team but also involves all managers and supervisors in contributing to the training programme.

Though sustaining this approach in difficult economic circumstances is challenging, it is seen as central to the values of the organisation, and represents longer-term good value in continuity, commitment and good

⁵ St Monica Trust (2011) Annual Review

levels of staff retention.

Not-for-profit organisations are leading the way in recognising the importance of staff who share their values, in valuing and inspiring them, and in supporting all aspects of their personal development, so that they in turn are able to give the best of themselves when supporting those they care for.

7 Flexible Employment Practice⁶

Lilian Faithfull Homes is a registered charity based in Cheltenham, Gloucestershire. It operates three residential care homes, one of which is a nursing and dementia home. It is fully committed to operating age neutral recruitment and retention policies, employing staff based on their ability to do their job regardless of age.

The chief executive, Steve Hughes, told the Employers Network for Equality and Inclusion (ENEI) that he believes a diverse workforce of varying ages brings with it different skills and experience, with older staff in particular bringing their life experience into their jobs. In practice this means, for example:

- A 77 year-old employee, responsible for laundry services and care duties who has had a perfect sickness record over the last 7 years.
- A 57 year-old employee recruited in recent years as manager for one of the Lilian Faithfull homes after a direct care career. Her success in the role is evidenced by her being a finalist for Registered Manager of the Year and a Lifetime Achievement Award in the manager of the year award competition in the Great South West British Care Awards 2011.
- A 67 year-old carer who also recognised she could no longer continue with her current duties but who was not ready to retire fully, and was given the opportunity to not only reduce her hours but to transfer from caring duties to being responsible for sewing and alterations.
- Nearly a third of Lilian Faithfull Homes' 212 staff are aged over 50⁷.

The organisation is proud of its flexible practice and is convinced that this has contributed to good quality care for service users.

⁶ Case study summarised from the publication by Employers Network for Equality and Inclusion with DWP (2011) Effective Approaches for an Ageing Workforce.

⁷ As at November 2011.

Flexible employment practice, being led by not-for-profit organisations across the country, helps to secure:

- A stable workforce and reductions in the cost of recruitment (the CIPD has estimated this to be at least £8,500 per vacancy⁸).
- Retention of organisational memory, experience and skills.
- High quality care from workers with life experience, patience and the ability to manage and cope with stress.⁹

8 Local Managers Leading Recruitment

The Fremantle Trust is a registered charity and not-for-profit organisation, originally established 20 years ago as a transfer organisation from Buckinghamshire County Council. It now provides a wide range of services for older people and adults with a learning disability, at 53 locations across Buckinghamshire, Milton Keynes, Bedfordshire, Berkshire, Barnet and Harrow and in individual domestic homes. It employs 1,700 staff and works with almost 2,000 people. Fremantle Trust operates in a very prosperous area of England and has a lot a competition for staff from other sectors. It has worked hard to develop all staff, to make remuneration attractive and to strengthen good local management.

Systematic training is seen as the starting point in delivering quality services and The Trust spends 2.5% of its income on training. Training costs are built into all service pricing. Fremantle has a central training team; it is an Investor in People organisation and has regularly had high review assessments for its training provision.

Carole Sawyers, Chief Executive, says that a high proportion of Fremantle Trust managers have been with the agency since its establishment in 1992. This continuity and experience is a major strength, and a significant factor in maintaining this stability has been the work undertaken in recent years to delegate as much formal responsibility as possible to local managers, including recruitment of staff.

While staff are motivated by the overall ethos and values of the agency it is recognised that the crucial motivating factors are the local services they work in, their relationships there, and the extent to which they are valued. The local manager is seen as the key to all those elements. The Trust has been flexible and creative enough to revise previous centralised recruitment and retention arrangements, and given full leadership responsibility to local

⁸ This includes £2,500 for recruitment plus £6,000 for turnover (vacancy cover, training and induction). CIPD (2011) Annual Survey Report, Resourcing and Talent Planning and CIPD (2009) Annual Survey Report, Recruitment, Retention and Turnover.

⁹ For further information on the value of older workers see Health and Safety Executive (2011) An update of the literature on age and employment.

care home managers to make decisions about staff recruitment and retention.

The Trust believes that this practice of encouraging local leadership has helped managers to maintain good staff retention, and to create high quality, successful care environments where residents are happy to live and staff are proud to work.

The not-for-profit sector is leading the way in supporting local care leaders to build services which meet the needs of the local community and drive up standards of care.

9 Terms and Conditions of Service

As commissioners and providers are all aware, pressure on prices in a competitive market at a time of major financial pressure is having an impact on the capacity to pay staff, the costs of which often constitute between 60-70% of overall budgets. The not-for-profit sector historically has not been able to offer the types of pay and conditions often seen in the public sector, but across the sector it is recognised that good terms and conditions for staff will have a benefit in the quality of care for service users. For example:

- In its 'Quality First' Framework, the National Care Forum includes a commitment to competitive wages and benefits.¹⁰
- Many not-for-profit organisations such as the Joseph Rowntree Housing Trust (JRHT) are committed to improving the remuneration of staff. JRHT is a charity and Registered Social Landlord which provides housing, care, retirement homes and supported housing. John Kennedy, Director of JRHT confirms that the Trust has a commitment to progressively raise employees above the national minimum income standard.¹¹
- The Salvation Army Older People's Service sets its wage levels at as high a level as it can manage and to ensure this subscribes to the Income Data Services Report every year. It also provides other benefits including 25 days holiday plus Bank Holidays, sick benefit and access to the Salvation Army Pension scheme.
- In addition to pay, many not-for-profit organisations support staff through other mechanisms such as enhanced national insurance contributions, increasing leave entitlements, payment for qualification and accommodation support.

¹⁰ National Care Forum (2010) Introducing Quality First

¹¹ Joseph Rowntree Foundation (2011) Minimum Income Standards for the UK 2011

Not-for-profit organisations are leading the way in securing realistic and sustainable remuneration for staff to help attract and keep those who can provide highest quality care.

10 Working Together to Raise Standards

The National Care Forum was formed in 2003, and built on 10 previous years of experience as the Care Forum. It comprises over seventy not-for-profit member organisations, employing 80,000 staff and caring for 100,000 people.¹² The membership includes both large and small organisations. The National Care Forum is an example of the constructive and collaborative approach taken by the sector to continually raise standards and improve practice. In addition to its role across the social care sector, it plays an important part in key employment issues including:

- Involvement in the South West Workforce Strategy Group, contributing to VCS provider capacity building, including the development of workforce planning tools.
- A leading role in the development of the National Skills Academy for Social Care, launched in 2009. Over 100 founder members joined the scheme, many of whom also belonged to NCF. The Academy provides training courses and events, advice on training provision, major networking opportunities, and access to research, information and best practice. Priorities include the development of leadership capacity, and NCF has made a notable contribution to this aspect of the Academy's work.
- Strategic input to the work of Skills for Care, the national body for skills development in the care field, and makes a particular contribution to work on vocational qualification requirements.
- In partnership with the Social Care Association NCF produced a statement of best practice on staff well-being in social care. This document¹³ also includes a comprehensive guide for managers with an audit tool.
- NCF contributes to the work of the Centre for Workforce Intelligence and its Executive Director, Des Kelly, is the Centre's Adviser on social care.

In representing the not-for-profit sector in social care The National Care Forum encourages a collaborative approach to service improvement and ensures that a shared set of values amongst its membership are consistently applied to national policy development arena. Good practice, and specifically good employment practice, is shared across the sector.

¹² National Care Forum (2011) Annual Review

¹³ National Care Forum and Social Care Association (2008) Statement of Best Practice-staff well being in social care services, and management guide and audit tool.

The not-for-profit sector is leading the way in new approaches to sharing knowledge and improving practice across social care, based on collaboration, openness and a primary concern for service user's wellbeing.

11 Conclusion

The not-for-profit sector is a large and important part of social care provision across England, and many individual users and service commissioners are turning to not-for-profit organisations to meet their care and support needs. Perhaps this is not surprising. As we have seen from the examples in this paper, the sector is leading the way in good quality, long-term sustainable employment practice, and this is having an impact on the choices people are making about how best to have their care and support needs met.

We shall see in the next two papers how the story is similar in terms of innovation and overall service value.

Paper 2: Innovation

1 Introduction

This paper explores the importance of innovation in the design, delivery and funding of services, and shows how the not-for-profit sector is responding effectively to the need for new approaches to the delivery of social care.

As the Wanless Report¹⁴ made clear in 2006, England has an ageing population with increasing levels of disability and need – by 2026 the number of people aged over 85 is expected to have doubled; adults with a learning disability will increase by 30% over the next 20 years, and the number of people with dementia will double over the next 30 years. The ratio of working-age people to retired people will fall from 4:1 to 3:1 by 2029.

Since 2006 the accelerating pace of demographic and social change has strengthened the understanding of the need for reform, not only for older people but also for younger adults. While improved residential capacity of good quality is needed to respond to dementia, at the same time central government and local authorities recognise that more developed care markets and better integrated structures are urgently required so that more people can remain at home longer, cope more independently and have choice over, and engagement in, the services they and their families choose and use.

There are some major challenges. Funding for care has to be addressed and the Government is currently considering its response to the recommendations of the Dilnot Commission¹⁵. Questions about the capacity and quality of the residential care market have also been raised following the financial problems of the private sector Southern Cross in 2011, which left 35,000 residents across the country uncertain about continuing places in their care homes. There have also been concerns about the capacity of the Care Quality Commission to regulate performance effectively, and as the National Audit Office noted recently, the Commission completed only 47 per cent of the target number of compliance reviews between October 2010 and April 2011.¹⁶

These developments raise deep questions about the quality of care that people should be entitled to, and what kind of organisations are best placed to ensure that those employed in the sector are able to provide that care. The need for innovative approaches across care services, which can deliver improved outcomes at good value has never been more urgent.

