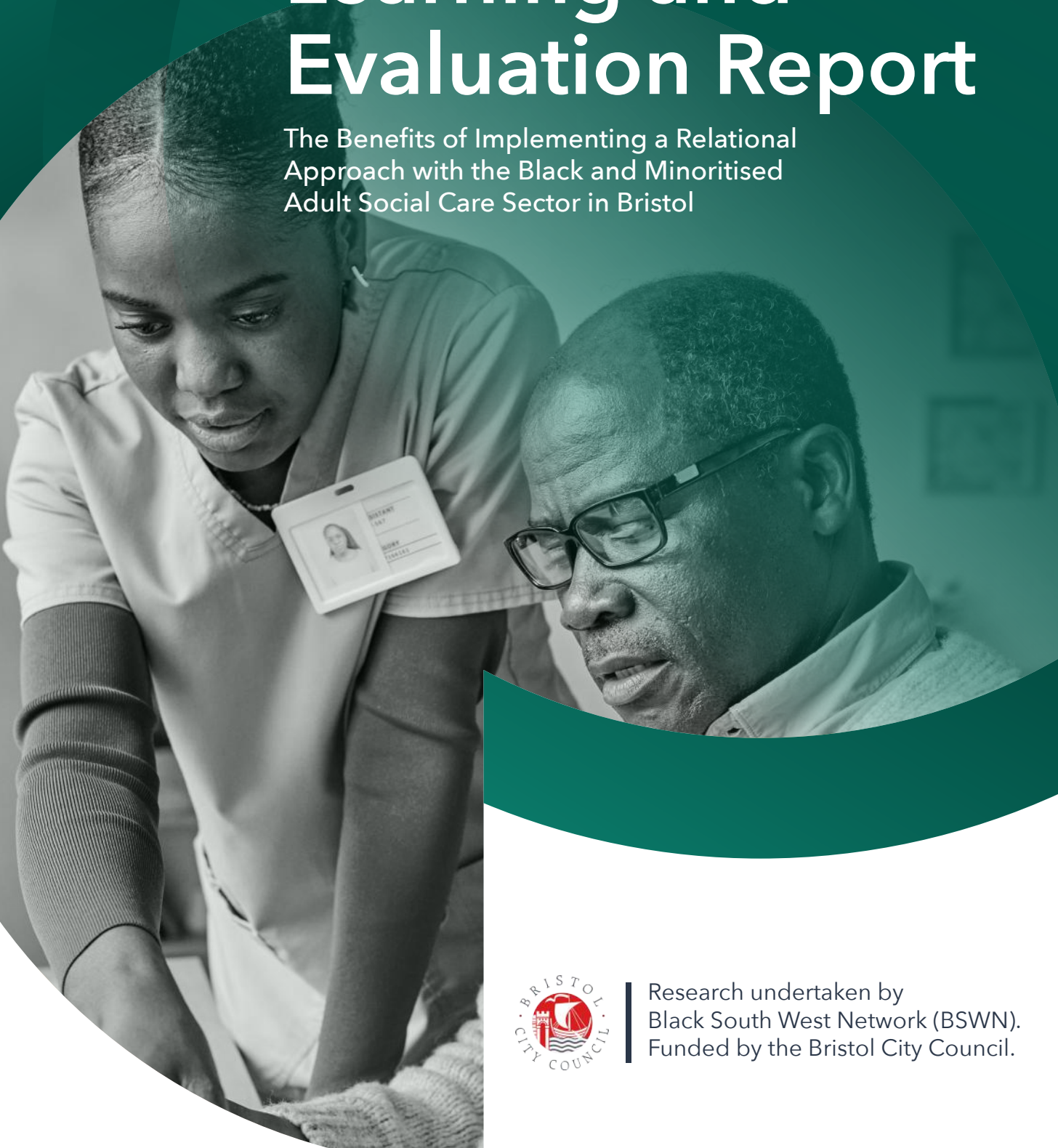Black South West Network

# Make it Work
# Learning and Evaluation Report

The Benefits of Implementing a Relational Approach with the Black and Minoritised Adult Social Care Sector in Bristol

BRISTOL CITY COUNCIL

# Introduction

# Learning

# Evaluation

**Terminology Disclaimer**

BSWN moved away from the acronym "B.A.M.E." in early 2020 as communities across the South West and nationally deemed it inadequate and limiting in identifying the variety of identities and cultures facing racial discrimination. Therefore, BME or BAME will only be present in this report where it is an integral part of a direct quote from participants which we do not have permission to edit or change in this context.

This report will be using 'Black and Minoritised' or 'racially minoritised' people as a synonym to 'people who are racialised as a non-White minority in the UK society' and therefore it can refer to people from African, Asian, and Middle Eastern backgrounds, heritage and/or descents, including mixed-race individuals.

BSWN is also committed to use specific terminology for each group whenever possible. Whilst representative data for community organisations will be provided whenever possible, please understand that individual participants have the freedom to request for all identifiable information to be removed from the report and select the highest level of anonymity. Within a limited sample, any demographic information – including ethnicity – can be considered identifiable information.

Please also understand that the terminology and data capturing discussions are always evolving and there is currently no fixed term accepted equally by all communities who experience racial discrimination. BSWN will keep engaging with the discussion led by communities and operate to ensure our terminology and data-capturing is developed as the discussion evolves.

**Acronyms & Definitions**

Adult Social Care (ASC) covers 'a wide range of activities to help older people or disabled people or people who live with a physical or mental illness live independently and stay well and safe' (The Kings Fund, 2021).

Black Lives Matter (BLM) is a global movement against police brutality that originated in 2020 from the murder of George Floyd and then expanded its remit to all dimensions of racial justice.

Black South West Network (BSWN) is a racial justice organisation working to increase equity across Bristol and the South West.

Bristol City Council (BCC) is the local authority of Bristol, England.

Care Introductory Agencies (CIAs) 'put care-seekers in contact with self-employed nurses or carers, from which the individual may select a nurse/carer who they will then employ' (Trusted Care, 2023).

Care Quality Commission (CQC) 'regulates all health and social care services in England. The commission ensures the quality and safety of care in hospitals, dentists, ambulances, and care homes, and the care given in people's own homes' (GOV.UK, 2023).

Commissioning 'is the process by which government departments and local authorities secure their services. This is usually done through a legal procurement process that will require potential service providers to submit a tender' (ACEVO, 2022).

Direct Payments (DP) are 'local health and social care trust payments for people who have been assessed as needing help from social services and, would like to arrange and pay for their own care and support services instead of receiving them directly from the local trust' (NiDirect, 2023).

Individual Service Fund (ISF) is 'an arrangement where a local authority transfers the funds agreed for a person's care and support arrangements to an organisation of their choice, so that the person can be in control of how their support is designed and delivered. An ISF is one type of personal budget.' (Affinity Trust, 2023).

Integrated Care Systems (ICSs) are 'partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area' (NHS England, 2023).

Make It Work (MIW) is a programme for Black and Minoritised Adult Social Care organisations in Bristol to improve equity in their engagement with Bristol City Council's care commissioning framework.
Voluntary, Community and Social Enterprise (VCSE) sector.

# An Introduction to
# **Make it Work**

Several elements collided in 2020 to produce the conditions that would bring to the delivery of the Make It Work (MIW) programme: an initiative that aims to embed equity within the Adult Social Care (ASC) market in Bristol.

It comes to no surprise that Covid-19 played a major role in shifting the ASC landscape, bringing challenges to the already existing systems, and demanding for more flexibility to promptly meet the needs of older people, disabled people, extremely clinically vulnerable people, racialised communities, and several more individuals who needed access to care whilst being in lockdown or isolating.

The complexity of the new sudden picture required fast changes and a level of adaptability that big institutions alone were struggling to provide. It also required reliable networks rooted in community to be able to swiftly reach the people who needed care. And lastly, it required knowledge and expertise of each community's specific needs to enable the offering of appropriate care. All these points of strengths were found in Bristol's Voluntary, Community, Social Enterprise (VCSE) ASC providers, who stepped up during the pandemic and worked closely with the local authorities and health institutions to create major caring networks. After a successful coordinated Covid-19 response, this localised approach was then intentionally included in several Bristol City Council (BCC)'s initiatives and plans with a declared remit to work alongside the local smaller organisations as part of an inclusive city-wide ecosystem.

With the old ASC Strategic Plan (2016-2020) coming to an end and with the Integrated Care Systems (ICSs) also approaching, the new ASC strategy directed its emphasis on local skills and expertise, connectivity and transformation, new and alternative ways of commissioning, and most importantly on the Care Act requirement of understanding different needs and how they can be met. This was a key area of work particularly in the wake of the Black Lives Matter (BLM) racial justice movement and with the striking building evidence of the disproportionately negative healthcare impact of Covid-19 on Black and Minoritised communities.

The shifting landscape described above produced the ideal opening for the MIW programme to become a test & learn pilot to explore new equitable ways of commissioning with smaller providers specialised in caring for racially minoritised communities. This report aims to capture this learning for all to use moving forward.

# Three Premises

Behind the ideation of the MIW programme are three main premises:

## 01

Firstly, Black and Minoritised communities and individuals face systemic challenges when accessing care and therefore are less likely to access care. When they do, the care is more likely to be not culturally appropriate and/or not holistic enough to meet their entire range of needs.

