International Small Business and Entrepreneurship Conference 2012

Small is beautiful? Evidencing the Social Value of Micro-providers in Social Care

Sue Baines
Reader in Sustainable Business
The Centre for Enterprise
Manchester Metropolitan University Business School
All Saints Campus, Oxford Road
Manchester, M15 6BH
0161 4572511
s.baines@mmu.ac.uk

http://www.mmucfe.co.uk/

Mike Bull
Senior Lecturer, Manchester Metropolitan University

Val Antcliff
Research Fellow Manchester Metropolitan University

Madeleine Jarvis
Doctoral Researcher, Manchester Metropolitan University

Lynn Martin
Professor of Entrepreneurship, Manchester Metropolitan University

Key Words: micro-business; information; social value; public service; civil society; co-production

Abstract

Objectives

This paper is about the characteristics and contribution of (social) entrepreneurs or micro-enterprises with fewer than five workers in the context of changing markets for adult social care. Our objective is to meet some of the challenges of evidencing the social value such 'micro-providers' bring.

Prior Work

Micro-providers do not fit neatly into established categories. They include 'social businesses' voluntary groups, and co-operatives as well as micro-businesses of the kinds sometimes dismissed as 'lifestyle'. Many are run by family carers or people themselves needing care. Theories and frameworks relevant to understanding them therefore span micro-business households and the ethic of care as well as social enterprise/entrepreneurship. In terms of evidencing economic and social impact there are numerous management systems and toolkits but none are scalable for micro-providers.

Approach

This paper reports research funded by an ESRC placement in partnership with Community Catalysts CIC, a social enterprise that champions micro-providers, and assists local authorities to develop the social care market by stimulating enterprise. Community Catalysts are under pressure to evidence the impact of micro-providers. The placement utilised an action research approach intended to build resources that will help Community Catalysts to do so.

Results

Micro-providers themselves, and Community Catalysts' local organisers who work with them, generate information through their everyday activities and interactions. Collating and recording it however can be perceived as a burden with unclear benefits. In dialogue with Community Catalysts, we co-created a four-part framework for capturing added value: Sustainable Businesses; Social Participation; Diverse Markets; Local Work Opportunities. This framework supports the collection of information that is meaningful on the front-line and proportionate to the capacity of organisers and providers. Most importantly, it facilitates building local knowledge capable of being deployed to demonstrate impact and social value in a fast changing, competitive environment.

Implications

Our research supports Community Catalysts in their quest to demonstrate value at a local authority level as well as a national scale. The framework utilises records made as part of everyday practice to inform local authorities tasked with shaping the future of a market economy for social care. Further research is called for in order to explore the potential to adapt it for social and third sector micro-enterprises outside of the care sector.

Value

This paper advances understanding of how one kind of small enterprise - the micro-provider of care - can be shown to harness local energy. Social entrepreneurship is a growing field of study and within it there is a small but expanding literature on impact and value, yet no academic research to date has focussed on the micro-provider.

Introduction

In this paper, we consider how very small, independent enterprises known as 'micro-providers' (with fewer than 5 workers and/or volunteers), could help to deliver on the promises of new 'personalised' markets for social care and health. These promises are wide-ranging, optimistic and radical. They include, but go beyond, improved outcomes for individual end users of services. Personalisation has been described as a philosophy underpinned by a shift in power, responsibility and resources from state agencies to individuals (Hutton and Waters, 2009; Glasby et al., 2009). For most of its advocates personalisation is about fundamental - and unquestionably positive - changes in roles and responsibilities for citizens, communities and the state (Carr, 2010).

'Choice and Control' is the mantra of personalisation (Duffy, 2005; 2010; Glendenning, 2008). Its principles are most usually implemented through mechanisms of devolving budgets to people who receive public support in place of services allocated and delivered by state agencies. From a business perspective this is important because genuine choice and control cannot be improved if budget holders' power as consumers is undermined by a lack of affordable, accessible alternatives (Bartlett, 2009; Slay, 2011). Personalisation of adult social care assumes the demise of the old model in which local authorities make decisions about service provision and 'push' money in this direction (Duffy, 2010). Newly empowered service users in command of their own budgets, in contrast, are expected to 'pull' money into services that satisfy their needs (ibid.). However, the process does not begin with a blank canvass. It is situated within a complex world of existing agencies, longstanding relationships and contractual agreements (Sowerby, 2010). Local Authorities in England, which is the focus of this paper, have been tasked with shaping local social care markets, while at the same time being subject to central government demands to make financial savings and to demonstrate efficiency. Yet, even in the face of austerity, the *Public Services (Social Value) Act* was passed in March 2012. This Act requires public authorities to have regard to 'economic, social and environmental well-being in connection with public services contracts'[1]

Against this background we examine claims that are made on behalf of micro-providers about the social value they bring. We explore characteristics of micro-providers, and go on to address some of the challenges of identifying and evidencing such value. We propose a framework for collating relevant data and we reflect on how such data can be utilised to produce local knowledge capable of being deployed to demonstrate social value. To do this we draw upon a short action research project undertaken in partnership with a social enterprise dedicated to maximising the potential of micro-providers and helping local authorities to stimulate social care markets. Following commentators on public management (Hood, 1998), third sector policy (Kendal 2010) and volunteering (Hardill et al., 2007), we propose the utility of Mary Douglas's (1992) cultural theory ('grid and group') as a heuristic tool for thinking through the issues.