¹⁴ Securing good care for older people, D. Wanless, King's Fund 2006

¹⁵ Fairer Care Funding- the Report of the Commission on Funding of Care and Support, A. Dilnot, DH 2011

¹⁶ The Care Quality Commission: Regulating the quality and safety of health and adult social care. National Audit Office 2011

This paper explores examples of how the not-for-profit sector is responding to this challenge, and argues that the nature of organisations in the sector makes innovation and adaptability easier. There are 5 clear characteristics of the sector which make this more likely:

- A strong commitment to shared values at governance level, and an enthusiasm to share creative ideas and good practice from all staff.
- A commitment to reinvestment any surplus to enhance and develop services still further.
- The capacity to raise extra funding to support innovative practice or new projects through public giving and charitable donations.
- A well trained and committed workforce able to offer ideas about innovative practice.¹⁷
- The capacity to share best practice through infrastructure and information sharing organisations, of which NCF is a leading example.

This paper explores examples of the sector's recent achievements in delivering effective change and innovation, centred on some key themes:

- Raising quality.
- Supporting independence.
- Partnership.
- Flexible funding.

The themes relate to the main discussion areas covered in engagement exercises carried out by the Department of Health for the forthcoming White Paper on social care, due in the spring of 2012. In each section the examples cover a range of services and locations. Some involve major investment or reconfiguration. Others show how much can be achieved on a smaller scale by creative thinking based on responding to the experience of service users and their families.

2 Raising quality

Good innovation needs to be based on an awareness of best practice, wherever it can be found, and then carefully planned implementation, which responds to local conditions:

2.1 Designing high quality care environments – The Russets (St. Monica Trust)

St Monica Trust provides a wide range of services for older people in the south west of England, and in 2011 provided for 1,206 older people in its care homes and sheltered housing, as well as aiding 1,000 people with gifts

¹⁷ See Paper 1 on Why People Want to Work in the Not-for-Profit sector.

or grants through its charitable Community Fund.

The Trust wanted to develop new provision and was inspired by the Brightwater organisation in Western Australia at its Inglewood village project. A team from St. Monica made several visits to Australia to understand their approach. Here high levels of well-being for residents are achieved through; positive design (with the emphasis on maximising light and outdoor garden space); a philosophy of care based on maximising individual freedom for residents who are mobile, along with a range of meaningful stimulation. The St. Monica Trust visits involved a whole team led by the Chief Executive, Head of Care, Head of Facilities, Head of Marketing, and crucially their Architect.

As a result the Trust was able to plan and develop the Russets in North Somerset, which supports 73 individuals in 5 bungalows with a garden and central clubhouse. As Zara Ross, Head of Care explains the model is based on an integration of four key elements:

- Positive design.
- A clear philosophy of care.
- A multi-disciplinary approach.
- Constant engagement with service users and carers.

The premises have a safe perimeter and people with dementia who wish to walk around are able to roam safely and never far away from a staff group which keeps a close eye on key well-being issues of nutrition and hydration, along with the opportunity for individuals to stay active and increase the capabilities they have.

Each bungalow has an open-plan but secure kitchen, where residents are supported to help prepare food if they wish, along with two dining areas and sitting areas. One bungalow has additional equipment to support the needs of residents who are very frail or who have limited mobility.

Simple visual cues make it easier for people with memory loss to identify their surroundings, encouraging residents to explore the central clubhouse with its kitchen and hairdressing salon, home to many social, physical and spiritual activities. Colours, layout, furniture, fittings and signage are all designed to make purpose and function clear, to aid understanding and orientation. Wardrobes with some clear doors help residents select their choice of clothes whilst unseasonal clothing is locked away. Sensors in every bedroom control the lights in the en-suite bathroom, turning on when someone leaves their bed, turning off when the bed is re-occupied.

This design and approach also demands commitment from a staff group prepared to work flexibly and with attention to detail. A supportive training

programme was seen as a key component in developing the scheme and the culture amongst staff.

The Russets has become recognised as a centre of outstanding practice and has been awarded the prestigious Pinders Awards as Best Dementia Care Facility 2011. It is now regularly visited by professionals from the UK and other countries. In addition to the Russets a 30-bedded Nursing Home, Sherwood, has subsequently been developed, so that the Trust now offers a full range of facilities, which also includes extra care housing. .

The development of the Russets is a good example of the sector's ability to attract investment because of its sound foundations and concern with quality of care. An integrated management approach has then been taken to ensure successful implementation of a major new type of care. As the Trust President has written:¹⁸

'At the St Monica Trust, we are aware that we must respond in a wide variety of different ways to meet the changing needs of a changing world'

2.2 An integrated approach to practice quality – Somerset Redstone Trust

Somerset Redstone Trust was formed on the 1st October 2000 as a result of the amalgamation of Somerset Care Trust (1992) and Redstone Trust (1996). The Trust objectives are to care for elderly and disabled people in the UK, and it manages 5 care homes in the south west of England.

The Trust is developing its capacity to respond to higher levels of dementia need by incorporating Dementia Care Mapping (DCM) into its approach in collaboration with Bradford University. DCM is an internationally recognised process for promoting a holistic approach to improving life for each individual.

It's based on close observation. Staff who are trained in DCM observe a group of residents over several hours, recording at five minute intervals every detail about their care, about what each individual does and how engaged he or she is with their environment, and their emotional responses.

DCM is valuable for two key reasons. It shows up the level of satisfaction each resident has with their current experience, and the trained mapper is also able to help other staff understand how best to help each resident to have as high as possible an engagement with their surroundings, a more positive mood and a greater variety of activity. The implications are considerable for the culture and operation of each home and the Trust sees this as crucial to developing a more flexible and responsive approach, which stimulates staff as well as residents.

¹⁸ Delivering well-being for older people: St Monica Trust Annual Review 2010/11

The Trust has also worked hard to ‘future proof’ the organisation by modernizing its homes. This has meant an extensive programme of rebuilding and substantial investment. The new facilities have all been designed to ensure that they are dementia friendly. In developing a range of private extra care housing the Trust has also ensured that its clients can choose to progress through the service as their needs change.

2.3 A culture of quality – The Eden Alternative

The Eden Alternative is an approach to care delivery developed by Dr. William Thomas of Harvard in 1991. It is an international not-for-profit organization dedicated to transforming care environments into habitats for people that promote quality of life for all involved. The approach works from the premise that three things drastically affect the lives of older people - loneliness, helplessness and boredom. A number of working principles follow from this- they include the need for companionship, access to plants children and animals, and an emphasis on changing from top-down bureaucratic authority to an approach which maximizes the decision making of older people or those who are closest to them. ‘Edenisation’ aims to encourage a more creative and inclusive environment in which spontaneity is possible.

Edenisation is essentially a process of cultural transformation which requires a different approach from staff and a commitment to ‘doing things with people instead of to them’. In England to date one local authority, Kingston upon Thames, has achieved official Eden registration, but 3 NCF member organisations have done so: Avante, Accord Housing, and Greensleeves.

The results can be impressive. Accord released figures to mark National Dementia Week in 2011 indicating that during the trial of the Eden approach at its Bennett House Care Home in Shropshire the number of residents being prescribed psychotropic drugs dropped from 47% to 2%. Accord reported that:

Residents look after pets including two rabbits and a talking parrot. They also regularly invite children, such as local Brownies, to the scheme to take part in activities with them, such as cooking and crafts. Residents also decide what activities and outings they would like to do – giving them choice and control. Residents are also given opportunities to engage with plants with a variety of activities from arranging to gardening – all available in the home.

Lisa Johnston, Manager of Bennett House said: “The changes we have seen here since we adopted the Eden approach have been massive. It has changed things for everyone, all for the better. Residents are happier, so are staff. It’s a real pleasure coming to work.”¹⁹

¹⁹ <http://accordgroup.org.uk/news-and-events>

Greensleeves Homes Trust is a charity established in the mid 1990s which runs 17 residential Care and Nursing Homes for older people in the Midlands, south and east of England. It is strongly committed to activities work with its residents and provides a ratio of at least one hour of organiser time per week per resident, but more than this where need is higher. The Trust is implementing the Eden Alternative at all its homes, and its homes on the Isle of Wight (The Briars) and Tunbridge Wells (Mount Ephraim House) are 2 of only 8 in the country to have full Eden accreditation. This has meant a real change of approach not only for the Activity Organisers but also for all care staff and in some cases the layout of the home itself. At the Briars on the Isle of Wight the kitchen was revamped to allow residents safe access to be involved. Pets belong to residents and are encouraged. Spontaneous activities take place and residents play a much greater role in planning outings and activities.

As Kate James of Greensleeves points out, the investment in training is significant, with a 3-day programme for the key staff involved and a cascade approach to other members of staff. Greensleeves too has found an impressive change resulting in the culture and atmosphere of the homes involved.

This is a further example of willingness by not-for-profit organisations to take on pioneering methods and apply them with appropriate commitment and investment.

2.4 Redesigning quality assurance arrangements – Somerset Care Group

Somerset Care Group is one of the largest not-for-profit care organisations in the UK delivering residential, nursing and domiciliary care across southern England. It has an annual turnover of £71 million and employs more than 4,000 staff.

Following the creation of the Care Quality Commission in 2009 Somerset Care recognised the need to develop a pro-active quality assurance system within the organisation, which not only ensured regular performance review but also built in staff and service user engagement linked to action planning to drive up standards.

The scheme uses 6 main headings in line with CQC but instead of a reliance on questionnaires and 'tick boxes' employs 'team conversations', records examples of best practice and an overarching 1 to 10 scoring system. Conversations are also held with service users and their views are fed into the process.

Action plans are generated from each review and across the organisation a league table enables homes and projects to see their performance in relation to others. A 'Best Practice' Forum is run to share ideas and 'capture' achievements.

This integrated and participative approach also includes an annual external audit for each of 52 service locations. Managers and staff take part in auditing another facility and there is a crossover between residential and domiciliary projects. This part of the overall approach also ensures that staff gain a wider experience of the organisation.

Somerset Care is an example of an organisation which has responded to the challenge of greater self assessment and audit by planning and implementing a thoroughgoing and integrated model rather than settling for a simple bureaucratic model or 'hoping for the best' and is an example of the not-for-profit sector's ability to innovate and challenge itself on quality issues and best practice.