*"It's also about increasing the number of people who then can access, because there is recognition and some data from Bristol City Council in terms of the disproportionate access to services by people who need it but are not accessing it."*

**Interview 1 – Programme Consultant 1**

## 02

Secondly, in order to effectively respond to this systemic issue and diversify the ASC market offer, a significant investment into the development of Black and Minoritised ASC local providers needs to be undertaken.

*"We have large numbers of people from BME communities who want support from within their own culture, from within their own community but there is a lack of providers [on the traditional local framework] and a lack of individuals [formally employed in the ASC market] who can actually offer that culturally appropriate support. […] So, it is about saying to the individual, have a think about what you want to achieve and who you want to achieve it with, and we will do all in our power to make sure there is a supply of those care providers, whether that be individuals or smaller organisations who can then give you the kind of support you need."*

**Interview 8 - Local Authority Representative 3**

## 03

Lastly, a successful approach needs to take into consideration inequities within the wider ecosystem. Therefore, the MIW programme was tailored to equitably address the specific systemic barriers affecting Black and Minoritised organisations. The ultimate objective remains to create a more inclusive ecosystem where all providers are enabled to work collaboratively and offer diverse and holistic care for all. This is of course, more relevant than ever at the time of this report, when ICSs are being implemented and inclusive ecosystems are at the centre of ASC strategies.

*"We are looking at working together so that some people can do more than one thing and actually deliver a combined holistic service."*

**Interview 8 - Local Authority Representative 3**

# Programme Objectives

Stemming from these premises are also the three key unanimous aspirations for the programme. That is, the leadership from BCC, the expert consultants involved in the delivery and the community partners all agreed that the MIW programme was intended to positively affect the ASC landscape by:

## 1. Improving the quality of services

A recurring theme from the interviews was, in fact, the culturally diverse skillsets of smaller local Black and Minoritised organisations who are closer to their communities than larger organisations or institutions can be, and therefore have a better understanding of the nuances that come with their community needs. Logically, these organisations are better placed to provide the specific types of personalised culturally appropriate care needed by racially minoritised individuals.

*"I've spoken a lot about the skillset, the diversity, the local knowledge and local intelligence of those community organisations, the richness of the combined skills across the various organisations. Without a shadow of doubt, coming from the space of knowing the actual citizens that the commissioners want to support, they all had that."*
**Interview 1 – Programme Consultant 1**

*"I think the first thing is most of them are small and small organisations are inherently more person-centred because they're not institutions. So, the smaller scale of care providers and any kind of supporting relations, the smaller they are, the better the quality of the service. I think there's an inherent advantage to having small organisations in your local area."*
**Interview 9 – Programme Consultant 2**

*"And with that we were able to give people holistic services – we had a very holistic approach to individuals really. Making people individuals and not tick-box exercises. And the reason why I'm sharing this is because as an organisation, you have to learn what people have to offer."*
**Interview 3 – Participant to the Programme 1**

The data collected by the diagnostic tool from the early stage of the programme is also supporting this point; it was found that over half of the Black and Minoritised organisations surveyed (58%) had a good understanding of their community needs, and 35% had at least some understanding of their community needs, with only the remaining 7% admitting they had little understanding [Figure 1].

**Figure 1 - Related to Objective 1**

Do you know your users and the needs of your community?



- Little understanding
- Some understanding
- A good understanding
- Lots of understanding
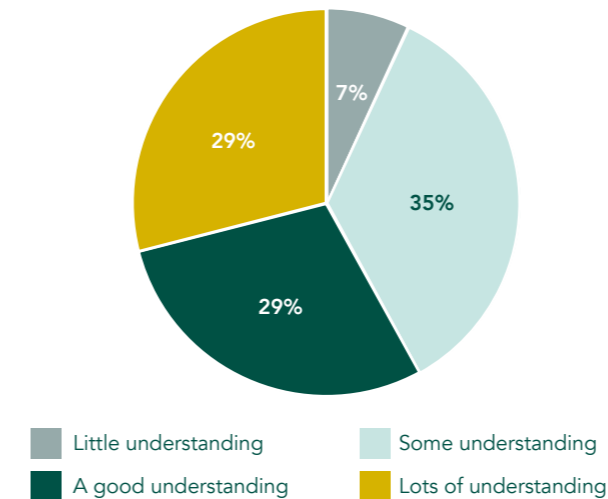
## 2. Increasing diversity and economic opportunities in the ASC market

Another declared objective of the programme was to enable the diversification of the ASC market by addressing inequity within the traditional implementation of the tendering and contract framework. That is, to increase equitable access to opportunities for Black and Minoritised smaller organisations and ultimately have them join the supply chain as competitive providers. This was intended not only to benefit the market itself, but also to provide opportunities for Black and Minoritised workers with underutilised caring skillsets to be able to formally enter the ASC labour market and earn an income whilst delivering personalised culturally appropriate care needed by racially minoritised individuals.

*"It's having that diverse workforce and upskilling providers. So, it's been a good opportunity for us to be able to do that, because we want more providers, we want more competition."*
**Interview 2 – Local Authority Representative 1**

*"It's about helping Bristol, in terms of helping them diversify the local Adult Social Care market, that's part of the contribution we're making. It's about having people ready to be part of that supply chain, fitting straight into the supply chain to create that diversity within the ASC market."*
**Interview 1 – Programme Consultant 1**

*"The Adult Social Care budget in our council is more than half of the council's basic budget. […] That's a lot of money for people to be earning and economic multipliers. I was inspired by the [organisation name] people because some of the people that work for them, they didn't think that they could work. […] They didn't think that care work was for them and then all of a sudden, they're in established roles. They're doing work, earning money."*
**Interview 4 – Local Authority Representative 2**

## 3. Enhancing overall access to care via alternative financial models

The third objective was to increase access to care via innovative ways of commissioning beyond the traditional BCC tendering and contract framework. The MIW programme specifically

**Individual Service Funds**

(ISFs) are a type of personal budget, where an individual can select an organisation of their choice to deliver the personalised care and support they require. After an arrangement has been made, the local authority will transfer the funds directly into the organisation's bank account without going through traditional commissioning.

*"Let people have their budget. Create a list of organisations locally and let people choose from that list. There's nothing illegal about that. There's no problem with that from a procurement perspective. But it's very different to the traditional top-down approach to procurement, where councils have been in charge. […] We're saying, 'Don't control it. You give the money to the person, because they're entitled to that money and let them go to whatever organisation gives them the best support, locally."*
**Interview 9 – Programme Consultant 2**

*"In order to help increase access, this is part of the ambition of what this project is doing… It can be done in many diverse ways, whether it's through the channel of the framework or whether through other avenues. So, exploring what other avenues besides the traditional commissioning process… Could it be through Individual Service Funds? This is one of the channels that they could potentially look at to commission services to increase the access to culturally appropriate support, and indeed using the project to be as a test & learn pilot to monitor, evaluate, discover and then hopefully be able to implement any good practices from this cross-sectoral basis."*
**Interview 1 – Programme Consultant 1**

**Direct Payments**

(DPs) are a local health and social care trust payment for individuals who would like greater freedom to arrange and pay for their own care and support services. Once again, this method allows Black and Minoritised individuals in need of care to be able to select carers from their own communities or organisations specialised in culturally appropriate care for their cultural background.

*"We looked at a range of opportunities that would allow people to be able to contribute towards service provision, so that more people within the community can access. If it's just by a framework, then it could be quite limiting, so for example open it up to Direct Payments to private clients. When you're looking at the organisations that are really small – a one-man band – it's about creating opportunities for the ones that are the self-relating organisations who have huge skills as individuals and sector knowledge, but no trading experience. Because of their skills, opportunities like Direct Payments enable them to provide culturally appropriate services."*
**Interview 1 – Programme Consultant 1**

*"Generally speaking, in areas where there are large numbers of people from BME communities, there tend to be large numbers of what we call Direct Payments. That means that someone who needs a service gets the money themselves and chooses how to spend that money and what they quite often do is find a [non immediate] family member\* to deliver that service. […] If we could get more information, we could then ask those people who are providing this support, 'Do you fancy doing this on a more regular basis with more people?' There is perhaps a whole market out there of individuals who are already providing care and support who might be interested in doing it for their neighbours too."*
**Interview 8 - Local Authority Representative 3**

**Care Introductory Agencies**

(CIAs) function as middleman mechanism to put an individual in contact with self-employed carers who will be the best suited to respond to their specific caring needs. This is intended as a mechanism that increases connectivity within the market, particularly for those carers or one-person organisations who need to increase their visibility.

*"We had [participating in the programme delivery] some of the voluntary community organisations within Bristol who are leading on Care Introductory Agencies so that they would then be the lead as the mechanism to enable smaller organisations to advertise their services to deliver."*
**Interview 1 – Programme Consultant 1**

*"Those are what we call locality-based workstreams. So, a thing called Individual Service Funds, Care Introductory Agencies, they are all mechanisms we are going to use going forward to ensure that our services are delivered on behalf of local people, to local people, quite often by local people. […] People who were what we call micro providers, so individuals who perhaps might be counsellors, therapists or self-employed care workers who are looking to work in their community but weren't getting as much opportunity perhaps as they should have been. All those mechanisms are designed to increase those numbers of people and designed to support those people who are looking to work more closely with their neighbours and their local communities."*
**Interview 8 - Local Authority Representative 3**

In the MIW programme context, the above alternative models are opportunities to ameliorate the ASC market through increasing the financial sustainability of smaller and newer providers who are often unable to access contracts through traditional commissioning and procurement, because they lack years-long financial records or the capacity and/or experience in writing formal applications.