In the next section we expand on the need for English local authorities to stimulate local markets for personalised services, and we introduce the social enterprise with which we worked. This is followed with a section reflecting on some of the challenges of evidencing value, and of collecting and recording information for this purpose. The next section turns to the study we undertook, explaining the action research approach. Then we discuss how we co-created a framework to gather data for assessing the social and economic value micro providers can bring to communities and services. Finally, under discussion and conclusions, we reflect on information to evidence the potential value of micro providers and their support networks in ensuring that citizens and communities can share responsibility for health and care.

[1] http://www.legislation.gov.uk/ukpga/2012/3/enacted

Social care, personalisation and co-production

The context of the paper is England, where personalised social care has been implemented and expanded by the transfer of financial resources from local authorities to service users since Direct Payments (cash sums in lieu of services) were introduced in 1996. Personal budgets were trialled for users of learning disability services in 2003 and later made more widely available. Individual Budgets, launched in 2005, were intended to bring together all public funding available to the individual. Personal health budgets are being piloted for those with long-term conditions and complex healthcare needs. The government has recently declared an objective to expand personalisation much more widely across public services (HM Government, 2011).

Personalisation is an international phenomenon with roots in the struggle of disabled people for control over the support they need to live independently. The political case for the advance of personalisation in adult social care may be said to be won (Galsby et al., 2009). Most typically, its story is told as one of progress from standardised services designed to fit around the producers towards enhanced choice and control for service users. (For a critical review of this storyline see Needham, 2011). It is claimed, for example, that users of personalised services are enabled to participate more fully in society as competent citizens (Rummery, 2006) and moreover that 'community capacity' is built up as people make more use of informal support from family, peers, friends, neighbours and other sources in the community (Ayling and Cattermole, 2010). But notwithstanding all this enthusiasm there are dissenting voices. Beresford (2008: 11), for example, regrets that the 'democratising and liberating' approach originally pioneered by the independent living movement has been 'reconceived by policy-makers in consumerist terms'. Individual ownership of budgets means reduced collective ethos according to Burton and Kagan (2006) and 'enforced individualism and isolation' in the words of Roulstone and Morgan (2009: 343). Others, in contrast, make a distinction between individualised, consumer modes of personalisation and 'deep' versions in which users are neither customers nor beneficiaries but 'co-producers' alongside professionals and informal supporters in family and community (Leadbetter, 2004; Needham, 2007; Boyle et al., 2009). According to Slay (2012: 40) 'increasing individualism of personalisation has masked the potential opportunity to develop a more collective and collaborative system of social care which has mutual aid and reciprocity at its heart'. Fisher et al (2012) explore how co-operative organisational forms can help to enable carers and cared-for to share responsibilities and avoid the isolation feared by critics of personalisation. Notions of co-production vary in emphasise but all highlight the shared character of the production process and the rights, responsibilities and contributions of people needing support (Needham, 2007; Bowers et al., 2011; Slay, 2011).

Think Local Act Personal (TLAP) is a national partnership driving change by putting personalised services and outcomes centre stage. Its partnership agreement recognises that 'organisational and professional culture and practices will need to adapt to facilitate greater freedom for people and their communities to shape their support' (Putting People First 2011: p. 1). Local authorities in England have a significant role in stimulating, managing and shaping the adult social care market so that self funders as well as people who get government funding have more choice (Institute of Public Care, 2009; Department of Health, 2010). To do this they need robust evidence about what local markets offer (Department of Health, 2010).

The Community Catalysts CIC works to harness the talents of people and communities, to provide small scale and local support, and promote the value of these services at all levels. It was created in 2010 as a wholly owned subsidiary of NAAPS, a charity and membership organisation supporting providers of family and community based care services. Community Catalysts employ project co-ordinators embedded within partner local authorities, usually for two year 'micro-market' projects (for example in Oldham, Dudley, Walsall, Telford & Wreakin and Nottingham). To take one of these examples, the Project Coordinator employed by Community Catalysts and hosted in Dudley Metropolitan Borough Council has negotiated free safeguarding training from the council for micro-

providers and established a local association for networking and mentoring. She was actively supporting 34 micro providers in 2011. Of these 18 were new or established providers currently delivering services and the others still in development. Micro-providers offering small scale local services do not fit neatly into established categories. Community Catalysts support some traditional social care services such as domiciliary and day care but their clients also include advocacy, leisure classes, community transport, holistic therapies, and community cafés. Some are voluntary groups moving towards sustainability through social enterprise models. Others are more like micro-businesses of the kinds sometimes dismissed as 'lifestyle', meaning that they tend to pursue non-monetary ambitions and any lack interest in growth (Baines and Wheelock, 1998). Many but not all are run by family carers or people themselves needing care.