Somerset Care's commitment to excellence is perhaps indicated by their adoption of a 'Traffic Light Plus' system- as well as Green, Amber and Red they have Purple for excellent!

2.5 New forms of quality care – the extra care innovators, ExtraCare Charitable Trust and Linc Cymru

The not-for-profit sector has played a leading innovative role in developing extra care housing, which is housing designed with the long term needs of older people in mind and with varying levels of care and support available on site. People who live in extra care Housing have their own self-contained homes, their own front doors and a legal right to occupy the property. It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. It is a popular choice among older people because it can often provide an alternative to a care home.

Its strength as an innovation has been to provide a means for people with considerable support needs to retain real independence at the same time as having easy access to the support services they need. In addition to the communal facilities often found in sheltered housing (residents' lounge, guest suite, laundry), extra care often includes a restaurant or dining room, health & fitness facilities, hobby rooms and even computer rooms. Domestic support and personal care are available, usually provided by on-site staff. Properties can be rented, owned or part owned/part rented.

The ExtraCare Charitable Trust began in 1988 and has been a major pioneer in this field. It has developed a network of 12 retirement villages and 17 smaller housing developments across the Midlands and North of England. It provides a total of 3,000 homes for over 5,000 people.

The agency continues to be innovative and has developed award winning new practice in both 'well being' and dementia work within extra care settings. Osteoporosis assessment has substantially improved outcomes for those who have had falls and residents using the Well Being Service achieve an average 9% improvement in their health across 10 key health

indicators.²⁰ In dementia care the Trust's Enriched Opportunities Programme provides 'Locksmiths' (specially trained support workers to provide individually assessed programmes which have been shown in evaluation to achieve a number of key outcomes including significantly prolonged independent living.

In Wales Linc Cymru was established in 1977, as an Industrial and Provident Society registered with the Welsh Assembly Government. As well as providing family housing the organisation operates Lin Care, which has a wide range of projects including extra care housing schemes in Blaenau Gwent, Cardiff and Newport. Linc Cymru was the first organisation in Wales to achieve accreditation from the Centre for Housing and Support (CHS) for the high standard of service provided in its extra care housing. Additionally they were the first extra care provider in Wales to achieve the Royal National Institute of Blind People's 'Visibly Better' accreditation and the first in the UK to be awarded 'Gold' status at the Plas Bryn extra care scheme in Cardiff. The award recognises outstanding work and a commitment in providing high levels of accessibility for people with sight loss and impaired vision.

Despite the difficult economic circumstances at the moment, examples like those above show how the not-for-profit sector is willing to invest in quality buildings, and in new care models and systems to build better experiences for older people. Innovation and service quality are linked, and not-for-profit organisations not only achieve good levels of re-investment but are also effective at implementing new ideas because of their ambitious approach to social care and their passionate and dedicated workforce.

3 Supporting Independence

Commissioners need providers who can respond willingly, promptly and creatively to a rapidly changing environment. They also need organisations which welcome accountability and believe in the full involvement of their clients in the design and management of services. This is particularly true in innovative practice to support and encourage greater independence, choice and control for service users. Innovative organisations can of course be found across the provider market including local authority and private provision, but the following examples show that a belief in promoting independence and choice are particularly strongly rooted in the traditions and values of the not-for-profit sector, and that this helps ensure that the sector is at the leading edge of social care practice.

²⁰ Well Being Service Review 2010/11, available on the ExtraCare Charitable Trust web site www.extracare.org.uk

3.1 Independence through partnership – The Fremantle Trust and its partner, Talkback

The Fremantle Trust is a registered charity and not-for-profit organization, originally established 20 years ago as a transfer organisation from Buckinghamshire County Council. It now provides a wide range of services for older people and adults with a learning disability. Talkback is a user led organisation for people with a learning disability.

The Trust had previously involved Talkback in self-advocacy work within its own organisation, and wished to develop a new approach to its day activities in Aylesbury. The partnership created an activities ‘Hub’ that successfully provided a range of opportunities for adults with learning disability. The selection of activities is led by service users and has included drama work, beauty courses and photography. A young woman who took the photography course now serves as the photographer for the Buckinghamshire Learning Disability Partnership Board.

A range of practical courses is provided including employment training, a ‘world of work’ course and a travel-training course, which boosts in a very practical way the capacity to travel independently. The Hub, working from premises rented from the Buckinghamshire Community Foundation, has now operated for a year and there are plans to roll out the model in other locations across the county.

As Carole Sawyers, Chief Executive, points out, the distinctive feature of the scheme is that it is flexible to the wishes of its participants. The link between two very different types of organisation has enabled Talkback to work collaboratively with a major provider of local services, and Talkback’s commitment to a user led approach has provided creativity and credibility for the initiative. This is an attractive collaboration which avoids duplication and is mutually helpful.

As personalisation develops in all forms of care the ability to respond flexibly to self identified need, support greater independence and deliver service models which offer a flexible use of staff and resources will be the main routes to cost effectiveness and service user satisfaction.

3.2 Independence by design – Joseph Rowntree Housing Trust

The Joseph Rowntree Housing Trust (JRHT) provide 4 care homes in York and in collaboration with the local authority took a decision to transform the service to help people move into their own secure tenancies in redesigned premises. This was a major operation for one of York’s leading service providers, and as John Kennedy, Chief Executive of the Trust points out it was a decision motivated not by money but by a commitment to get the service right and provide new opportunities and choices for residents.

Existing premises were either reassigned or completely redeveloped with improved facilities. Some new properties were also acquired. JRHT recognised the need for the project to be planned carefully at all levels, as it meant a major change of role for staff, new support needs and a great deal of careful preparation for residents who had only previously experienced institutional life. The result overall has been that 50 young adults are now living as independently as possible with a support system which has adapted to their new needs and responsibilities.

3.3 Helping people back home and working with tenants – Heritage Care

Heritage Care Group was formed in 1993 as an Industrial and Provident Society and part of English Churches Housing Group. It changed its status and became a charity in 2010. Heritage Care is a care and support provider with a range of flexible individualised services which support people with Learning Disabilities, Mental Health Support Needs and Older People. Services across 130 locations in the Midlands, London and the South East include supported living, domiciliary services, extra care schemes, registered care homes, day services and respite/short break services.

In its work with people who have complex needs in learning disability and mental health, the organisation works across 25 local authorities from the East Midlands to the South East and helps people to move from institutional settings, which are frequently 'Out of Area' into their own accommodation in their home areas. This is achieved by careful planning and an intensive support package which prepares people to live as independently as possible. The project demonstrates that many not-for-profit organisations have fewer constraints and less bureaucratic barriers to innovation in social care. A key factor in Heritage Care's success is that decision-making is pushed down the organisation, with staff who have the immediate responsibility for clients being empowered to decide the best course of action. This leads to a 'can do' attitude with a commitment to keep trying until the support package is right. A good example is the following case history:

Robert lived in long-stay hospitals and residential care from the age of four. At the point that we were introduced to him he was living in a large specialist residential home for people whose behaviour presents challenges. The use of restraint was commonplace and techniques used were very forceful. He was not making any choices for himself and staff controlled every aspect of his life. He was described as someone with extremely aggressive challenging behaviour who was a 'lost cause'. We discovered after we had started supporting him that he had been locked out of the house during the day, in all weathers, often not appropriately dressed. He was often hungry and as a result would eat grass, twigs, stones etc and would take food and drinks from people in cafes. Action was only taken by the local authority when CQC became aware of issues

at the service and took enforcement action.

Having helped Robert to establish a circle of support of people who knew him well and cared about him, we supported him to identify what he really wanted. He was clear that he wanted to return to the area he came from and to live in an ordinary house. He was introduced to three people who were looking for someone to live with. He spent some time getting to know them and they all decided that they did want to share a home together.

Initially when Robert moved in he was aggressive, inappropriate, damaged property, bit people and took people's food. But with good structured consistent approaches from staff, the implementation of guidelines to support him to manage his behaviour, the development of routines, the feeling of security, a homely relaxed environment and staff knowing if he is in pain we have been able to support him to live the life that he wants. Robert now makes all the decisions in his life and is living in his own home, with friends. He can now cook for himself and look after his home, with support. He is well known in his local area, going shopping, bowling, swimming and out for meals. He has gained weight and uses simple signs to communicate. He now smiles – something that no one had seen him do for the previous ten years. In addition to having a much better quality of life where he is in control the cost of supporting Robert has reduced from £150,000 per year to £70,000 per year.

Kim Foo, the Chief Executive, comments that Heritage Care is responding frequently at the request of Commissioners who are seeking better value services which are able to maximise independence and enable people to live nearer to their families.

Heritage Care operates through Area Teams and particular emphasis has been placed on supervision and management support so that an individual manager is never responsible for more than 8 workers and sometimes less than this. The result is a service which can respond in detail to complex needs and which works very closely with families as well as tenants.

3.4 Engagement and innovation – Sanctuary Care

Not-for-profit organisations have a strong record in service user engagement, and the development of personalisation makes this area of activity crucial in the ongoing work and development of social care agencies. It is important that a 'one size fits all' approach is not taken.

Established in 1995, Sanctuary Care now provides a wide range of services to children, younger adults and the elderly including residential and home care services. Sanctuary Care is committed to involving the people who use their supported living services in all aspects of service design, delivery and evaluation. They say that their philosophy is 'nothing about us, without

us'.²¹ The agency has a dedicated client involvement team and Sanctuary has been awarded the Tenants Participation Advisory Service (TPAS) Award for Involvement on two occasions.

Sanctuary Care has a Client Involvement Compact which guarantees that clients will be supported and encouraged to share their opinions. Clients are worked with individually to find the method of involvement which will suit them best, and the necessary training and resources support this. Clients are involved in staff recruitment, including interviews and the induction and training of staff. They play a full part in the evaluation of services. Sanctuary demonstrates very well that an agency which enables its clients to be as independent as possible will also be much more able to give them greater control over decisions at all levels.