**\*Note:** Due to legal information restrictions Direct Payments support cannot be provided by immediate family members. Further is provided at the Citizens Advice Using Direct Payment for Care website page.

# Research Methodology

| Disclaimer |
| --- |
| The data collection for this learning & evaluation report was undertaken before and during the delivery of the MIW programme. Please note that Phase 2 of the programme is still ongoing at the time of this writing – February 2023 - and will come to an end in late March 2023. Hence, some of the impact indicators (e.g., the total number of support hours provided or the numbers of successful applications, etc) might increase before the end of the programme and not be fully captured here. |

## Data Collection

The datasets included in the analysis of this report were captured through a variety of primary research methodologies:

• Before the start of the programme (April 2021) an online application questionnaire was originally openly advertised and then snowballed through selected networks to reach a good number of Black and Minoritised ASC providers in Bristol as potential applicants for the MIW programme. This questionnaire captures initial data from a group of 19 organisations.

• After the original cohort of organisations had been selected, an online diagnostic tool was designed to capture the state of their business (e.g., their trading experience, their level of financial sustainability, their preferred service areas of focus, etc). Although this dataset only captures data from the 14 organisations originally selected to enrol, the number of total participants in Phase 1 of the programme increased to 22 when 8 more organisations joined at later stages. To provide a more comprehensive picture of the cohort profile, the online diagnostic tool data was incorporated with data collected through the One-to-one Capacity-building Mentoring support.

• Throughout the entire delivery, feedback forms were provided to the programme participants to record their positive or negative thoughts on the Workshops and Peer Network Support, as well as to capture the highlights

of their learning process. These forms have collected 102 responses so far and are structured with both rating systems and open-comment questions to allow for capturing clear impact figures as well as spontaneous feedback.

• Where the survey methodology left any gaps, the qualitative capturing of experiences was able to integrate the datasets, especially through the One-on-one Capacity-building and Mentoring support sessions, where the Project Lead directly asked participants for verbal feedback at the end of each session. This type of data covers the entirety of the cohort's experience.

• Finally, the report also includes qualitative primary data collection in the form of 11 interviews (one of which had 2 people being interviewed at once) with a total of 12 interviewees who were given an average of 1 hour of time each to provide their feedback on the MIW programme. This sample includes the perspectives of 2 expert consultants who directly worked on the delivery of the programme, 4 representatives from BCC who have been involved with the programme at different levels of strategy, delivery, and design and 6 participants to the programme. Whilst the questionnaire for participants was kept consistent around key words and questions, the questionnaires prepared for strategic leads and consultants were edited according to the research objectives fixed for each interview. This allowed for capturing the strategic landscape, intentions, and approach beyond the simple evaluation of the programme.

# Learning

The MIW programme was intentionally structured as a test & learn pilot to understand why the representation of racially diverse providers within the BCC tendering and contract framework has historically been lacking and what action was needed to increase diversity in the overall ASC local market. Therefore, the learning section of the report will:

• Present the systemic barriers to contracting identified by the participants and the programme's delivery and strategy teams.
• Illustrate the state of the Black and Minoritised ASC sector at the very beginning of the programme and the related systemic barriers hindering the sector's development.
• Demonstrate how the MIW programme structures & deliverables were designed to respond to these barriers.
The solutions, based on the programme's findings, will be offered in the second part of the report, where evaluation and impact are discussed in further detail.

# Barriers to Contracting

Whilst the programme was running, participants were directly questioned about their experiences in completing applications within the BCC tendering and contract framework to understand what they identified as the key barriers to contracting.

Their responses have been summarised in the following points:

| | |
|---|---|
| **The framework is perceived as bureaucratic and time-consuming.** | "It is difficult to know which framework to apply to…"<br><br>"Bureaucratic and long tedious forms to complete." |
| **The process is inequitable for smaller and/or newer organisations.** | "Bigger organisations are likely to receive contracts because they are known and have experience."<br><br>"Smaller/new organisations are not offered opportunities to prove themselves." |
| **Expectations/questions are unclear, resulting in communication failures.** | "The framework application questions are misleading especially where there is an indication that the question is optional but it's not really optional." |

All the points above are strongly supported by the wider qualitative sample, where interviewees have provided much further nuance to the nature of the systemic issues hindering Black and Minoritised ASC providers' access to contracts.



## 1. Constrained by Systems and Processes

The experience of being constrained by rigid and bureaucratic systems and processes was one of the most frequently mentioned barriers cited by all parties in the interviews. Not only was it identified by participants, as mentioned above, but also by the expert consultants and by the BCC officers working on the programme.

*"As a public body, we are subject to Public Contract Regulations 2015 as well as our own procurement rules. So, we have to adhere to when we're spending public money, make sure we're transparent, open and fair. We have to adhere to those procurement processes. We have to advertise on Contracts Finder and Finder Tender. We have to issue clear non-ambiguous tender documents and then evaluate accordingly. So, there's a lot of legal case studies, legislation that we have to follow through to award."*
**Interview 2 - Local Authority Representative 1**

Particularly in the earlier stages of the programme, a barrier was given by the fear that a programme like MIW, firmly rooted in the principle of positive action and tailored support, would have created an unfair advantage for Black and Minoritised providers, and therefore it would have gone directly against procurement rules. However, with time it became clearer to all people involved that this position failed to acknowledge the inequities already existing in the wider ecosystem. That is, there is evidence in this report and beyond that Black and Minoritised ASC providers' access to contracts is disproportionately lower than other ethnic groups due to systemic issues. Therefore, positive action and equitable responses are needed to repristinate an equal ground for all providers to be able to enter the competition.

In fact, Black and Minoritised organisations are:

• More likely to be smaller organisations, with a core team of two or three people, or often even a one-man business. This results in much less capacity to spend on writing tendering and proposals as most of the staff's time is spent on delivery.

• Whilst they tend to have extremely specialised and high-quality skillsets and personal experience in caring, Black and Minoritised nurses and carers are often not trained in business and financial fields. This – in addition to the general lower access to contracts and investment opportunities – equals a lower probability to develop a financially sustainable model for their businesses.

• As a consequence, the lifespan of a Black and Minoritised business is generally shorter. However, due to being rooted in communities, new ASC businesses are born out of necessity to respond to community needs. That means, a number of new Black and Minoritised ASC organisations is routinely created across the landscape and simply needs to be enabled to grow.

• Whilst the ASC technical language and 'jargon' is often named as a barrier across the board, it becomes even more relevant for recent migrant communities who are non-native English speakers and might be less familiar with UK ASC systems in general as these differ from their home countries'.

• Lastly, due to all the barriers described above, Black and Minoritised providers are overall less likely to enter the formal ASC system and be recognised for their potential and value, as they are simply less likely to be known and seen.
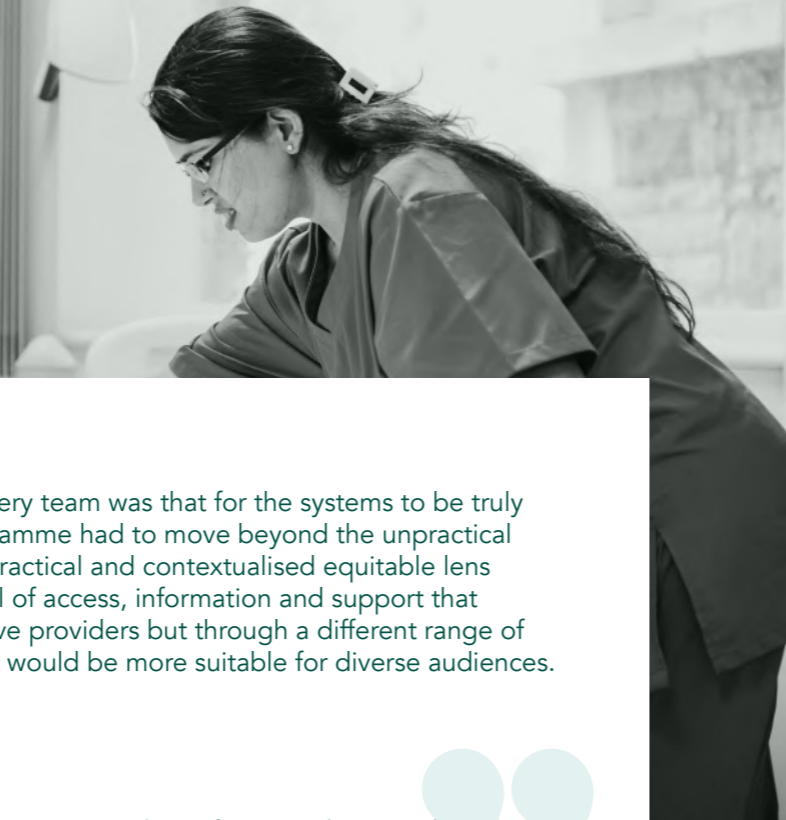
The conclusion unanimously reached by the delivery team was that for the systems to be truly 'transparent, open and fair' for all, the MIW programme had to move beyond the unpractical view of equality and be based rather on a more practical and contextualised equitable lens approach. That is, it would provide the same level of access, information and support that would normally be provided to all ASC competitive providers but through a different range of channels, spaces and communicative models that would be more suitable for diverse audiences.