Community Catalysts has developed an optional Quality Mark system to enable individual providers to demonstrate compliance with legal requirements and use of business systems and processes such as business plans, training plans, and complaints processes. The Quality Mark was piloted in 2009/10 with the support of Oldham Metropolitan Borough Council. To achieve the highest 'gold' level of the Quality Mark a micro-provider also has to evidence that they are committed to quality improvement based on feedback from customers. However, only very small numbers have taken it up and only where Community Catalysts has been contracted by a local authority to work (namely Oldham, Dudley and Walsall). The process has been coordinator led to date. At a CC event we observed, one organisation who had been through the process considered it very time consuming and 'far too much paperwork'. Community Catalysts recognise that these awards are costly for micro providers to do in terms of time and are currently looking at ways of making them more manageable. They want to develop a high quality product 'ensuring that rigour and quality are maintained.'

The aim of the Quality Mark is to provide a middle way between no quality requirements at all for micro providers and the inflexible quality assurance systems aimed at large providers. At the highest level of award evidence of responsiveness to customers is required. But Community Catalysts' claims for micro providers go beyond the meeting of individual customer needs. In addressing local authorities and central government, they contend that through micro-providers people can have real choice of quality local social care and health services and other community resources. They also claim that micro providers enhance market diversity and social participation. But how can such claims be substantiated? Community Catalysis has been under increasing pressure to evidence the value of micro-providers. In interacting with micro-providers Community Catalysts local organisers inevitably generate information about them and their communities. However the organisers are unwilling to ask for information in a way that may seem intrusive and their capacity to collect and maintain records is limited. That was the problem we confronted throughout our engagement with Community Catalysis.

Challenges of evidencing value

In terms of evidencing the creation of economic and social value there are numerous guidelines and toolkits intended for charities and social enterprises (nef, 2009; Gibbon and Dey, 2011). Their uses include making a business case to public sector commissioners, marketing, and supporting internal learning and improvement (Lyon and Arvidson, 2011). Perhaps best known is Social Return on Investment (SROI) which was developed in the USA and has been vigorously promoted by government and infrastructure organisations in England and Scotland. In early 2012 the Local Government Association published a "Guide to commissioning for maximum value." The document was prepared by the Social Return on Investment (SROI) Network and essentially provides a guide to using SROI. SROI attempts to monetise impact and so appears to offer consistent, clear evidence attractive to policy-makers, fundraisers and investors, although the selection of indicators and use of proxies can be highly subjective (Gibbon and Dey, 2011). SROI is noted for high costs in time and consultant fees (Gordon 2009). The most widely promoted alternative, Social Audit and Accounting (SAA), starts from an organisation's stated objectives and seeks to evidence how it makes impact within its community. SAA emphasises stakeholder accountability and unlike SROI the process is

intended to become embedded long term to the practices of the organisation (Ridley-Duff and Bull, 2011). It is also resource intensive although cheaper to implement than SROI (ibid.). SROI and SAA are far from the only options and the complexity and difficulty of alternatives vary widely (Bull et al., 2012). A report from nef (2009) describes twenty 'prove and improve' tools and rates them on three point scales for cost and time implications. Organisations often struggle to ascertain what tools, frameworks, and approaches are actually on offer, to make informed choices about whether or not to utilise them, and which to select (Ford et al., 2011). Bull et al. (2012) assess the commitment, time and energy required in utilizing tools with a three level typology: Level 1 – checklist tools; level 2 – evaluation tools; level 3 – management system toolkits. They plot ten tools from the nef website against these levels in order to highlight the complexity, time and energy involved. Some tools also require payment for permission for use and/or for external validation. All, even the lightest touch, inevitably involve to some extent administrative burdens in collecting and recording information.

Record keeping in health and care settings presents significant contradictions. Practitioners on the frontline recording information as part of everyday practice have different understandings from managers of what records are for, with the result that the records they make often don't aid management planning, evaluation or research (Garfinkel, 1984; Prince, 1996). When new information requirements and systems are introduced, inputting information may be perceived by practitioners as a cost in time and effort with no obvious payback (Gannon-Leary et al., 2006). Moreover, changing record-keeping systems is not straightforward and may disrupt embedded forms of work and organisation' (Halford et al. 2010). There are many example of 'failure to understand the relationships and values that organisations, managers, practitioners and citizens have and potentially *have with* and *put within* information.' (Wilson et al, 2011: 298, emphasis original). Avoiding such failure implies better insight into providers' attitudes and beliefs, and what these mean for records and record keeping.