The commitment to engagement is also reflected in other innovations in Sanctuary Care homes, such as not using standard uniforms, encouraging staff to dine with residents, and changing terminology to introduce the "personal carer" approach. Regular support groups in the homes share experiences with families and link closely with local Alzheimer societies. Sanctuary Care works to develop close relationships with local businesses for active support and participation, helping provide opportunities for wider community involvement.

Improvements in engagement work most effectively if they are accompanied by enhancement of the living environment. Within Sanctuary Care key features have been the installation of memory boxes, street scenes, fireplaces with zoned seating, homely furniture, themed activity stations, nostalgia rooms, themed corridors, open serveries, themed gardens, and a range of specialist dementia furniture with open drawers and see through wardrobes. Sanctuary Care has introduced discreet pagers to avoid call bell noises and every home has a variety of pets resulting in an award by the RSPCA.

Innovations have extended to ways of enabling residents to benefit from Information Technology- an increasingly important issue. Sanctuary Care have sponsored St Andrews University in launching CIRCA, an innovative computer aid, and have developed Skype access within resident internet bars. Wi-Fi is used in every home. The overall activity programme is led by trained activity leaders in all homes, but Sanctuary Care has also worked closely with the National Association for Providers of Activities for Older people (NAPA) to ensure best practice.

Training of staff is crucial to implementing and sustaining innovation. Sanctuary Care has a specific dementia strategy called "See Me" which provides an in-house "introduction to dementia" training programme. Dementia champions in every home are provided with more specialist

²¹ Taken from the Sanctuary Group website www.sanctuary-group.co.uk

advanced training. The organisation has invested in a dedicated specialist dementia trainer who works with staff 'on the floor' to apply good engagement techniques. Additionally, a unique person-centred care plan has been introduced, which is approved by CQC.

3.5 Independence for people with dementia in the community – the Somerset Care Petals project

As mentioned earlier Dementia Care Mapping is an internationally recognised and holistic approach which uses detailed assessment of behaviour to be used to respond more effectively to supporting an individual's choices and preferences. DCM has been well established as a central part of Somerset Care's approach in its residential homes for over 5 years. The Petals project aims to transfer those skills into helping people remain for longer in the community with the involvement of their families.

Small teams of staff in two Somerset Care areas, Somerset and Surrey, were set up to operate a key worker system using newly developed individual work plans. The result is a very much more flexible approach to domiciliary care, and signs from the pilot have been very successful with a significant impact on the incidence of falls and emergency admissions. With support from both Bradford and Exeter Universities the scheme is being carefully evaluated with use of a control group and Commissioners have been very positive about the scheme.

The scheme highlights not only the innovative capacity of a not-for-profit organisation, but a commitment to careful and implementation- new approaches require quality training, and training requires significant investment.

Maximising independence and choice for all care groups demands good planning and effective implementation, and a long-term commitment to building better services and systems for all types of service user. It also needs to be fully informed by the contribution of clients and their families. These examples show that at all stages of care the not-for-profit sector is making a powerful and innovative contribution.

4 Innovation in End of Life Care and Health Partnerships

The Government produced its End of Life Care Strategy in 2008.²² It was the first of its kind and was aimed at promoting high quality end of life care for adults in England. Its purpose is to provide people approaching the end of life with more choice about where they would like to live and die. It encompasses all adults with advanced, progressive illness and care given

²² End of Life care Strategy- promoting high quality care for all adults at the end of life, DH, 2008

in all settings. As well as contributing to the Strategy itself the National Care Forum (NCF) subsequently continued to play a key role in promoting better end of life care within the not-for-profit sector.

4.1 National Care Forum and national partnerships

There is close co-operation between the Forum and the National Council for Palliative Care (NCPC). Sharon Blackburn of NCF works with NCPC as their National Adviser on Older People, and all NCF members are signed up to NCPC's Dying Matters Coalition. The Coalition has been working hard to develop greater awareness of good practice nationally, and many NCF members are well placed to apply the key lessons of Living Well and Dying Well locally. As Sharon Blackburn points out, in order to develop quality end of life care it is necessary to 'take the subject out of the closet'. Good practice in this field is based on a synthesis of good physical care and an approach by staff of relationship-centred care, whether in health or social care settings, which encourages discussion, includes family members and takes a holistic approach to the process of dying.

NCF also made a substantial contribution to initiating and developing the 'My Home Life' movement together with Age UK, the Joseph Rowntree Trust and City University. 'My Home Life' is based in London and is a collaborative programme bringing together organisations which reflect the interests of care home providers, commissioners, regulators, care home residents and relatives, and those interested in education, research and practice development. The programme provides a very wide range of material, including research and DVDs, much of which is directly available from the organisation's website, www.myhomelife.org and one of its eight themes is the provision of good end of life care.

NCF members all have access to these national initiatives and the following examples indicate the determination to provide quality end of life care which characterises many not-for-profit agencies.

4.2 Somerset Care and the Gold Standard Framework

Somerset Care is one of many not-for-profit organisations which have joined the Gold Standard Framework (GSF). The Framework was originally developed in 2000 as a grass roots initiative to improve primary palliative care from within primary health care. It was developed by Dr Keri Thomas, a GP with a special interest in Palliative Care, supported by a multidisciplinary reference group of specialists and generalists. It was first piloted in Yorkshire in 2001 followed by a national phased programme supported by the NHS, Macmillan and more recently the DH End of Life Care Programme.

Qualification is based on a demanding range of 20 standards, all of which have to be passed and then sustained by a process of self-assessment and annual review. All staff are involved in training and ongoing training meetings. Sharon Watts, a Shift Leader at Somerset Care's Croft House is

also a Lead Co-ordinator for GSF. She feels that the whole process has had a profound effect on staff and their practice. She says that they have the knowledge and understanding to help residents and their families cope with the stages of dying in a helpful and very open way whereas in the past these subjects were very often avoided.

GSF also enables staff to liaise with GPs in a more integrated way, using a colour coding system to alert each other to the stages of patient need- in this way yellow indicates a need for palliative care, red indicates imminent end of life, green an unstable situation and blue a stable condition.

At Croft House and other Somerset Care Homes involvement in the Framework has also boosted commitment to innovation. Croft House has a sitting service using time voluntarily given by staff members, so that no one has to be on their own. This may involve talking, but may have more to do with the comfort provided by simple caring contact - holding the hand or stroking the forehead. Families are also fully involved in advance care planning, to ensure that an individual's wishes are fully understood and honoured.

Somerset Care is working hard on positive approaches to end of life care. Much of this involves marking death well by celebrating the individual's life, using Books of Remembrance, Photographs and an overall approach of respect and attention to detail. A striking example is the book *Somerset Centenarians* published by Somerset Care, as part of its 20th Anniversary celebrations. The book gives the life stories of 20 of the centenarians the agency cares for.²³

4.3 Quantum Care and the East of England End of Life Care Programme

Quantum Care was formed on the 1st July 1992 to operate care homes for older people in Hertfordshire. It was one of the first companies created to operate care homes that were formerly owned and operated by a local authority and now provides a wide range of services for more than 3,000 older people, including 28 purpose-built Care Home across Hertfordshire, Bedfordshire and Essex. In 2011 Quantum Care won the UK Over-50s Housing Award for the 'Most Outstanding Not-for-Profit Residential Care Provider in the UK'.

Quantum Care is involved in the East of England End of Life Care Programme. This is one of 12 national pilot schemes in different regions, and reflects the concern expressed in the national End of Life Strategy that effective and sensitive communication between staff and patients, their relatives and carers is fundamental to high quality end of life care. The aim in the overall programme is to develop more effective and sensitive

²³ *Somerset Centenarians*, K. Newman, Halsgrove Publications, 2011

communication between staff, patients and their families.²⁴ Participants in the plots have been working with Connected, the national training programme in advanced communication skills developed for senior health professionals working with cancer patients.

20 of Quantum Care's Homes are now involved and the agency is positive about the training programme, which includes e-learning video modules and face-to-face training from facilitators with hospice experience. Quantum feels that the training process has underpinned existing skills and expanded awareness of end of life issues. This has made for a more open culture within homes about dying and the need for sensitive and open communication skills with all those involved. The courses are common to all types of care staff and cover awareness of appropriate responses to the identified stages of dying. They enable staff to have a much more proactive role. Learning is supported by a reflective practice process.

The work is funded by the Department of Health, and the pilot has been operating across Hospices, NHS facilities and Care Homes, so the project also has relevance to the overall health and social care integration agenda. A 'training the trainers' approach is now being developed to cascade the learning further, and after a year of involvement Quantum Care has developed a Circle of Learning with regular meetings involving staff from the participating homes. The impact overall has been considerable, and the agency's commitment to sustained implementation of the approach is further evidence of the not-for-profit sector's willingness to embrace new approaches and opportunities.

4.4 The Orders of St John Care Trust – partnering with health

The Orders of St John Care Trust (OSJCT) operates 73 care homes in Oxfordshire, Wiltshire, Gloucestershire and Lincolnshire. OSJCT delivers care to elderly people of any background irrespective of race or religion in Nursing Home, Residential and Extra Care settings and employs 3,700 staff. In two towns in England OSJCT has taken opportunities to develop sites which have modernised health and social care provision for the benefit of local communities.

In Malmesbury, Wiltshire the Primary Care Trust issued a tender for redevelopment of a Victorian Community Hospital which was no longer fit for purpose. The tender also incorporated provision for a GP centre to replace unsuitable town centre premises. OSJCT won the contract and with its development partners, Brackley Investments and Aspen Housing have transformed the site.

The Hospital and a 1960s Care Home were demolished and in their place and 80 bedded nursing home was established which included 14

²⁴ Developing Skills- talking about End of Life care, NHS End of Life care programme and Connected 2009.

intermediate care beds designed for stays of up to 6 weeks, thereby meeting more effectively the needs of those who had previously gone to the Community Hospital. Staff were transferred under TUPE from the hospital and the GP practice had a new building for 10 Doctors. The new Health Centre also had a base for the PCT and Community Nurses, thereby making it a local health hub. Nearby space was made for a Pharmacy. The comprehensive development of the site was completed by the building of 28 flats built as an Extra Care scheme.