*"It is equity isn't it. It is about how do you step up. Yes, equality is fantastic, but it is the equity that this project provided which made a difference that made it achieve tangible goals more than any other project. They haven't given us anything different, they have just given us the same information in a more suitable way instead of putting it on their website or on Pro-Contract or on their market service workshops. The platform where the information was available, I wouldn't have had access to these platforms. You know, it is a group of people I can relate to, an organisation I can relate to. The people from the council who I was not able to reach came to my safe space, and that enabled me with information that I needed, in a different platform that I can understand."*

**Interview 7 – Participant to the Programme 5**

There was also recognition across the board that the rigidity of systems was a direct barrier to innovation. Furthermore, it was identified by multiple interviewees that this hurdle was not originating from the lack of willingness of individuals involved, but it was rather stemming from the very nature of the local authority being a big institution that – like all big structures – functions at a slower pace and following a strict set of already-tested common practices.

*"I think the commissioners in middle management and the director, I think they are really keen on this stuff, and I think they get it – translating is the problem. You get a lot of people who want to do it but the systems and the structures, they just act as barriers to innovation."*

**Interview 9 – Programme Consultant 2**

*"Obviously the council is a very big organisation. In a big organisation change is not always easy for people, because they have lived and worked in it so long. Seeing something different can be a bit scary so there are changes within the council that we will need to discuss to help them to understand that those changes are not scary and will actually produce better results for the citizens which is what we are all in the job for at the end of the day."*
**Interview 8 – Local Authority Representative 3**

*"About the constraints – the systems and processes are what is constraining people from being able to think outside the box. There was a meeting where I mentioned about, 'Can we not think about contracting off-framework?', and initially they said, 'We don't do that.', but as we've progressed things – I'm looking at what's worked well – they've listened. What worked well is they listened, because we've got some evidence where commissioning has happened in a non-traditional way."*
**Interview 1 – Programme Consultant 1**

Although there is recognition that the rigid and bureaucratic nature of systems cannot be fully changed, by the end of Phase 1 of the MIW programme, most interviewees agreed that it was possible to think outside of the box without breaking the rules. Through the collection of evidence around equitable engagement, the direct involvement of smaller and local organisations in conversations and the exploration and advancement around co-production models, it became evident that truly transformative impact could be achieved.

*"We overcame that barrier in terms of having this initial opposition because of the systems and the processes."*
**Interview 1 – Programme Consultant 1**

*"Doing change in the public sector is extremely challenging, I think, because they are institutions. […] But I think they want to unlock that. I think they've got the vision. I think they absolutely want to change that. I think Make It Work, Make It Local… amazing vision. They are translating it. On the ground."*
**Interview 9 – Programme Consultant 2**

## 2. Systemic Disadvantage

One of the most recurrent barriers – which to some extent permeates the whole problem we are looking to resolve – is the systemic disadvantage between more and less resourced organisations. Keeping in mind the systemic elements of disadvantage listed in the previous segment of this report, there was recognition at senior level of the local authority that the current systems – due to their own standardised nature - are aimed at keeping structures in place, and therefore in that sense, they can become a barrier to newcomers and transformation.

*"When it comes to our bigger contracts, the bigger bits of work, the way they're procured, it favours established, big organisations that are good at procurement. They've been through the mill a few times. They understand how systems work. They may have people, experts whose job it is to bid for things, to win contracts, to successfully navigate through tender processes and interviews and to win work."*
**Interview 4 – Local Authority Representative 2**

## Lack of Capacity

The concept explained above, in practice, manifests as a general lack of capacity for the Black and Minoritised sector. In fact, it was a theme that was reiterated multiple times by the programme participants being interviewed. All 6 of them mentioned the lack of time, specialised expertise, and resources to write successful bids as key barriers to accessing contracts. They talked about a vicious cycle, where lack of capacity directly hinders their ability to scale up and hire personnel to increase – in turn - capacity, even when they already have the contacts and access to qualified workforce that would be able to deliver the work with high-quality successful outcomes.

*"The procurement process is quite a lot for someone who is busy. I have been extremely busy, and it has been almost impossible for me to even put my tenders in. I have managed one which was the High Support Needs for Young People. We got that in, I had to drop everything else I was doing to focus and get it in on time. We got it in ten minutes before the deadline. I have had a reminder email today that there is another procurement that is coming up by the end of March, but the thing is I am too busy to even turn away for five seconds. I have the workforce there who, if we got the contract, could actually make it work ironically. We can actually make it work and put people in place and run it successfully but the time it takes to complete these bids, when you are running around just trying to keep up with the day to day, it is almost impossible."*

**Interview 10 – Participant to the Programme 6**

## Lack of Access to Data/Information

In addition to an overall lack of capacity to write bids, Black and Minoritised providers also experience systemically lowered levels of access to the type of information and data that are required to successfully win a contract, in some cases simply due to being new to the system. By far, the most common type of information mentioned in this instance was pricing and costing market information.

*"What is it about pricing? What's the standard that you pay? We need to know a rough amount. Those answers not being given in a straightforward way can just seem a little bit like you're really just trying to overcomplicate things."*

**Interview 6 – Participant to the Programme 3**

*"I'd like to add about pricing. I don't understand how they think you should work out the price. There was nothing that we could go by. So, I think that was really unfair. Even if you do well to answer the other questions, then when it comes to pricing, it's 30% mark on that answer. Obviously, we just did what we can on the pricing and then you don't get the contract because of that, I think that's really unfair. It can be very complicated. If you don't have that information, then how would you be able to get to that framework? There's a lot of hurdles, especially on pricing."*

**Interview 6 – Participant to the Programme 4**

*"So, someone who is new, how do you expect them to know? You give people, 'Okay, this is low rate. This is middle rate. This is high rate. And it should fall between range A and range B.' You don't just say, 'Well, if I tell you I'm breaking commercial confidentiality.' How do you expect new people to know? And these are people who are working really hard to enter the market just to help people."*

**Interview 3 – Participant to the Programme 1**

*"There's a disproportionate request of what it is asked of them in terms of evidence-base or your business continuity plan or your health and safety policy – whatever it is – so whatever they're asking, it's not accessible because if you compare a £1 million organisation and a £50k or £100k, how do you expect them to be returning the same level of evidence?"*

**Interview 1 – Programme Consultant 1**

Once again, there is agreement amongst participants that the MIW programme was able to target these systemic barriers and provide tailored support. Whilst the constraints in regard to confidentiality and sharing of intelligence remain, the programme was able to provide specialised workshops and one-to-one support on strategies for developing correct pricing and costings options, which often resulted in successful contract applications for the participants.



*"The programme was really good. I was really pleased to see that we came to mind because it's something that I've thought about for a long time. That people from BAME backgrounds are unable to access or get the same opportunities as other people, to be honest. Because first of all, most people are like first-generation, second-generation immigrants who have no idea how to get these contracts."*

**Interview 3 – Participant to the Programme 1**

*"I think yeah definitely, the pricing was always an obstacle for me. I didn't understand the pricing one little bit. I mean, how people came up with the whole ballpark figure or how to allocate…? I think the pricing lecture was good. […] That is something the programme did that was quite good. The pricing model is really important. If you don't know it, you get stuck, because you have your business plan, but you don't know what figures to throw into it. I think the session was brilliant."*

**Interview 10 – Participant to the Programme 6**

*"There was such a high level of data intelligence that I felt through this project. I was able to use it in order to devise or put together my bid that is in line with the standards or the costing for the tenders I was looking into. It has just really helped me so much. I have been successful on one tender through this process. I have submitted another one which I am hoping I will be [successful], and I am going to start another one and this is because of this programme."*

**Interview 7 – Participant to the Programme 5**

Even in the case where a small organisation is able to access a contract, they will be less likely to collect evaluation and evidence data at the same extent that a bigger organisation might be. This will decrease their chances of winning a follow-up contract, simply due to the fact that they lack the capacity to prove their impact. (On a relevant note, 43% of organisations from this report's sample were not confident at all with their impact-tracking methods before the beginning of the programme).

**Lack of Visibility**

The final systemic barrier that was recognised across the board, was the lack of visibility that organisations felt, especially in the early stage of the programme. The structural lack of access to opportunities originated from very low level of awareness around what opportunities existed in the first place and where to find them. The poor communication and disconnection caused Black and Minoritised providers to feel under-valued by the formal ASC market. In this sense, the MIW programme had possibly the greatest impact, by truly connecting providers to commissioners and allowing for the creation of space for mutual learning. By the end of the programme, all interviewees agreed that the gap between the "two worlds" had been narrowed.