The anthropologist Mary Douglas' (1992) neo- Durkheimian institutional theory (often called Cultural Theory or 'Grid and Group') aims to understand ways in which different people and social groups respond to threats and opportunities. It proposes two fundamental dimensions of attitudes and beliefs about social life. 'Grid' refers to conformity to external regulation while 'group' denotes membership attachment and collective norms. Putting grid and group together produces a two by two matrix, illustrated with references to social care services in Figure 1. Grid and Group is an idea which has gone beyond the bounds of academia to become a practical tool for people working together (Douglas 2005). Hood (1998) used Grid and Group persuasively as an overarching framework to talk about management of public services. Bellamy et al (2005) adapted it to frame the complexity of multi-agency public sector collaboration and Jayne (2003) to the diversity of responses to local economic development strategies. Hardill et al (2007) apply it to stances towards volunteering and Kendall (2010) to third sector policy in the context of public services.

In conversations about personalisation, an institutional legacy of social care is associated with an outdated 'professional gift' model that keeps people in a state of dependence (Duffy, 2005). This top down 'doing to' version of service delivery can be equated with 'fatalism', where grid is high and group low. In the 'Hierarchy' quadrant, group and grid are both high. This approach is both rule bound and socially cohesive, and it is extremely tenacious with many variants in the organisation of public services (Hood, 1998). For Kendal (2010), writing with an emphasis on the interface between the state and third sector, it is associated with a premium on hierarchical order alongside an emphasis on 'civil renewal'. In the context of recent and current reforms in social care 'hierarchy' applies when services are required to join up and focus on users not providers. The user of social care is a citizen consumer (with stronger emphasis on traditional citizenship than individualised consumption). Individualism, in contrast is low in grid and group alike. It is associated with individual choice, competition, and models of care as a market transaction. Individual initiative is valued and threatened by lack of effective incentives. Individuals formerly known as beneficiaries, such as disabled and

older people in receipt of services, are re-imagined as 'managers of the enterprise of their own lives' (Pavey, 2006; 227). The bottom right 'egalitarian' quadrant is high group and low grid. The emphasis here is on group self-management and mutuality 'predominantly bound up with local empowerment' (Kendall, 2010; 253). Moreover, 'wherever possible producers and consumers should be the same people' (Hood, 1998: 122).

This generic typology is not so much a theory as a set of heuristic devices whose value lies in their usefulness (Jayne 2003). The typology is useful, we suggest, to unpack the melange of ideas, claims, stories, aspirations and everyday experiences in attempts to develop local social care markets.

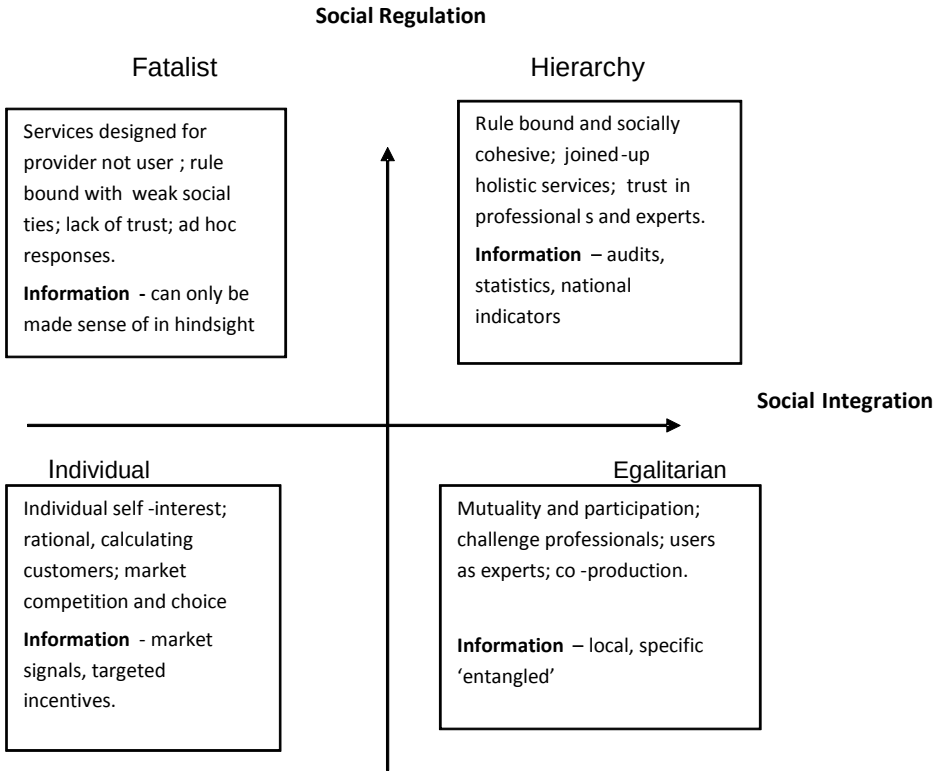

Figure 1: A 'Grid & Group' typology of social care services and information

The action research

We now turn to research funded by the ESRC Business Placement Scheme in which the authors worked in partnership with Community Catalysts CIC. Community Catalysts has been under pressure for some time to evidence the value of micro-providers. The placement aimed to build a framework that will help Community Catalysts to do so. We did this through action research, which involves researchers and practitioners working collaboratively towards useful outcomes and new forms of understanding. Action research 'pursues action and knowledge in an integrated fashion through a cyclical and participatory process' (O'Leary 2009, p. 139). For academics, action research with a business partner provides valuable access to data while the business partner benefits from practical problem solving and opportunities for organisational learning (Badham and Sense, 2006). It is challenging for both parties for reasons including the different priorities, working practices and timescales of academic researchers and businesses (ibid.).