While the financial capacity of the development partners was crucial, OSJCT's leadership and expertise enabled the community to have an integrated and well-planned set of facilities which had a transformative effect on health and social care options in Malmesbury.

At Chipping Norton in Oxfordshire OSJCT was involved in a second transformation process. Again a Community Hospital and Care Home were replaced by a new nursing home and additional health provision for the community. In this case a visiting room for consultants was provided, together with x-ray facilities, a base for District Nurses and for good measure a small birthing unit built to run in association with Oxfordshire maternity provision at Banbury and Oxford.

These schemes indicate the capacity and willingness of experienced not-for-profit organisations to take a leading role in the design and implementation of a new generation of more integrated health and social care provision, and to embrace the need for innovation in practice in response to the needs of service users.

5 Funding flexibility and financial innovation

The tradition and values of most not-for-profit organisations recognise the importance of attaining as broad an access to services as is possible, especially for poorer or marginalised groups. In practice this often means a commitment to keep people within services using charitable funding when the private sector could not have done so. A number of organisations have also found innovative ways of operating fees and charges so that residents and their families are given a security and flexibility which could not be achieved otherwise. By the same token creativity is needed in developing the funding partnerships which can make new facilities achievable, and the not-for-profit sector is leading the way in delivering on this. The following are examples of emerging good practice in this area.

5.1 Ensuring access for those unable to fund their own care and other forms of donation to those in need.

This is a specific commitment made by many not-for-profit organisations in honouring values and traditions which were frequently established a long

time ago, but which in modern times help ensure a fairer care system. For example,

The Salvation Army Older People's Service provides residential care for 650 people in 17 homes, and although it provides care for large numbers of self funding residents the service ensures that 50% of places are given to local authority funded residents because of the organisation's wider commitment to inclusion and social justice.

The Joseph Rowntree Housing Trust operates a loan stock scheme, which allows those who invest in a care home to have a reduced fee. For those whose funds are running out they can then use their loan stock to extend their funding. This enables people to use their capital creatively.

It is also common for not-for-profit organisations to provide additional support for those funded by local authorities to ensure that they receive exactly the same level of service.

A major concern for older people and their families is what can be done once available funds are exhausted. It is a fear which haunts many people. It is not uncommon in the private sector for people to be given four weeks' notice, with all the disruption and uncertainty which this inevitably involves. Steve Hughes of **Lilian Faithfull Homes** makes the point that available evidence points to moving older people in this way having a serious effect on their wellbeing.

Many not-for-profit organisations regard this as unacceptable and budget to enable them to continue supporting people. As a not-for-profit organisation Lilian Faithfull can plan to reinvest a proportion of its surplus in enabling residents to remain. While this cannot be guaranteed every effort is made to provide this continuity.

5.2 Taking the longer view on financial return – Heritage Care

Heritage Care, a charity providing a range of different care services in 130 settings in the Midlands, London and South of England were approached by a property developer who had built 5 two-bedroom houses in a cul-de-sac in a village in the East Midlands. Heritage Care were aware that the council had a large number of people placed in residential care out of area, or unable to move on from assessment and treatment units. They offered to assess the needs of identified individuals and co-design a support package with the prospective tenants so that their support could be customised to their exact requirements. Having been given the costings of people's placements they were able to guarantee that they could provide a better service at a reduced cost.

Work was undertaken with the landlord to ensure that each property was suitable for the needs of each individual that was moving in. Preparing the properties, recruiting staff matched to the needs of each person and

undertaking the transition process in a way that met the needs of each person took time. It was 18 months before all ten individuals moved into their new homes and this meant that initially the service ran at a loss. Heritage Care was able to take the decision to allow the service to do so recognising the longer-term value of the project. The project has now expanded with more individuals who live in the village being supported for some hours each week, using personal budgets. One of the key strengths of many not-for-profit sector organisations, including Heritage Care, is the willingness at governance and senior management levels to take a longer investment view which reflects the organisation's values.

5.3 Innovative partnership for future development – Fremantle, Buckinghamshire and Housing Solutions

'Project Care' in Buckinghamshire is a creative partnership between the Fremantle Trust, Buckinghamshire County Council and Housing Association, Housing Solutions Group. The County Council wished to ensure that it could buy affordable and good quality care into the future. Instead of a tender process they sought a long-term development partnership, and tested the feasibility of this idea through a rigorous business case process. The transformation of provision against identified need and demographic trends meant that provision had to be redistributed geographically.

The result has been to replace a number of existing homes with 8 new premises, maintaining the same number of places, and successfully moving a large number of residents into new accommodation. A three-way development agreement links the three organisations together.

The future provision of social care services will rest on key policy decisions about personal planning and a new approach to the funding of care. In responding to the Dilnot Commission, the Government is likely to look to innovation from financial services, as well as care providing organisations. These examples suggest that not-for-profit organisations will in many cases be very well equipped to provide innovative thinking without sacrificing a traditional and proven commitment to charitable assistance.

6 Conclusion

The not-for-profit sector is a large and important part of social care provision across England, and many individual users and service commissioners are turning to not-for-profit organisations to meet their care and support needs. Perhaps this is not surprising. As we have seen from the examples in this second paper, the sector is leading the way in the development of new approaches both in residential care and in the community.

The commitment of loyal and well trained staff, the theme of the first paper, is of course one key component in the sector's capacity to deliver a

transformation in care services, but others are also involved- notably an ability to reinvest surplus to fund new practice and modernised facilities, and a commitment at governance and management levels to hold fast to values and principles centred on fairness and sustainability. This is having an impact on the choices people are making about how best to have their care and support needs met.

We shall see in the third paper how the not-for-profit sector makes a further and wider additional contribution to the well-being of the community by its emphasis on developing social capital and community well being.

Paper 3: Added Value and Social Capital

1 Introduction

This paper explores the concepts of social capital and added value and how they are particularly characteristic of the approach of organisations in the not-for-profit sector.

There are many definitions of social capital, most of which refer to concepts around the good gained as a result of forms of collective social action. As Dekker and Uslaner suggest:

*'Social capital is about the value of social networks, bonding similar people and bridging between diverse people, with norms of reciprocity'*²⁵

So, for example, adding value through increasing social capital might involve making sure services offer the maximum opportunities for employing local people, promoting good neighbourliness, or opportunities for local people to give voluntary time to supporting people with care or support needs.

Commissioners of social care are increasingly keen to attract added value from services, particularly by increasing social capital, and usually look to the not-for-profit sector who have traditionally had a strong record in providing volunteer opportunities, making use of community contributions and responding to local employment conditions. A number of local authorities now incorporate expectations about promoting social capital activities into their assessment of potential service providers. East Sussex County Council, for example, in its Grants Prospectus process states that:

*'The voluntary and community organisations that make up civil society provide both the structure and the opportunity for people to become more engaged and active in their communities. This results in bonds and networks being formed between diverse people and organisations which have a shared goal or interest'*²⁶

While not-for-profit organisations delivering public services must operate as effective and well-run businesses in the social care market alongside statutory and private organisations, they are at the same time also members of the wider civil society. Civil society organisations operate independently and are seen by the Government as crucial in enabling people to take an active role in their communities. Indeed many not-for-

²⁵ Paul Dekker and Eric M Uslaner. 2001. 'Introduction.' Pp. 1 - 8 in *Social Capital and Participation in Everyday Life*, edited by Eric M Uslaner. London: Routledge

²⁶ East Sussex Commissioning Grants Prospectus. East Sussex County Council. February 2012

profit organisations specifically include a commitment to such activities in their stated values.

Social care services need to be connected more effectively to other areas of public services, so that a more holistic approach to individuals and their communities can be developed. As a result the contribution of not-for-profit organisations is more important than it has ever been. They are experienced at challenging silo-thinking and engaging many different people, with different skills and contributions, to work together to secure better outcomes for the common good. When, for example, a charitable trust provides school children with properly supervised opportunities to give voluntary support to older people the successful outcomes are not just for the older people concerned. They can be seen in children's learning, higher confidence levels, and an improved sense of community involvement and responsibility for all concerned.

This paper describes a number of different areas where social care services can offer added value through social capital, and provides examples of the kind of differences made by members of the National Care Forum.

2 Leadership

One of the major strengths of not-for-profit organisations is that they provide, in their various legal forms, a means for individuals and groups to come together to meet needs and address problems about which they care deeply. In many cases these organisations are long established and nationally known charities, but new organisations are being established all the time. The Charity Commission indicates that there are currently over 160,000 charities within England and Wales with an overall income of £52 billion. In addition there are many mutual societies and community interest companies. While the legal formats may differ, all share the quality of being not-for-profit, and typically embrace formally agreed and registered objects and values. These characteristics mean that those responsible for their governance are committed to the organisation's mission and often offer their skills and experience without payment. Not-for-profit organisations are trusted by the public because of the principles and values they represent.

2.1 Governance

The trustees of charities and other types of not-for-profit agencies have the ultimate responsibility for running their organisations and their property, finances and the employment of any staff or volunteers. They are also responsible for the development of longer-term strategy. In larger organisations, they will of course have senior managers who undertake this work on a delegated basis, but theirs is the ultimate responsibility.

Charities alone involve 900,000 charity trustees in England and Wales.²⁷ As the Charity Commission Guidance suggests, in its advice to new Trustees:²⁸

'Effective trustee boards need a range of people with a good mix of skills. The best boards are also diverse, with people who have a real understanding of the needs to be met and others with good financial, business and management experience. The rewards of working with, and learning from, people from different backgrounds and skills will be great.'

The National Care Forum estimates that its membership of over 70 organisations together provide care and support services for 100,000 people, with 80,000 employees, and 20,000 volunteers.²⁹ The Board members involved add at least another 800 committed contributors to this overall effort, and together manage a turnover in excess of £1.5 billion. The experience, networking and practical help provided by those Trustees is a major social capital asset in its own right.