*"The organisations talked about the lack of visibility, they felt undervalued. So, that was another thing – feeling undervalued – which was, again, a very critical point. And I think the officers did begin to see when they began to engage with these organisations through the smaller forums that we arranged, in terms of what the organisations had to bring to the table."*
**Interview 1 – Programme Consultant 1**

*"So, I was really pleased with – I've had some great conversations with these organisations. I'm really impressed with the leadership of them and the offer and what they're doing. And a lot of it's happening under the radar. It's not mainstreamed in the commissioning system. So, they've got to be brought on board really and it's got to signal to the market that this is what Bristol wants. More culturally diverse options, smaller providers, local providers."*
**Interview 9 – Programme Consultant 2**

*"Honestly, I cannot describe how empowered and how confident I am with the system, and I feel I have been prepared by BSWN to feel I have the liberty to go to the council and say: 'Well, actually I don't understand this. I have got more barriers than other businesses in the city, how could you look at things differently? How could you help me to get this done?' From the first minute I joined the workshops, to the minute it finished it was like… that's it! I knew exactly what I wanted from each session."*
**Interview 7 – Participant to the Programme 5**

## 3. Poor Communication

The third major barrier identified at the beginning of the programme was the poor communication that had historically built a sense of distrust between the local authorities and Black and Minoritised communities. On top of the already mentioned hurdles around technical language, jargon, and complexity of frameworks, various organisations explained that when they tried to get in touch for clarification, they would not get a response, or receive delayed, outdated or even incorrect information.

This was said to be mostly due the previously cited fear of sharing too much information and break procurement rules by creating an unfair advantage. However, interviewees representing the local authority have also mentioned other causes, such as the impact of Covid19 and even previous to that, the significant historical impact of austerity having substantially reduced capacity within the procurement and commissioning teams. These factors can be considered relevant also to explain why the systemic lack of communication was not only found between the local authority and the ASC providers but also within different teams in the public sector itself, which could have resulted in potentially unclear or incorrect information provided on the website or on other platforms.

The MIW programme - especially through the bridging role of the Project Lead - has offered an opportunity for all departments to come together and reconnect whilst discussing solutions to common obstacles.

*"Because of the relationship and the fact that there's correlation between commissioning and procurement, let procurement attend a commissioner-led workshop and hear what the organisations have got to say, and the reverse. So that worked. They're both in the room at the same time and they're hearing it directly from the organisations."*
**Interview 1 – Programme Consultant 1**

At the same time, having a central facilitator who understood the most technical side of ASC and also had experience facilitating discussions within Black and Minoritised safe spaces provided a point of contact to rebuild the historical lack of trust between racially minoritised communities and the public sector system.



*"I think definitely the programme has opened up the lines of communication a lot better and not only the communication but the opportunities because speaking to commissioners, we are able to identify through their sessions and PowerPoint presentations that there are more opportunities. I didn't even pick up on Pro-Contract before. I saw a few but not some of the other ones they pointed out which was quite good, and they are all still closely linked."*
**Interview 10 – Participant to the Programme 6**

*"I feel like I can contact a commissioner now and they will come back to me and take me seriously, because I have been on this programme. Whereas before I didn't feel like that. The programme actually got the commissioners to see me and because of this, I feel I am more valued and listened to."*
**Interview 7 – Participant to the Programme 5**

Finally, the project also built some initial common ground for linking NHS and local authority funding opportunities with the ultimate aim to increase access to opportunities for smaller organisations.

# The State of the Sector

In April 2021, at the beginning of Phase 1 a diagnostic tool was designed to gain an in-depth understanding of the state of the Black and Minoritised ASC organisations involved. This was in relation to their level of contract-readiness, their overall financial sustainability and business maturity, and what specific needs for scaling up and development were required by the cohort. The diagnostics tool only includes information from organisations that enrolled at the beginning of the programme. However, this information was integrated with further data captured by the Project Lead during the one-to-one sessions and with data provided by the original application questionnaire. The comprehensive picture of the sector profile was then used to inform the design of each component of MIW to ensure that the programme was specifically tailored to the organisations' needs.

## Trading Experience

Half of the sample from the diagnostics stated that they thought they were already in a position to bid for Adult Social Care contracts before the start of the programme [Figure 2].
However, when questioned if they were bidding at that time, only 27% answered with a positive response, whilst 73% answered they were not bidding at the time [Figure 3].

**Figure 2 - Related to Objective 2**
Are you currently in a position to bid for
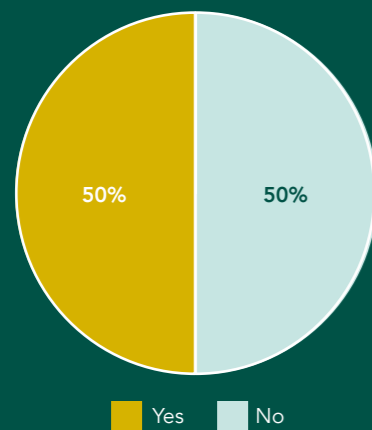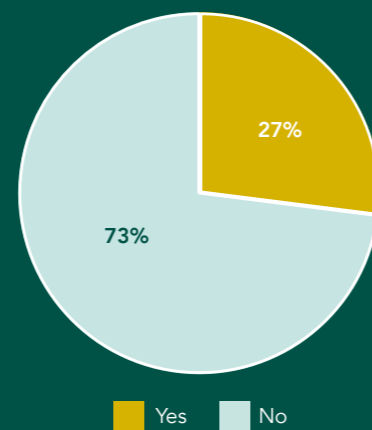Adult Social Care contracts?



50%   50%

Yes   No

**Figure 3 - Related to Objective 3**
Are you currently bidding for
Adult Social Care contracts?



27%
73%

Yes   No

This data is matching historical data provided by the application questionnaire, where it is stated that only 30% of the applicants had been previously funded by BCC, predominantly through grant funding and some contracts. Even lower is the percentage of the group that was able to secure funding from the NHS through grants and contracts in the past; that is approximately 18%.

This section of the report will provide clear evidence of the areas of need affecting the Black and Minoritised ASC sector's ability to develop and scale up and, in doing so, it will list the factors that might have influenced the organisations' response to the two previous contract-readiness questions.

## Services Areas of Focus

One of these factors is the extremely low percentage of organisations that were CQC registered at the beginning of the programme. As shown in figure 4, only 7% of respondents were registered at the time of the diagnostics, with 79% explicitly stating that they needed support to complete the registration and only 14% in the process of registering without requiring support.
When looking at the types of services that the organisations were interested in delivering, it is reasonable to conclude that not having the CQC registration would be a significant barrier hindering their ability to bid for contracts, as most Supported Living and Extra Care Housing services require the provider to be registered.

As shown in figure 5, half of the diagnostics sample was interested in delivering older people services, and about 36% wanted to focus on disabled people and complex needs services. Equally, 36% of the organisations were looking into Home Care. Younger age groups services seemed to be still within certain organisations' remit but generally less prevalent in this sample.
This same trend is matched by the data provided by the application questionnaire around the areas of services that were already being provided by the applicants before the start of the programme.
The vast majority was once again focused on older people and disabled people services, particularly around Supported Living (10 organisations were providing this service already), Domiciliary/Homecare (7 organisations) and then more general services were recorded, such as Community Health Activities (7) and Residentials (2).

**Figure 4 - Related to Objective 1**
Are you CQC registered?

Yes

No - I am in the process of completeing this and don't need support

No - I need help with this registration



7%
14%
79%
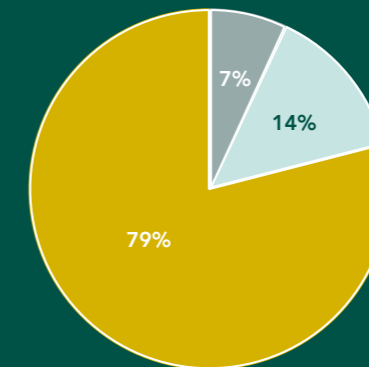
**Figure 5 - Related to Objective 1**
Which service/s are you interested in delivering?



| Service | % |
|---|---|
| Residential | 7% |
| Young vulnerable women (16-20yrs old) | 7% |
| Emergency accommodation | 7% |
| Mental health care (16-25yrs old) | 7% |
| Supported living/challenging behavior (16-25yrs old) | 7% |
| Home care | 36% |
| People with disabilities and complex needs | 36% |
| Older people service | 50% |