We participated by invitation in naturally occurring events (meetings both physical and virtual convened by the partners for their workers, associates and clientele). We set up meetings (face to face and telephone) with the partner in order to negotiate progress of the work and we organised a workshop for external stakeholders from local authorities, the third sector and universities with an interest in social value and challenges of evidencing it. In more details the fieldwork consisted of the following activities

Naturally occurring	**Researcher occasioned**
A half day event 'Personalisation and possibilities' organised by Community Catalysts to share information about their work, Manchester September 2011.	Meeting with Community Catalysts in Harrogate to examine current information gathering practices October 2011
'What can micro providers offer for users and what can Community Catalysts do to support them?' Tweet chat with Community Catalysts organisers, micro providers and service users February 2012	Workshop 'Demonstrating value in chaos' to discuss the challenges of demonstrating value for those operating below the radar of established toolkits, March 2012. (For more about this event see Bull et al., 2012).
Annual General Meeting, Harrogate December 2011; research team demonstrated draft information framework and received feedback from senior managers and local organisers.	On-going dialogue by telephone and email of information gathering and development of a new framework grounded in existing practice (March to July 2012)

Information for valuing micro providers in communities and services

Community Catalysts are responding to a policy landscape in which care has become more fragmented between different institutional settings, public, private, voluntary and household (Hardill and Baines, 2011). Their local project co-ordinators assist existing micro providers and offer a single contact point for local people with good ideas who want to set up services. A local coordinator is able to network between micro-providers, case workers/social workers and community groups to share local knowledge about needs and provision. As one of them told us, "[I am] fortunate enough to work within a local authority so liaise with Social Workers who are aware."

The micro providers are sometimes but not invariably formally established as businesses and generating income. Obtaining actual income data is seen as sensitive and the organisers do not ask direct questions to providers about individual or household income from their service and / or other sources. An indicative set of interviews with 16 micro-providers operating as businesses in 2011 selected by CC staff suggested that they were typically robust and commercially orientated, and three quarters were able to make a living from their service. In this data collection exercise only 10 disclosed income information and of these just half said the enterprises generated incomes of £20,000 per annum or more for their owners (Bull and Ashton, 2011). Respondents either employed a very small number of paid workers (two thirds) or operated on a self-employed basis, directly delivering the entire service themselves (one third). The enterprises that participated in these interviews made little use of volunteer labour. At the other extreme, however the providers supported by Community Catalysts include services offered entirely on a barter or voluntary basis that may be delivered part-time, fitting in with other employment or caring responsibilities. These include a category Community Catalysts call 'entrepreneurial volunteers' who deliver their service without payment, sometime out of choice and sometimes because the impact upon welfare benefits disincentivises them from establishing an enterprise on a commercial footing. Even for some businesses that do generate income, viability can be 'dependent on the commitment, vision and

energy and even financial input of a family member'. In recognition of their financial precariousness, organisers often encourage micro-providers to lower their overheads by either looking at alternative areas of support, or to utilise community resources, e.g. community centres or church halls. Community Catalysts, in short, embrace enthusiasm for entrepreneurship with recognition that providing care usually does not fit marketised models where care is a transaction. Much of their talk of communities, self-help, empowerment and mutuality aligns with care as a relational achievement negotiated between a range of different individuals, groups and agencies (Mol, 2008). To express this more formally, Community Catalysts' interventions in social care and local communities span somewhat uneasily the lower two quadrants of the Grid and Group Typology (Figure 1), individual and egalitarian.

Many of Community Catalysts' statements on their website, newsletters and in public meetings celebrate the decline of state agencies as service providers. They sharply differentiate their values from services that require professional expertise and regulation [high grid], castigating this 'over-professionalisation' as both costly and incapable of meeting the needs of intended beneficiaries. They have enthusiastically embraced the push for the voluntary and community sector to become more enterprising in the light of public service reforms, and confidently use the language of markets and individual choice, for example, 'we believe that the customer should have the choice of service to meet their needs'. Micro-providers, according the Community Catalysts website, are 'an important source of local employment and demonstrate entrepreneurialism, innovation and creativity'. Yet they resist definitions of success that sit fully within what has been called 'an often unquestioned positive ideological stance towards entrepreneurship and small business' (Blackburn and Kovalain 2009: 129). This is well illustrated through the story of *Enabling people with support needs to set up social care enterprises,* under which Community Catalysis were funded by the Department of Health to assist people with care and support needs wishing to set up or sustain a social care enterprise. This work in Oldham (Greater Manchester) built upon the earlier national 'micro-markets' project also funded by the Department of Health (2007 to 2009) to stimulate micro enterprises in order to provide choice for individuals needing support in their local communities. (The micro-market project was undertaken in the pilot sites of Oldham and Kent by the charity NAAPS prior to its formation of the Community Catalysts CIC). Criteria for success in *Enabling people with support needs to set up social care enterprises* were re-scoped by agreement with the project board so that self-employment was not a required outcome and volunteer delivered services not operating commercially were included (Community Catalysts, 2011). In day to day communication and public statements Community Catalysts repeatedly emphasise social participation and reciprocal care arrangements that deny divisions between givers and receivers. Utilising the 'grid and group' typology, we suggest, can help to make sense of the array of disparate components within the Community Catalysts model of care and enterprise, and of claims about its value to local authorities tasked with expanding the adult social care supplier market.