2.2 A long-term perspective on value

Each not-for-profit organisation is established to achieve a particular mission. As a result the organisation's values are central to its activities, rather than being dominated by the profitability requirements of shareholders. Surplus is reinvested to develop new services or bring added value to existing services. Unlike the statutory sector, funds can be carried over year-on-year to invest in development and a longer-term view can be taken allowing for services to grow and develop over a period of time.

An example of these qualities is described by Kim Foo, Chief Executive of Heritage Care Group, which was formed in 1993 as an Industrial and Provident Society and part of English Churches Housing Group. It became a charity in 2010. Heritage Care is a care and support provider with a range of flexible individualised services which support older people and those with learning disabilities and mental health support needs. Services across 130 locations in the Midlands, London and the South East include supported living, domiciliary services, extra care schemes, registered care homes, day services and respite/short break services. Kim describes one particular example of how Heritage Care Group was able to add to social capital:

'We were approached by a property developer who had built 5 two-bedroomed houses in a cul-de-sac in a village in the East Midlands. At the same time, we were aware that the council had a large number of people who were placed in residential care out of area, or who were unable to move on from assessment and treatment units. We offered to assess the

²⁷ Charity Commission for England and Wales - The Essential Trustee - in www.charitycommission.org.uk

²⁸ Charity Commission for England and Wales - The Essential Trustee - in www.charitycommission.org.uk

²⁹ National Care Forum Annual Review 2011

needs of identified individuals and co-design a support package with the prospective tenants so that their support could be customised to their exact requirements. Having been given the costings of people's placements we were able to guarantee that we would provide a better service at a reduced cost.

Work was undertaken with the landlord to ensure that each property was suitable for the needs of each individual who was moving in. Preparing the properties, recruiting staff matched to the needs of each person and undertaking the transition process in a way that met the needs of each person took time. It was 18 months before all ten individuals moved in to their new homes and this meant that initially the service ran at a loss. However, Heritage Care decided that the inevitable short-term losses would be offset by the long-term gains. The project has now expanded with more individuals who live in the village being supported for a couple of hours a week, using personal budgets.'

Taking a mature perspective on costs and income, and working with people, carefully allowed Heritage Care Group to take a long-term perspective on their role, and, like many not-for-profit organisations, to add to social capital by helping their service users to build their own skills and have a positive experience of change.

2.3 Corporate social responsibility

Not-for-profit organisations lead the sector in thinking about and behaving with corporate responsibility, and they are also able to offer other organisations the opportunity to do so similarly.

In terms of sourcing materials, buying responsibly, and operating in an environmentally friendly way, not-for-profit organisations, including National Care Forum members have a strong track record.

For example, Bupa Care Services offer short and long term nursing, residential and specialist care in over 300 care homes in the UK, caring for over 18,000 people, around 70% of whom are publicly funded. As part of the wider Bupa Group, Bupa Care Services is committed to building a well world.

In May 2012, Bupa is announcing key goals that will help them to keep people well and support a healthy planet. Their goals are to empower 60 million people to make positive changes to be healthier and happier by 2015, and to support a healthier planet by reducing their carbon footprint by 20% by the same date.

In 2011, Bupa was successful in reducing the global carbon footprint by 4.7% as compared to 2009, and some key points about Bupa care homes and the environment are as follows:

- Bupa's 300+ care homes in the UK make up 46% of total Bupa carbon emissions.
- Bupa care homes have made a 7.7% reduction towards our 20% carbon reduction target since 2009.
- In 2011 Bupa invested over £3.7 million on energy improvement projects. These projects targeted boiler plant replacements, building energy management systems controls, insulation, energy efficient lighting and retrofit renewables.
- For the period 2012-2015 Bupa will be investing a further £12 million on energy improvement projects.
- In 2011 Bupa achieved a recycling rate of 31% and aims to achieve a 40% rate. The organisation is currently piloting food waste collections in the south east of England to help achieve this target.
- Since 2010, Bupa has had a partnership with the Royal Society for the Protection of Birds (RSPB) to create and preserve wildlife habitats around its care homes, and to bring residents closer to nature. The partnership sees Bupa residents taking an active role in preserving many of the bird species now in decline across the UK.

Bupa Care Services is part of the much wider Bupa group, and as such adheres to Bupa's published principles of Corporate Social Responsibility in purchasing.³⁰ The statement includes the following commitments:

'Bupa will proactively promote sustainable practices and products throughout the supply chain without jeopardising future security of supply. The following principles are advocated by Bupa and should be observed by all purchasing and supply management professionals:

Ethical Trading

All our purchasing activities will be transacted with due regard to the needs and challenges of all involved parties.

Social Responsibility Human Rights

We will honour, observe and not exploit fundamental human entitlements.

Workplace Relations

In our purchasing activities we will commit to improve our organisation's performance in relation to equality and diversity and employment conditions.

Health & Safety

We will promote continuous improvement in the health and safety conditions of workers in our supply chain.

Impact on Society

We will add value to the communities and societies upon which our organisation has an influence, either directly or indirectly

³⁰ http://www.selling2bupa.com/pdfs/bupa_principles_corporate_social_responsibility.pdf

Environmental Performance

We will seek to minimise negative environmental impacts, from local to global, associated with the goods and services acquired with respect to manufacture, transport, use & disposal.

Biodiversity

Through our purchasing activities we will proactively avoid reducing the number of interdependent species around us.

If anyone believes that any of these principles has been broken they should report the matter to the Group Purchasing & Property Director for investigation.

Of course principles such as these are found in other sectors, but such commitment, and the actual delivery of that commitment in practical action is a particular characteristic of not-for-profit organisations, whatever their size and turnover.

Many National Care Forum members provide opportunities for other organisations to meet some of their social responsibilities by accepting staff from other organisations to work in a voluntary capacity with them. For example, Jewish Care (whose wider work with volunteers is described later) works with a number of corporate partners. Statutory bodies such as the Department of Work and Pensions, and those from the private sector such as the KPMG Consultancy and Clifford Chance Solicitors are able to place staff with Jewish Care. In doing so they are offered a wider understanding about their community than their full-time jobs might provide.

3 Volunteering

One of the most well-known and distinctive contributions which not-for-profit organisations make to society generally is the provision of opportunities to contribute time, commitment and skills to a good cause. Contributions come in many forms and this section covers some of the main ones. Many not-for-profit organisations offer volunteers the chance to make an important contribution to their local community. The following examples illustrate the range and scope involved.

3.1 Jewish Care

Jewish care is the largest health and social care organisation serving the Jewish community in London and the south east of England, offering care and support across 13 care homes and many community based projects in an environment which recognises and respects Jewish identity.

Sonia Douek, Head of Volunteering and Community Development, points out that the work of their 2,800 volunteers massively extends the range of activities which benefit clients. Help with manicure, hairdressing, board games and simply talking and listening contributes a value equivalent to at

least £3 million per year in the 13 care homes alone. A key aspect of the volunteer contribution is that 90% of volunteers are of Jewish origin, and their involvement embodies not only the commitment of the community, but access to everyday aspects of modern Jewish life. This is particularly important, as the majority of paid workers are non-Jewish.

Each Jewish Care home has a volunteer co-ordinator, responsible to the head of the home. The co-ordinator recruits, prepares and trains volunteers, and since the adoption of their volunteering strategy, 'Working with us today' in 2009, volunteers are now recruited to specific roles. They also benefit from an ongoing programme of development.

Jewish Care is committed to an outward facing approach in its work with the wider community. In its new community based project in Southend many of the volunteers do not have a Jewish background, and the organisation is also shortly to begin a volunteer programme funded by the Pears Foundation. This will give up to 100 Jewish and non-Jewish unemployed people the chance to gain experience and obtain a formal qualification within the Qualifications and Credit Framework (QCF).

3.2 The Royal Hospital Chelsea

The Royal Hospital Chelsea was founded in 1682 by King Charles II 'For the succour and relief of veterans broken by age or war'. It's Grade 1 listed buildings are known worldwide, as are The Chelsea Pensioners, but as well as providing accommodation the Royal Hospital also has a 100 bed Infirmary which provides for those who need higher levels of care and nursing. Laura Bale, Matron of the Royal Hospital, and her colleagues have worked hard to develop amenities and activities within the Infirmary within an overall therapeutic environment, so that there is now a more outward looking approach to the care provided.

An integral part of this approach is the use of over 50 volunteers, all of whom have been through a structured preparation programme. The befriending role is particularly important at the Royal Hospital where many of the residents have either no family, or family members live a considerable distance away.

As well as regular volunteers the Royal Hospital's central location and reputation ensure that other organisations offer their help. One good example is the excellent relationship with Battersea Dog's Home, which provides 'Pat Dogs' and Laura Bale makes the point that many residents find it easier to communicate their feelings through animals. A second example is the arts organisation Opera Holland Park, and singers regularly volunteer for musical and social evenings with residents - or 'music and flirting' as Laura describes it!

3.3 The Orders of St John Care Trust – Duke of Edinburgh’s Award

The Orders of St John Care Trust (OSJCT) operates 72 care homes and five extra care schemes in Oxfordshire, Wiltshire, Gloucestershire and Lincolnshire. OSJCT delivers care to elderly people of any background irrespective of race or religion in Nursing Homes, Residential and Extra Care settings, and employs 3,700 staff.

OSJCT provides many opportunities for volunteering but is also an Approved Activity Provider for The Duke of Edinburgh’s Award Programme (D of E). The Award Programme has formal volunteering experience as an integral requirement. Providing this experience is important given the findings of the DCLOG 2008/9 Citizenship Survey³¹, that young people aged 16-25, were less likely than older people (those aged 35-74) to participate in regular (at least once a month) formal volunteering’.

The OSJCT care homes provide placements for the volunteering section of each of the three levels of Award. Individual placements offer a wide range of activity and involvement, but it is also possible for groups to work together under the supervision of their Duke of Edinburgh Award Scheme Coordinator or a Gold Award candidate on a project that will make a difference to the lives of residents in one of the care homes. The project can be one which the candidates offer the home or something which the home suggests. Suggested ideas on the charity’s website³² include musical performance, a gardening project, presentations and exhibitions.