0%   10%   20%   30%   40%   50%   60%
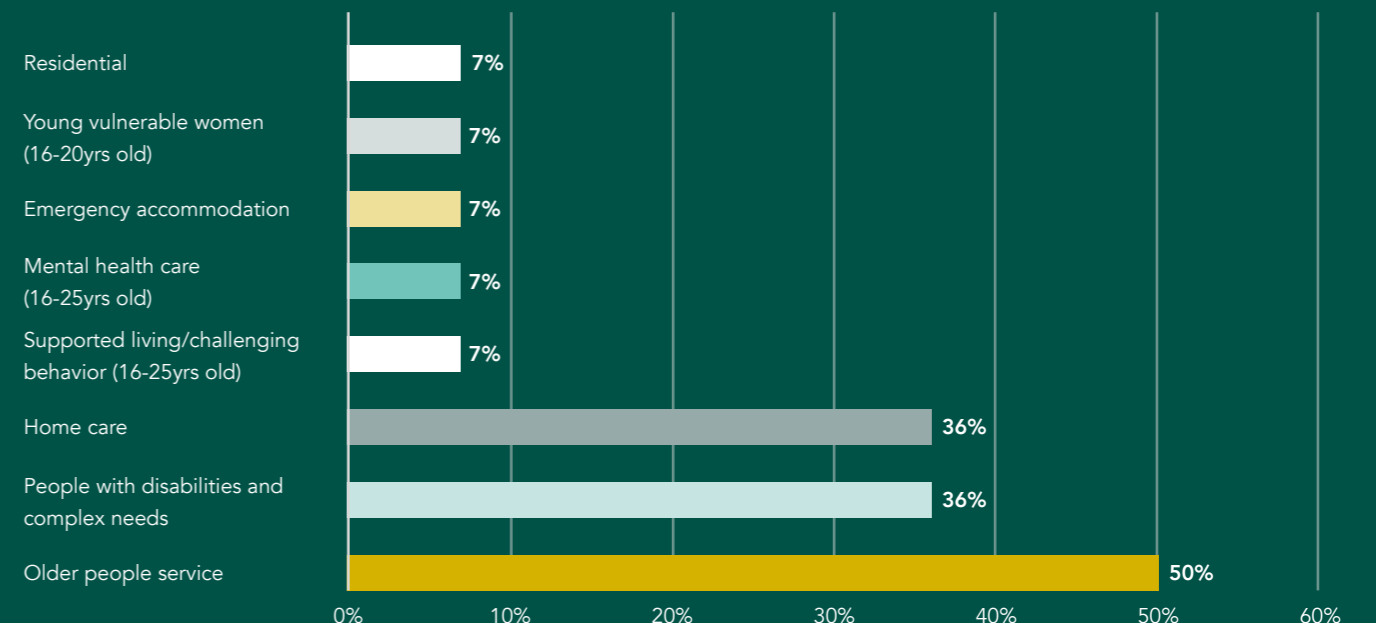
## Alternative Financial Models

As mentioned previously, one of the MIW programme objectives was to investigate the potential of ISFs and DPs to increase flexibility in the ASC financial ecosystem and provide opportunities for individuals to select a care provider that is the most appropriate to respond to their needs. For this purpose, the diagnostics investigated the level of awareness of Black and Minoritised providers in relation to these alternative financial mechanisms before the beginning of the programme.

To the question "How would you rate your knowledge of ISFs?", 50% of the diagnostics sample responded with the lowest option (1 out of 5), whilst 21% responded 2 out of 5, and the remaining 29% ticked an answer in the mid-range (3 out of 5). The findings are clear in indicating that the level of awareness of ISFs was extremely low at the beginning of the programme [Figure 6].

Comparatively, the level of awareness around DPs was slightly higher, with 7% of the sample picking the highest option (5 out of 5), over half of respondents (57%) selecting a mid-range option (3 out of 5), and only 22% stating they had the lowest level of awareness (1 out of 5) [Figure 7].

### Figure 6 - Related to Objective 3
How would you rate your knowledge of Individual Service Funds (ISFs)?
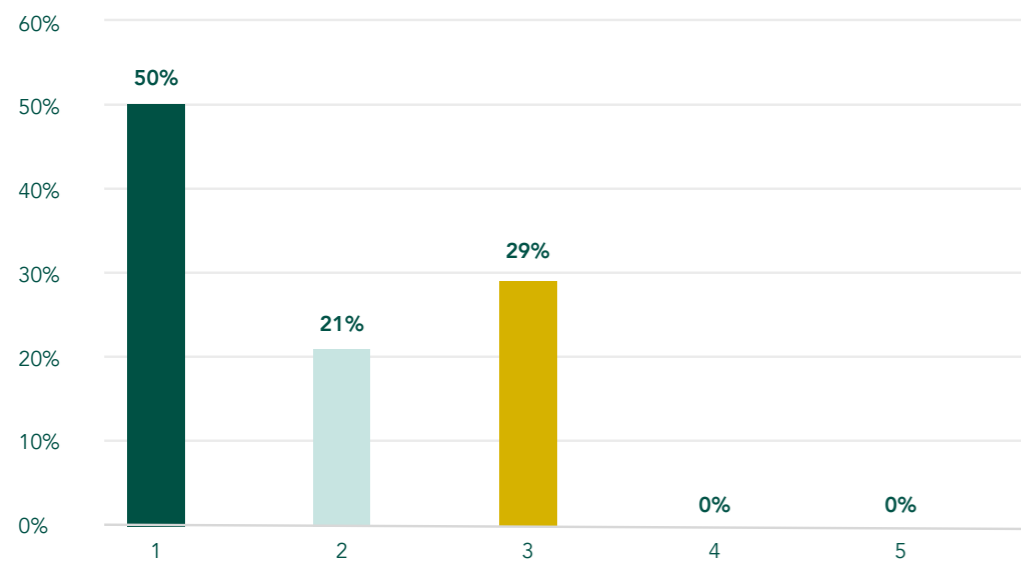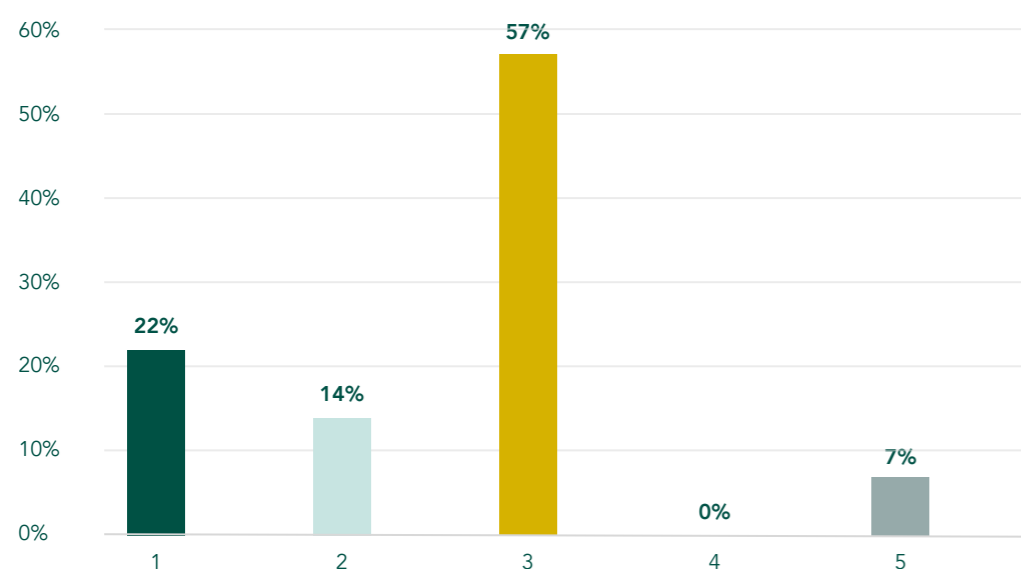


### Figure 7 - Related to Objective 3
How would you rate your knowledge of Direct Payment (DP)?



## Financial Sustainability

Finally, the application questionnaire and diagnostics inform us about the financial and business levels of maturity and sustainability of the Black and Minoritised Adult Social Care providers in Bristol. Out of the 19 organisations that originally applied to the registration questionnaire, we know that 3 were in the £50,000 – £100,000 turnover range, one was in the £100,000 – £150,000 range, 3 were in the £150,000 – £250,000 range and one was in the £250,000 – £1,000,000+ range. Looking at the lowest side of the spectrum, 2 organisations were functioning with less than £50,000 a year and 2 had no turnover. Whilst 4 organisations did not provide their turnover information and simply wrote N/A without further explanation, 3 others specified that they had no turnover simply because they were in the start-up stage and only recently registered. It is important to take note that there was a considerate number of very early-stage businesses in the cohort throughout the first phase of the programme, as these organisations experienced specific additional barriers in relation to being new.

Still in relation to the organisations' financial sustainability, when the organisations were asked to rate their level of confidence in their financial systems, only 7% selected the highest option (5 out of 5), whilst 29% selected 4 out of 5, 36% answered in the mid-range (3 out of 5), 21% ticked 2 out of 5, and 7% selected the lowest option (1 out of 5), stating they were not confident at all in their financial systems [Figure 8].

| Turnover | No. of Organisations |
|---|---|
| Start-up | 3 |
| N/A | 4 |
| £0 | 2 |
| Less than £50k | 2 |
| 50,000 - 100,000 | 3 |
| 100,000  -150,000 | 1 |
| 150,000 - 250,000 | 3 |
| 250,000  -1,000,000+ | 1 |

### Figure 8 - Related to Objective 3
How much confidence do you have in your financial systems?
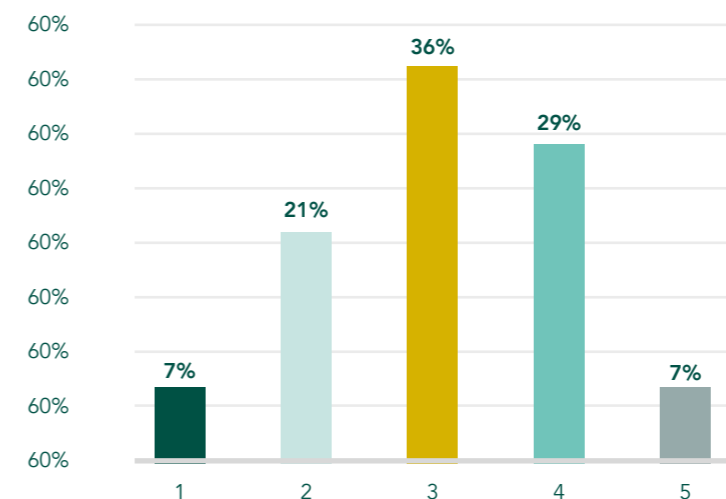


### Figure 9 - Related to Objective 3
Do you have a mission and vision statement?
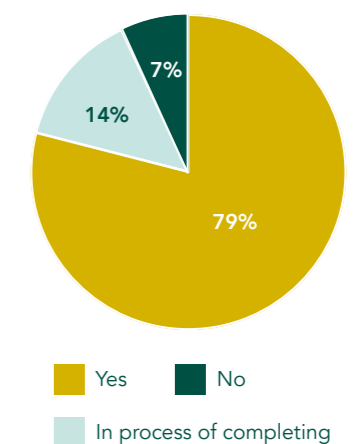


## Business Maturity

Moving forward onto a broader business analysis, figure 9 provides a positive picture in terms of the organisations' levels of completion of their mission and vision statements, with around 79% of the first cohort having already completed their statement, 14% in the process of completing the document and 7% still in the stage of ideation.