In working with Community Catalysts our first task was find out about their data collection practices and then to begin negotiation with frontline staff about how, without making unreasonable demands on their time and skills, its collection could be revised to help deliver on the management expectation of utilising their own data to articulate and demonstrate value. Information was collected by local organisers from providers (and potential providers who made enquiries) onto a spread sheet supplied by Community Catalysts. They added to it in a somewhat ad hoc manner with initial categories of reason for enquiry being completed first and more columns (eg about services provided, client group, staff and volunteers involved) populated during subsequent conversations. A spread sheet is a far from ideal tool with which to record such information for purposes of analysis but was seen as the only possibility for the organisation on the grounds of cost and staff skills. Some information such as ethnicity and income was not collected at all because organisers thought it was too sensitive and asking would damage their relationship with providers. We explored the possibility of utilising information from the Quality Mark process but Community Catalysts' policy was, 'it is their data not

ours – we don't hold this information – we just look to see it is collected in achieving the Quality Mark'. Co-ordinators do however collect a large amount of information about the basis on which providers charged clients which can be used a proxy for commercial robustness.

To help make the large and rather unwieldy data sets they were creating directly reflect the personalisation agenda and the strong claims for the contribution of micro providers we proposed forming the spread-sheet data into a four-part framework under the following headings (each of which was colour coded for ease of use):

- 'Diverse markets' evidenced by the range of different new services offered and client groups supported
- 'Sustainable business' evidenced mainly by charging criteria
- Employment generation – evidenced by numbers of full and part-time workers
- Social participation - evidenced by volunteer involvement and network activity.

With regard to the nature of services, conversations with organisers highlighted tensions between needs to avoid burdensome data collection and their own perception of important distinctions in the world of social care. At the annual general meeting, for example, the local organisers engaged us in a long and detailed conversation about the importance of differentiating between categories of older people using serving services. At the same meeting senior management spoke enthusiastically about possibilities of evidencing money spent locally but it was apparent that data actually collected could not support this. The conversation reverted to the reluctance of staff on the front-line to request any personal financial details. As a result, the idea of a fifth section on local economic spend was abandoned. Following this meeting we created a dummy report from old data to give a flavour of what a report would look like. There was on-going discussion and revision mainly about the look and feel of the spread-sheet. During these activities we reflected that we were often making presumptions about what Community Catalysts local organisers wanted, and that they had different reasons from Community Catalysts management for collecting data and different expectations of what to do with it.

Discussion and conclusions: Making sense of information for social care

Positioning ideas that underpin organising social care on the grid & group diagram helps to think about the organisation of care AND the information that enables value claims to be substantiated (or not). We return now to the grid and group model (Figure 1) with an emphasis on information, starting with the high grid quadrants from which Community Catalysts values are vehemently distanced. Fatalism is associated with a 'doing-to' culture characterised by 'acquiescence in the face of unreformed, debilitating rules' (Kendall, 2010: 247). Information can only be made sense of in hindsight (Hood, 1998). The 'Hierarchy' quadrant relates in information terms to an audit society with centrally prescribed indicators and national targets. Here the 'dominant informational paradigm [is] modelled on a vision of universal, comparable knowledge (for example forms that can be easily ranked in league tables) rather than information to inform local priorities' Wilson et al (2011: 296). Local priorities on the other hand are at the heart of information in each of the lower quadrants. In terms of making sense of information there as an underpinning belief (implicit or explicit) that knowledge is always dispersed and incomplete, and the detailed practical knowledge of individuals can not be transmitted up any hierarchy (Scott, 1998). It is in these spaces that Community Catalysts work.

In the 'Individual' quadrant the consumer of services is calculating and demanding. There is an assumption of 'perfect information, competition, the role of supply and demand and purchaser choice and power', (Slay, 2011: 30). Consumers and providers respond to market signals and targeted incentives. It is important to know about economic factors including employment generation and the number, range and pricing of services. 'Local level collective relationships', on the other hand, that

matter in the Egalitarian quadrant, are given incidental rather than sustained attention' Kendall, 2010. There, information is specific, localised 'entangled' (Carlson and Anderson 2007). It is information likely to focus on aspects of social participation, capable of producing what has been called 'knowledge-in-action based on practical experience' (Ledwith, 2007).