In preparing for placement, volunteers are given a handbook which guides them through the Trust volunteer induction process and provides them with essential information that will enable them to be confident in their new role. They receive the same induction, fire training and support as would be expected of a paid employee.

Volunteers cannot undertake personal care but can be involved in supportive tasks such as helping with social activities, escorting residents on trips and outings, serving meals and drinks, running a shop or library trolley and/or offering companionship/befriending to individual residents. The Trust also aims at bespoke placements when a particular skill or talent is being offered.

4 Providing Opportunities for Service Users to Contribute

In the pursuit of increased social capital, not-for-profit organisations are becoming more and more skilled at engaging service users in the planning

³¹ 2008-9 Citizenship Survey, Department of Communities and Local Government Publications. April 2010

³² www.osjct.co.uk

and delivery of services, or more broadly by helping and encouraging them to continue contributing to helping others through good causes.

4.1 Central and Cecil – Activities with a purpose

The journalist, Mrs. Elizabeth Chesterton, who, spent 14 days and nights on London's streets to investigate the plight of homeless women, founded Central & Cecil in 1926. Her experiences were serialised before being published as a best selling book, 'In Darkest London'. Following World War Two Central & Cecil began to diversify, providing accommodation for older people who had lost their homes or been widowed during the war. In the last 20 years it has grown through mergers with similar organisations. In 2000, Central & Cecil received a stock transfer of 3 residential care homes from the London Borough of Merton and in 2007 took on the management of 221 supported housing units from the Catalyst Housing Group. In January 2009, Central & Cecil merged with Cara Irish Housing Association, resulting in a geographic expansion into Luton and the Midlands.

Central & Cecil's Personal Development Programme promotes the importance of development and learning, whatever your age or stage of life. Tailored support is given to a wide variety of vulnerable and often marginalized service users, including young people facing homelessness, people with mental health support needs, and older people living in sheltered housing.

In Central and Cecil's Young Women's Hostel, for example, the emphasis is on supporting individuals to re-enter education, carve out a career and achieve independent living. The service includes many components including cookery and healthy eating, confidence building and creative activities such as music and film awareness.

In its supported housing projects, Central and Cecil provides financial awareness training for residents and funding for individual residents to advance their skills by resourcing things like guitar lessons and gardening projects.

Within its sheltered housing projects the Personal Development Programme has organized a series of 'Access All Areas' events, which put residents in touch with local support agencies such as Action on Hearing Loss, the Alzheimer's Society, RNIB, the Stroke Association and Diabetes UK.

Central & Cecil has also offered a dedicated programme of artistic, therapeutic and social activities for vulnerable and older people for over 30 years, and has become a leading innovative agency in this field. The agency has two Arts & Education Coordinators who organise a range of projects that engage, inspire and bring people together. Recent examples have included the following:

- An animation project where older people created short films based on their memories
- An alternative therapies club where older people learn about reflexology and soap making
- A drama project based around older people's memories of gender roles
- Community arts projects that produced a wealth of creative work with which to decorate Central and Cecil's recently opened extra care scheme in Berkshire

The overall programme ensures that in Central and Cecil homes and schemes a good choice of meaningful and creative activities is always on offer- art classes, singing classes, alternative therapies and exercise groups.

Central and Cecil's work in enabling its service users to participate in the Arts is included as a case study in the Baring Foundation report, 'Creative Home' published in 2011³³.

We were cited as an example of best practice in the 2011 Baring Foundation report, and that report makes a strong case for the significance of activity and purposefulness, which may be regarded as 'added value' but is actually integral to a good quality service. The Baring Report cites the Social Care Institute for Excellence (SCIE) as follows:

*'An excellent service supports and enables people to engage in activities pastimes and roles which bring them pleasure and meaning and enhance their lives'*³⁴

4.2 Care South – linking Bournemouth and Mozambique

Care South provides 16 Dorset-wide care homes as well as nursing and close care and home care across the south-west and West Sussex. The following is a small-scale example of what can be achieved by a willingness on behalf of staff to share their interest and enthusiasm for a wider cause. The description is taken from the Care South website³⁵

'A donation of £200 from the residents of Talbot View care home in Bournemouth has built a new hut for a disabled elderly lady in the village of Innhassune, Mozambique. Home manager Nick Holman said: "Our residents are safe, warm, and well fed and were only too pleased to send this money from their amenities fund to help someone like Amelia who was living in terrible conditions." Talbot View heard of 76-year old Amelia's plight from Carla Bailey whose father-in-law stayed at the home last year while she and her husband visited their daughter Rebecca Spencer who has lived in Mozambique for three years. Rebecca has set up the 'Sing With Me

³³ Creative Home, Baring Foundation, NCF and NAPA, 2011

³⁴ Recognising Excellence in Social Care. SCIE 2010

³⁵ www.care-south.co.uk

Happily' charity which provides educational activity and resources to people in the area.

After Rebecca had built a school and community centre, she realised that there was no help for the elderly. She started a programme of support for 17 older people in the village, setting up a small market garden where she grows vegetables to provide food which is served to them in the community centre. "When I saw how Amelia was living I was heartbroken," says Carla. "She did not have much use of her legs, and would sit all day on a pile of rags in the mud. There were holes in the roof and there was no one to care for her as her daughter had died of Aids." The donation from Talbot View has provided a new hut with a solid base, and Amelia is delighted with her new home. "She is so grateful to the people at Talbot View. She would certainly have died if she had remained in her old hut," says Carla.'

5 Community and Cohesion

Many not-for-profit organisations are very committed to making a contribution to the communities within which they operate. Two earlier papers in this series ³⁶ illustrate how they do this both by acting as good employers, and by planning buildings and services which enhance the local community. In this paper, though, examples are given of the further added contribution which organisations make for the well being of the community and as a way of enhancing the sense of community across generations. It is increasingly important that providers of social care look outwards, both to avoid residents becoming isolated, and to enable the wider community to have a better understanding of old age or disability. The following examples illustrate these qualities.

5.1 Dementia without Walls – a project funded by the Joseph Rowntree Foundation

The Joseph Rowntree Foundation undertakes a very wide range of research into social care and communities, and the Joseph Rowntree Housing Trust provides Care Homes and other services in the City of York. In March 2011, to coincide with national Dementia Awareness Week the Foundation launched a year-long project to improve York for residents with dementia and their families. This formed part of a £200,000 programme to aid national scoping of key issues relating to living with dementia in the community. As John Kennedy, the Foundation's Director of Care Services, has explained:³⁷

'This provides a real opportunity for services to work together to define the characteristics of a dementia-friendly place – something many of us may need in the future. We are looking forward to working with others to make

³⁶ NCF Leading the Way, Paper 1 - People, Institute of Public Care, March 2012, and NCF Leading the Way, Paper 2 - Innovation, Institute of Public Care, May 2012

³⁷ www.jrf.org.uk/work/workarea/dementia-and-society

this a reality.'

The aim of the project has been to work with people with dementia and their relatives to challenge people to think about how the city can become more 'dementia-friendly'. It aimed to examine health and social care services as well as how housing and everyday amenities such as shopping, leisure and transport can adapt to meet the needs of people with dementia. A core aim was to create opportunities for people with dementia to experience different kinds of services, and one of the methods used was 'seeing is believing' visits, to examine new approaches, and sharing the experience with other service users.

Findings from the project will be shared in due course after the completion of the programme in autumn 2012, but the project is cited as a case study, along with other initiatives in Plymouth and Manchester, indicating how change can be planned in communities. Building on this work the Alzheimer's Society launched its 'Dementia Friendly Communities' campaign at its national conference in 2012.

This example is of a not-for-profit organisation making a substantial financial contribution to develop social capital and understand how change can be achieved across communities. The following example illustrates how another not-for-profit organisation is tackling the challenge of developing a dementia friendly community.

5.2 'Archie' and Somerset Care's Vision of Dementia Friendly Communities

Somerset Care is working in collaboration with the training organisation Reminiscence Learning on the Archie community project.

Archie is a brightly coloured knitted scarecrow adopted as a mascot by Reminiscence Learning, as many people with dementia will use mascots or dolls as a source of comfort and attachment. Archie was named by a gentleman called Bill who was involved in a European research project called 'Remembering Yesterday Caring Today'³⁸, where people with dementia and their carers joined together in reminiscence sessions and shared memories and stories together. Every session Bill would greet the scarecrow saying 'Good morning Archie' before he settled down within the group.

Archie's story was later turned into a book by Fiona Mahoney to teach people without technical or medical jargon about the main signs and symptoms of dementia. Although the book was originally written for adults, it was felt that it could also be used for children to enable them to

³⁸ Remembering Yesterday, Caring Today. Reminiscences in Dementia care: A Guide to Good Practice. Pam Schneider and Errolyn Bruce - A Bradford Dementia Group good practice guide. Jessica Kingsley, 2008

understand the basic facts about dementia and how they could therefore relate better to grandparents, parents or family members with dementia.

Somerset Care and Reminiscence Learning felt that as a response to the National Dementia Care Strategy³⁹ they should go further still and try to achieve much wider community awareness in all the towns where they provide services, not only to address fears about dementia but also to involve local people in providing support within the community, including retailers, police and fire service, hairdressers, chiropodists and so on. The vision was to create 'dementia-friendly' towns and villages.

The first project has been launched in Williton, Somerset. Each business that attends the project's workshops will receive an Archie sticker to go in their window to be easily recognised as a place where people understand dementia.

The Archie project also has an intergenerational element. The idea is that children in primary and middle schools learn from the Archie books, and that schools then make links with local care homes, so that regular visits take place and volunteering roles are established allowing children to develop a fulfilling role within their community. Shared activities, new friendships and wider community links can all result.

Danesfield Middle School in Williton piloted the project and has well-established links with the Croft House Somerset Care Home. Students visit the home on a regular basis, sharing meals, playing pool and cooking. The school has become involved in fundraising activities, and Croft House residents visit the school.

5.3 Helping the whole community – RBLI in Kent

RBLI (Royal British Legion Industries) has delivered work programmes, welfare and care services for more than 90 years principally for the ex-armed forces community. RBLI also provides welfare, nursing and housing services at its village community in Aylesford, Kent.