However, further indicators around their systems and overall business situation at the beginning of the programme were less optimistic:



**Over half** of the sample (57%) did not have an up-to-date strategic plan

**35%** of the cohort stated they rarely reviewed their business plan

**Only one organisation** was fully confident in their data capture systems

**No organisation** was fully confident with their reporting systems

**43%** were not confident at all with their impact tracking systems

## In conclusion, what type of support was needed?

The picture painted by the original diagnostics and application questionnaire data was clear in terms of assessing the need for the MIW programme. The programme structure and content were tailored to the areas of need highlighted by the previously shared data, that is:

**01** Technical support for increasing contract-readiness within organisations, which often included support with registering on the Pro-Contract Council's Tendering and Contracts System and with becoming CQC registered.

**02** Financial guidance to increase sustainability via alternative routes, e.g., through enhancing understanding of ISFs, DPs and CIAs.

**03** Business development support, which as previously mentioned included impact tracking, data capturing and reporting, but also risk assessment and risk management, budgeting and governance and accountability.

On top of these 3 workstreams, another two key areas of need started to emerge from the original picture and became more and more central in the programme:

**04** Building a relational approach to allow for better communication and understanding between the Bristol Black and Minoritised ASC providers and the commissioners and procurement officers at Bristol City Council. This would have responded in turn to various other challenges, such as the organisations' need for equitable access to information on current commissioning opportunities and more accessible, active and responsive communication channels when requesting clarity on tendering processes.

**05** Creating spaces and opportunities for peer learning and networking between the Black and Minoritised ASC providers sector to build on each other's knowledge and skillsets, as much as on each other's resilience and strengths. This area became the central workstream during Phase 2 of MIW, where a consortium of 6 organisations was established.

# Structure & Deliverables

The MIW programme includes two phases, which span across two years (from April 2021 to March 2023). For its entirety, the programme was led by a consultant with specialised expertise in ASC based within Black South West Network (BSWN) and the delivery was overseen by a Steering group with representation from BCC's commissioning and procurement teams, as well as external specialised consultants and partners. The same partners who contributed to steering the direction of the programme, also took active part in co-designing its delivery and proactively collaborated to build equity within the BCC's commissioning and procurement frameworks.

## Programme Deliverables - Phase One

The first phase of MIW initiated in April 2021 and concluded in March 2022. At the core of this phase were 6 monthly whole-cohort workshops: 3 of these were delivered by BCC, and 3 more workshops were delivered by external contributors. The workshops' areas of focus spanned across the key workstreams previously mentioned, ranging from contract-readiness and business support to a detailed explanation of commissioning opportunities and procurement processes. Examples of topics covered are ISFs/DPs, Homecare/Supported Living, CQC Registration, Procurement Processes, NHS as a Marketplace, Contracting with BCC/Contracts in the Pipeline, etc.

**The 6 Core Workshops amounted up to 15.5 hours.**

In addition to the whole-group workshops, an additional series of sessions for smaller groups with a certain topic of interest in common was added to the Phase 1 programme to build the networking aspect. These Peer Learning Support sessions were 11 in total (4 delivered with Bristol City Council experts, and 7 by external or BSWN's experts) and covered sector specific and business specific knowledge required by sub-groups within the cohort.

**The Peer Learning Support counted 14 hours in total.**

A third element was incorporated into the Phase 1 programme to truly provide the highest level of flexibility in the type of support provided, i.e., several hours of One-to-one Capacity-building and Mentoring delivered by the Project Lead/BSWN Consultant.

**The One-to-one Capacity-building Mentoring were approx. 171 hours.**

## Programme Deliverables - Phase Two

The second phase of MIW started in April 2022 and will end in March 2023. At the core of its work was building organisational strengths, leadership skills, improving organisational policies and project scoping to increase the possibility of successful framework applications. One of the key parts of the journey in this second stage was the formation of a 6 organisations Collab Group, that was supported by 3 consortium support sessions delivered by BCC and 2 external capacity-building support workshops from PwC.

**The 5 supporting sessions amounted up to 8.5 hours.**

The 6 organisations have come together for 10 meetings so far to develop the partnership as well as their first collaboration proposal: a grant application to Johnson & Johnson through Untld.

**The Collab meetings lasted a total of 17 hours up to date.**

The final element of the second phase was the continuation of the One-to-one Capacity-building Mentoring support which once again provided the most tailored aspect of the support (e.g., developing business ideas, service offers, Pro-Contract registration, understanding framework applications, costings, horizon scanning and best fit opportunities, sourcing and matching with mentors, information technology skills, etc).

**The Phase 2 One-to-one Capacity-building Mentoring offered 42 hours of support and counting.**

# Evaluation

The overall number of Black and Minoritised organisations which enrolled and participated in the MIW programme amounts to 22; out of these organisations, 16 consistently engaged with all parts of the programme. The remaining 6 attended workshops that were relevant to their needs, with two organisations already on the framework delivering services and four seeking more information to establish.

Not only the programme managed to more than double the target engagement originally intended – the former mark was set for 10 organisations – but the demand for a MIW continuation was so vocal and solid that a Phase 2 is in the process of being delivered at the time of this report. Phase 2 is seeing 12 Black and Minoritised organisations engaged: 8 of these actively participating throughout the entirety of the programme delivery.

## Overview of Phases One & Two

### MIW Phase One
#### April 2021-March 2022

## 22
### organisations enrolled and participated

## 16
### actively engaged in all aspects of the programme

One-to-one capacity building & mentoring, peer-to-peer learning/small group support workshops, monthly whole-group workshops delivered by the council and other external organisations

### MIW Phase Two
#### April 2022-March 2023

## 12
### organisations engaged

## 8
### actively engaged in all aspects of the programme

Submission and/or resubmission of applications, organisational strengths, leadership skills, policy improvements, project scoping etc.

# Impact Analysis

Out of the overall 22 organisations, the vast majority (86%) are led by individuals from African Caribbean and/or African descent, whilst 9% are from South Asian backgrounds and only one organisation (5%) is led by individuals from East Asian backgrounds. Figure 11 visually portrays the predominance of African Caribbean and African organisations within the MIW first cohort. This is possibly due to the already well-established roots and connections of BSWN across these communities.

**Figure 11 - Related to Objective 2**
MIW organisations make up by ethnicity



5%
9%
86%

☐ East Asian  ☐ South Asian
☐ African and/or African Caribbean
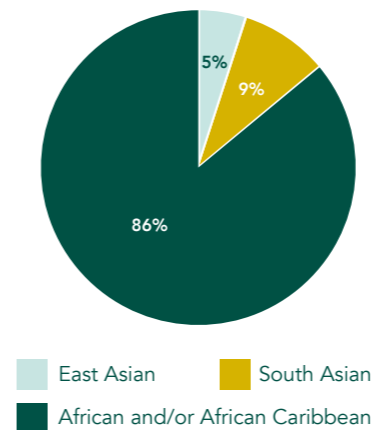
## Satisfaction Rates

The feedback recorded to each of the main workshops and support sessions of the programme (both those delivered by BCC/BSWN and those by external partners) has been extremely positive:

• 98% of participants would strongly recommend the MIW programme to their colleagues.

• 50% of participants rated the programme 5 stars out of 5, and 37% rated it 4 out of 5, with an overall average satisfaction rate of 4.3 stars out of 5.

• The average satisfaction with the presenters and trainers was 4.2 out of 5.

• The satisfaction rate with the programme structure was also 4.2 out of 5.

• Lastly, the average rating of the programme content was 4.2 stars out of 5.

Further context is provided on this last rating figure by the qualitative comments collected through the feedback forms [Figure 12].

**Figure 12**
What did you find most useful from the programme?

| | | | | | |
|---|---|---|---|---|---|
| Everything | Accessing information on tendering opportunities | Accessing information in easy and accessible ways | Accessing information on supported living | Accessing information on insurances | Understanding CQC registration |
| **10** | **9** | **7** | **6** | **5** | **5** |
| Opportunity to communicate directly with commissioners | Financial guidance for businesses | Costing and pricing | Understanding the role of introductory agencies | Marketing and social media **4** | Opportunity to network **3** |
| **9** | **8** | **6** | **5** | Understanding procurement processes **4** | Access to inform-ation* **2** |

*as a new organisation

• In fact, the most common open box response to the question 'What did you find most useful from the programme?' was: 'Everything' (10 comments).