Calls for personalisation and co-production have come in addition to, and on top of, those associated with social value in public services and the need to 'start thinking of value in terms of individual and societal benefits that go beyond narrower concepts of cost-effectiveness' (Slay, 2011: 28). The implementation of personalised care implies revising how people and communities work together in ways that are both welcomed and feared. In this paper we have begun to examine claims about the value contributed by one kind of service provider, very small scale, local and a hybrid of market non-market. We suggest that it is possible to map these ways of providing care onto notions social value through the lens of Community Catalysts' partnership arrangements with local authorities to support existing and new services, aiming to 'connect people and organisations'. Personalised care, however, implies fundamental changes in roles and responsibilities for citizens, communities and the state. This is extremely challenging and will become more so in the light of cost cutting and tighter budgets. Local, contextualised, practical, usable information will be increasingly needed to confront such challenges.

References

Ayling, R. and Cattermole, M. (2010) Practical approaches to improving productivity through personalisation in adult social care, SCIE http://www.marketshaping.co.uk/wp-content/uploads/2011/06/Practical_Approaches_doc.pdf

Badham, R. and Sense, A (2006) Spiralling up or spinning out: a guide for reflecting on action research practice, *International Journal of Social Research Methodology* 9 (5): 367-377

Baines S and Wheelock J. (1998) Working for Each Other: Gender, the Household and Micro-business Survival and Growth. *International Small Business Journal*, 17(1) 16-35.

Bartlett, J. (2009) At your service; navigating the future market in health and social care London: Demos.

Bellamy, C., 6, P. and Raab, C. (2005), Joined-up government and privacy in the United Kingdom: managing tensions between data protection and social policy, Part II, *Public Administration*, 83 (2): 393–415.

Beresford, P. (2008) *What future for care?* York: Joseph Rowntree Foundation available at http://www.jrf.org.uk/sites/files/jrf/2290.pdf

Blackburn R. and Kovalain, A. (2009), Researching small firms and entrepreneurship: Past, present and future, *International Journal of Management Reviews* 11(2): 127–148 127

Bowers, H., Mordey, M., Runnicles, D., Barker, S., Thomas, N. Wilkins, A., Lockwood, S. and Catley, A. (2011) Not a one way street: Research into older people's experiences of support based on mutuality and reciprocity: Interim findings, York: JRF.

Burton, M. and Kagan, C. (2006) Decoding valuing people, *Disability and Society*, 21 (4): 299-313.

Boyle, D., Coote, A., Sherwood, C. and Slay, J. (2009) RIGHT HERE, RIGHT NOW: Taking co-production into the mainstream, London: NESTA.

Bull, M. and Ashton, A. (2011) Baseline survey: Mapping micro-providers in the personalisation of health and social care services, Report to Community Catalysts

Bull, M., Wilson, D., Baines, S., Jarvis, M., Antcliff, V., and Martin, L (2012) Demonstrating value in chaos: The elephant in the room. Conference Paper presented at the International Social Innovation Research Conference. Birmingham.

Carlson, S. and Anderson, B. (2007), What are data? The many kinds of data and their implications for data re-use. *Journal of Computer-Mediated Communication*, 12, 2, article 15.

Carr, S. (2010) Personalisation: a rough guide; revised edition, SCIE http://www.scie.org.uk/publications/reports/report20.pdf [Accessed April 2011]

Community Catalysts (2011) Enabling people with support needs to set up social care enterprises: Report and strategy, http://www.communitycatalysts.co.uk/wp-content/uploads/2011/09/Report-and-strategy.pdf

Department of Health (2010) *A vision for adult social care: Capable communities and active citizens*. Department of Health http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121971.pdf

Douglas, M. (1992) *Risk and Blame: How Institutions Think*, London: Routledge

Douglas, M. (2005). 'Grid and Group: New Developments.' WORKSHOP On COMPLEXITY AND CULTURAL THEORY IN HONOUR OF MICHAEL THOMPSON, http://www.psych.lse.ac.uk/complexity/Workshops/MaryDouglas.pdf.

Duffy, S. (2005) *Keys to citizenship: A guide to getting good support for people with learning disabilities*, Birkenhead: Paradigm.

Duffy, S. (2010). *Future of Personalisation*. Sheffield: Centre for Welfare Reform.

Fisher J., Baines S. and Rayner M. (2012) Personalisation and the Co-operative Tradition, *Social Policy and Society* 11(4) *FirstView Article : pp 1-12*

Ford, C., Gibbon, J. and Wilson, R. (2011) Valuing Social Value (VSV) Toolkit, Newcastle University Business School: Newcastle upon Tyne http://www.ncl.ac.uk/kite/research/project/3013

Garfinkel, H (1984) Good Organizational Reasons for 'Bad' Clinic Records, *Studies in Ethnomethodology,* Cambridge: Polity Press.

Gannon-Leary PM; Baines S; Wilson RG.(2006) Collaboration and partnership: A review and reflections on a national project to join up local services in England. *Journal of Interprofessional Care*, 20(6): 665-674.