RBLI has a strong track record of making facilities available to the wider village and parish of Aylesford, in Kent, which has a population of 10,000 overall. RBLI helped set up a village Youth Club for the wider community and although this is now self-financing they continue to support it. For the past 3 years RBLI has operated a health and wellbeing service for the whole of Aylesford, a contribution worth at least £50,000 per year in funding. Fitness classes are run, in association with the Housing 21 organisation. Other activities include a 'Ballet for Babes' class, walking and cycling clubs, through an Active Retirement Association with 150 members, and a 'Get Digital' IT class for older people.

³⁹ Living well with Dementia: a National Dementia Strategy, Department of Health, 2009

Roger Leeder, RBLI's Head of Welfare and Support Services, makes the point that RBLI also provides employment within Aylesford and that the overall contribution to the community's well being, as well as contributing to the social capital of their neighbourhood, helps to ensure an outward focus for the RBLI community and greater awareness of the organisation's work.

5.4 Quantum Care – connecting communities across the generations

Quantum Care was formed in 1992 to operate care homes for older people in Hertfordshire. It was one of the first companies that were formerly owned and operated by a local authority and now it provides a wide range of services for more than 3,000 older people, including 28 purpose-built care homes across Hertfordshire, Bedfordshire and Essex. In 2011 Quantum Care won the UK Over-50s Housing Award for the 'Most Outstanding Not-for-Profit Residential Care Provider in the UK'.

Quantum Care's business planning involves a commitment to community engagement, and a cross-section of workers from across the organisation contribute to the planning process. Debbie Gilard, Marketing Manager, points out that central to success is the role of the activities workers, who ensure that each care home runs a range of activities for residents and that these activities are co-ordinated and linked into daily practice.

She also points out that the involvement of the local community can help to enrich the daily lives of Quantum Care's residents and encouraging and enabling this involvement is a priority for the organisation. This Community Engagement theme was taken from inception to implementation via a well attended and successful community engagement innovation forum. A key element in developing the approach has been the use of Quantum Connect, a web based resource developed by the company to aid in the sharing of community engagement information.

In one home, a partnership with Tesco has led to development of a sensory garden, and in another the local model railway club members have come in to set up a layout within the home. An arts project has involved families and residents led by a local artist in producing a reminiscence blanket which has been on show in First Garden City Heritage Museum, Letchworth.⁴⁰ Quantum Care has many school links, and an example is the newest Quantum Care home, Trefoil House in Luton. The home is next to Warden Hill Junior and Infants School. Children regularly visit the home and residents are involved in the school. Between them have created time capsules, and last Christmas a post box was set up in the home where children sent letters to Father Christmas, which were answered by residents on his behalf!

⁴⁰ www.gardencitymuseum.org/about_us/news/2012/mapping_memories_reminiscence_partnership_project

Each Home also has a 'Best Friends Café'. These offer a safe and comfortable alternative for those who cannot easily go out to spend time with friends and relatives. Many also run cake stalls for the local community, and at Trefoil House in Luton queues for the 'Fabulous Sins' Muffin Stall stretched down the road! The result was that £100 was raised for the Mobility Fund. The Cafes are run largely by volunteers and again this provides a valuable way of local people becoming involved in Quantum Care's work.

The community engagement programme is seen as central to the Quantum Care approach, with considerable contributions to the key outcomes of reducing isolation, and enabling people to be as active as possible. The activity workers ensure that the programme is a mainstream aspect of the organisation's work, and that all members of staff have a part to play.

6 Mutuality and Shared Identity

The not-for-profit sector's contribution to social capital includes its ability to give particular communities a means of providing service, support and involvement in social care. In this section examples are given, not from geographical communities but from services to groups bound together through a shared identity.

6.1 BEN – The Automotive Industry Charity

Founded in 1905, BEN is the only occupational charity for those who work or have worked in the automotive and related industries. The Charity provides practical help, support, financial assistance, advice and friendship to more than 15,000 men and women and their families every year.

A wide range of support is provided and can range, for example, from helping with the cost of specialist disabled equipment to giving emotional support through stressful times or funding a respite break. BEN has four residential centres around the country, offering a range of services from nursing to end of life care. Some BEN centres also offer sheltered accommodation. The potential number of beneficiaries that are eligible for BEN's services has been estimated at over 2 million people in the UK and Republic of Ireland. BEN's help is therefore available to a substantial proportion of the UK population.

The overall cost of services is approximately £12 million each year, and of those receiving nursing and residential care, 60% are in receipt of state benefits which do not meet the full cost of their care. In many cases, these are subsidised by the charity. Fee paying residents who exhaust their financial resources can continue to be supported by BEN. Overall, the costs

of the charity's welfare and care services are financially supported by fundraising income of over £2 million per annum.⁴¹

In addition to its residential centres, BEN operates a Day Care Centre in Coventry. Opened 15 years ago, this is available to anyone who had worked in the automotive or related industries and their dependents. The Coventry site was donated on a 97-year lease by Peugeot UK and was purpose-built by BEN. The Manager in Coventry, Lynn Walker indicates that the elderly people cared for here, many with dementia, enjoy the companionship of friends old and new and the opportunity to engage, if they wish, in the many activities that the Centre offers. As in all parts of the BEN organisation, in addition to its own specialist staff, the Coventry Day Care Centre benefits greatly the highly committed support of a network of local volunteers.

Overall BEN maintains strong links with the industry and has an Employment Engagement Strategy with teams from a number of supporting companies, which give time on activities like gardening and decorating. Overall, 500 volunteers are involved in BEN's work.

If, as suggested earlier, the essence of social capital is the good gained from collective social action across particular social networks, BEN illustrates very clearly how members of an industry can work together to provide social benefits for workers and their dependents, regardless of the demands of competition in the market place. It has managed now to sustain this for over a century and as well as providing care it gives companies and their employees an opportunity to contribute to a shared cause.

6.2 Ex-Services charities

The National Care Forum has a number of member organisations providing services to former members of the three armed forces, and aiming to offer a distinctive approach, which includes links to the services community. As well as providing services for a substantial number of people these organisations also represent a focus for public appreciation of service veterans and their place in the wider community.

For example the Royal Air Force Association provides a wide range of welfare benefits to both current and former members of the service. It estimates that there are around 2.4 million ex-Service people, and some 40,000 currently in uniform, their families and dependants under 18 years old, plus dependants with a disability over 18 years old, who would all be eligible for assistance.

The Association uses a network of over 500 Honorary Welfare Officers across the UK and over a year they make 50,000 visits and calls. The Royal Air Force Association and RAF benevolent Fund provide 3 Respite

⁴¹ BEN Annual Report for 2010/11 available at: www.ben.org.uk

Homes in beautiful locations, which provide respite care breaks for 3,000 people a year with specialised care and support available. The Association also provides longer-term housing and 46 veterans live in their Sheltered and supported housing.

The work of Royal British Legion Industries in Kent has already been mentioned, but the Legion's Poppy Homes provide 6 care homes around the country. The care home communities include men and women of varied ages and capability. Each home has an activity co-coordinator who tailors activities to residents' needs, to enable each person to get involved with group activity sessions, maintain individual hobbies and interests, and develop new ones. The overall aim is to provide an atmosphere of camaraderie for people who shared a service background.

Like the Royal Hospital Chelsea the Royal Star and Garter Homes, founded in 1916, are well known in the public mind. The organisation provides nursing and therapeutic care for disabled ex-Services personnel, and also their widows, spouse and partners. They operate two homes in Richmond-upon-Thames and Solihull.

The organisation has a well-established reputation for involvement of volunteers and the quality of its work in end-of-life care, but another distinctive feature is its link with the Royal Centre for Defence Medicine where military nurses from all three services undergo their training. Based at Birmingham City University, the nursing students are offered work placements at the Richmond and Solihull homes where they help care for residents during a six week placement.

The students also work at Selly Oak Hospital, where the injured from current conflicts are sent, and the new Queen Elizabeth Hospital in Birmingham. They are eventually sent to areas of conflict to assist casualties on the frontline. The placements enable new military nurses not only to have a wider appreciation of the longer term care needs of service personnel, but also provide them with a way of contributing to the fundraising and social activities of the charities. In this way the sense of community and mutual interest between the military of today and the needs of veterans is reinforced.

7 Conclusion

The not-for-profit sector is a large and important part of social care provision across England, and many individual users and service commissioners are turning to not-for-profit organisations to meet their care and support needs. Perhaps this is not surprising. As we have seen from the examples in this paper, the sector makes a wide variety of distinctive and valuable contributions to the social capital of different types of community. Because of their commitment to social values and the reinvestment of surplus, not-for-profit organisations often bring an added value that is being seen as

increasingly important both by commissioners and by those individuals who are making choices about how best to have their care and support needs met.

The provision of social capital makes real sense for those seeking services which are both sustainable and of good value, and those qualities are distinctly more likely to be found in the not-for-profit sector for the reasons outlined in this paper.

There is another major reason why this matters. Across the UK well-established demographic trends show very clearly the extent to which society will have to respond to the financial and social pressures of many more people of extreme old age, many with dementia. If increasing numbers of older people are to be supported successfully in future then there will need to be more constructive engagement between communities and the providers of care services within them. People in receipt of care still have important things to offer our wider community and the examples in this paper show how the not-for-profit sector is leading the way in exploring them. As the Alzheimer's Society has said of its campaign to promote dementia-friendly communities:⁴²

'People with dementia and carers must be at the heart of the dementia friendly communities work. They should be key partners, speaking out about their experiences of living well with dementia and the solutions they would like to see.'

'There should be particular work to apply the thinking and practice of dementia friendly communities to health and social care services to ensure that social networks are maintained and developed. In particular, commissioners should understand the needs of people with dementia and carers in the context of living within a community.'

Examples given in this paper illustrate how this challenge is being responded to in a variety of innovative ways, demonstrating the esteem in which many people hold the not-for-profit sector in Britain, and the commitment to inclusiveness which many of those organisations believe in.

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⁴² Dementia a national challenge, Alzheimer's Society 2012, Page 57 Recommendations