Gibbon, J. and Dey, C. (2011) Developments in Social Impact Measurement in the Third Sector: Scaling Up or Dumbing Down? Social and Environmental Accountability Journal, 31 (1): 63–72.

Glasby, J., Le Grand, J. and Duffy, S. (2009) A healthy choice? Direct payments and healthcare in the English NHS *Policy & Politics*, 37 (4): 481-97

Glendinning, C. (2008) Increasing Choice and Control for Older and Disabled People: A Critical Review of New Developments in England *Social Policy and Administration,* 42 (5): 451-459.

Gordon, M. (2009) 'Accounting for Making a Difference', Social Enterprise Magazine, 25thNovember, http://www.senscot.net/print_art.php?viewid=8932, accessed 20th May 2010.

Hardill, I. and Baines, S. (2011) *Enterprising care? Voluntary action in the 21st century*, Bristol, The Policy Press.

Hardill I., Baines S. and 6, P. (2007) Volunteering for all? Explaining patterns of volunteering and identifying strategies to promote it, *Policy and Politics*, 35 (3): 395-412.

Halford, S., Obstfelder, A. and Lotherington, A-T. (2010) Changing the record: the inter-professional, subjective and embodied effects of electronic patient records, *New Technology Work and Employment*, 25(3): 210-222.

HM Government (2011) Open Public Services White Paper Available athttp://files.openpublicservices.cabinetoffice.gov.uk/OpenPublicServices-WhitePaper.pdf : [Accessed 12/10/2011]

Hutton, C. and Waters, J. (2009) *Evaluation: In Control's Second Phase*, London: In Control.

Institute of Public Care (2009) *Transforming the Market for Social Care: The background to market facilitation*, Oxford, Oxford Brookes University

Jayne, M. (2003). 'Too many voices, 'too problematic to be plausible': representing multiple responses to local economic development strategies?' *Environment and Planning A*, 35(6): 959-981.

Kendall, J. (2010) Bringing ideology back in: the erosion of political innocence in English third sector policy, *Journal of Political Ideologies,* 15 (3): 241 -258.

Leadbetter, C. (2004) *Personalisation through participation: A new script for public services* London: Demos

Ledwith, M (2007) 'Reclaiming the radical agenda: a critical approach to community development', *Concept*, 17 (2): 8-12. available at www.infed.org/community/critical_community_development.htm

Local Government Association (2012) *Guide to commissioning for maximum value* http://www.thesroinetwork.org/publications/doc_details/224-guide-to-commissioning-for-maximum-value

Lyon, F. and Arvidson, M. (2011) Social impact measurement as an entrepreneurial process, Birmingham: TSRC.

Mol, A. (2008) *The logic of care: health and the problem of patient choice*, London: Routledge.

Needham, C. (2007) 'Realizing the potential of co-production: negotiating improvements in public services', *Social Policy and Society*, 7 (2): 221-231.

Needham, C. (2011) Personalization: From Story-line to Practice, *Social Policy & Administration*, 45 (1): 54–68

NEF (2009) Tools for You: Approaches to Proving and Improving for Charities, Voluntary Organisations and Social Enterprise http://www.neweconomics.org/publications/tools-you

O'Leary, Z. (2009) *The Essential Guide to Doing Research*, London: Sage

Pavey, B. (2006) Human capital, social capital, entrepreneurship and disability: an examination of some current educational trends in the UK, *Disability & Society*, 21 (3): 217–229.

Prince, K. (1996) *Boring Records: Communication, Speech and Writing in Social Work*. London: Jessica Kingsley Publishers.

Putting People First (2010) Think Local, Act Personal Next Steps for Transforming Adult Social Care [online] Available at http://www.puttingpeoplefirst.org.uk/_library/PPF/NCAS/Partnership_Agreement_final_29_October_2010.pdf [accessed 12.10.2011]

Ridley-Duff, R. J. and Bull, M. (2011) *Understanding Social Enterprise*, London: Sage Publications.

Roulstone, A. and Morgan, H. (2009) 'Neo-liberal individualism or self-directed support: are we all speaking the same language on modernising adult social care?', *Social Policy and Society*, 8 (3): 333–45.

Rummery, K (2006) Disabled Citizens and Social Exclusion: the role of direct payments, *Policy and Politics,* 34 (4): 633-650.

Scott, J. (1998). *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed*. New Haven, Yale University Press.

Slay, J. (2011). Personal Budgets and Beyond: What co-production can offer personalisation, London: New Economics Foundation http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/Budgets_and_Beyond_November_2011_Final.pdf

Sowerby, D. (2010). What Sort of Helping Relationships are needed to Make Personalisation Happen and How can Organisations be Developed to Support This? *Journal of Social Work Practice* 24(3): 269-282.

Wilson R., Cornford J., Baines S. and Mawson J. (2011) Information for Localism? Policy sensemaking for Local Governance, *Public Money and Management*, 31 (3): 295-299