• The next most frequent responses are 'Accessing information on tendering opportunities' (9 mentions) and the 'Opportunity to communicate directly with commissioners' (9 mentions), which is consistent with the findings across all datasets indicating the lack of/or poor communication as one of/ one of the key barriers experienced by the cohort in the early stage. This is clear evidence that the programme has impacted positively the cohort and commissioners' relationship, supporting the movement towards a more relational approach.

• It is not surprising that 'Financial guidance for businesses' (8 mentions) was another popular option for the most useful content on the programme, since financial sustainability was identified as a point of weakness during the state of the sector analysis.

• 'Accessing information in easy and accessible ways' (7 mentions) is another theme to be reconnected to the systemic communication failure explored in the learning section that the MIW programme has directly ameliorated.

• A popular topic both in the quantitative and qualitative datasets collected for this research piece is the barrier that organisations – especially newly registered ones - face around learning 'Costing and pricing' (6), hence once again it is not surprising that the parts of the MIW programme covering this area, as well as 'Information on insurances' (5) were mentioned as very useful.

• As older people services were found to be one of the key focuses of the cohort, it is logical that the information on 'Supported Living' (6) was rated as very useful.

• Considering that the MIW programme has an objective to explore alternative models for accessing care, it is positive to record that 5 participants were interested in learning more about the roles of 'Introductory agencies' (5).

• Finally, keeping in mind the sector analysis provided earlier, the remaining most frequent themes are still unsurprising: 'Understanding CQC registration' (5), 'Marketing and social media (4), 'Understanding procurement processes' (4), 'Networking opportunities' (3) and lastly, 'Accessing information as a new organisation' (2).

Further evidence of the MIW programme successful choice of content and design was provided by the following question: 'What was the least useful part of the programme?', to which 17 respondents answered different variants of 'none', 'nothing' or 'everything was useful'. The only negative comments came from 3 respondents who explained that whilst the programme was helping with bridging connections between commissioners and providers, some of the language and 'jargon' used during the session was still a barrier, especially to new organisations.

To the following question around what could have improved the programme, 16 participants answered that there was nothing to improve, 8 requested for more time to be allocated to each session, especially to the Q&A and breakout parts, and 9 requested for additional information to explore each topic further.
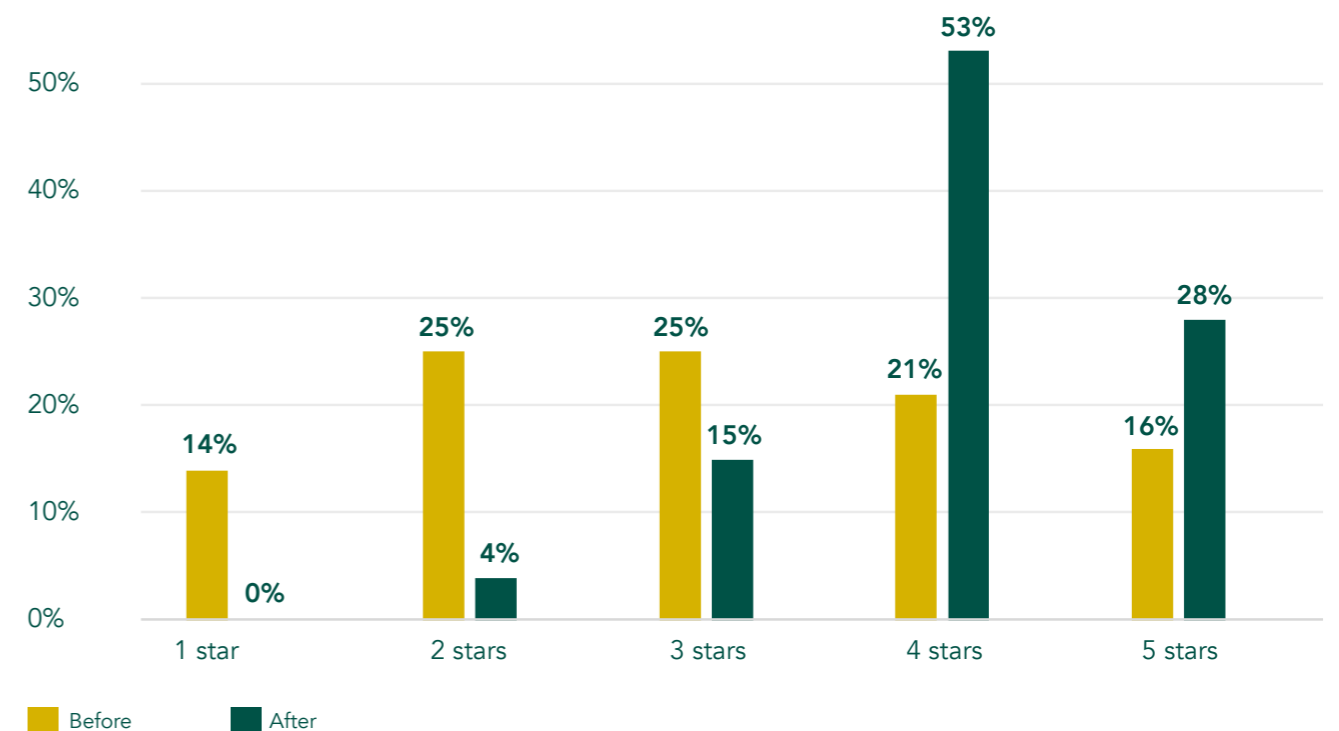
## Impact Indicators

Moving away from qualitative responses, the data provides also quantitative figures to assess impact. Comparatively, the average level of knowledge and understanding of the subject matter before the programme was 2.9 out of 5 and it increased to an average of 4 out of 5 by the end of the programme. The same concept is visualised in figure 13, where the yellow bars are indicating the average level of knowledge and understanding of the subject matter before the programme and the green ones are illustrating the increase of the average level after the programme.

In particular, there is a 32% increase of participants selecting the 4 out of 5 option and a 12% increase of participants selecting the 5 out of 5 option after attending the MIW sessions. Furthermore, it is important to note that the percentage of participants who selected the lowest option decreased from 14% to 0 after attending the programme sessions.

An essential indicator of the programme impact was the advancement in contract-readiness that the cohort was able to achieve.

**Figure 13**
Levels of knowledge before and after the programme

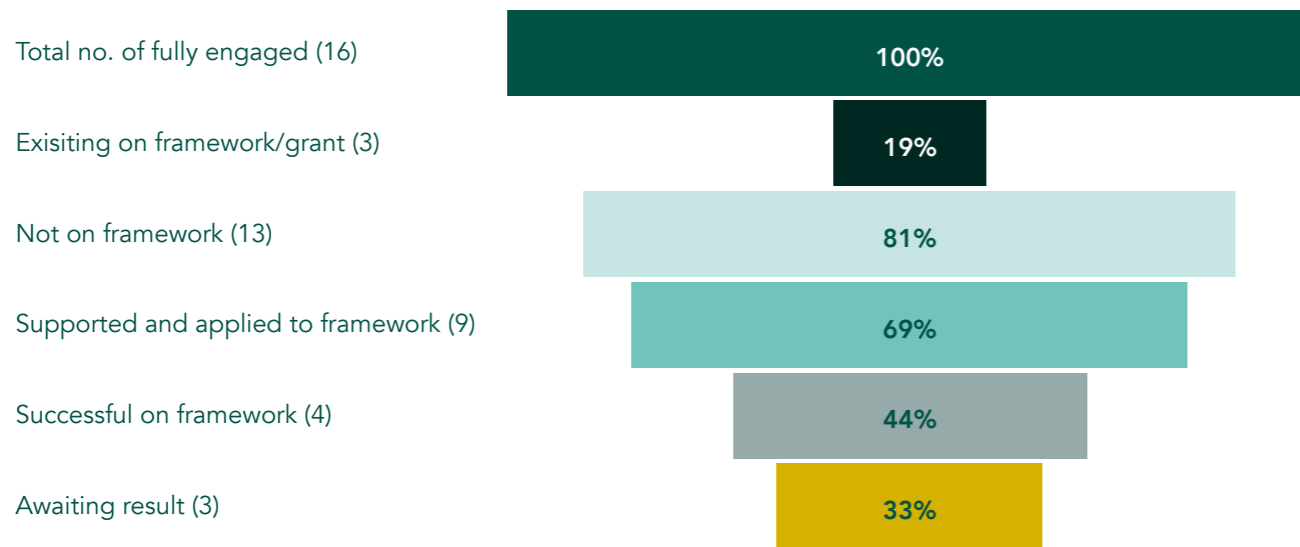| | 1 star | 2 stars | 3 stars | 4 stars | 5 stars |
|---|---|---|---|---|---|
| Before | 14% | 25% | 25% | 21% | 16% |
| After | 0% | 4% | 15% | 53% | 28% |

■ Before  ■ After

Taking a closer look at the group of 16 organisations that engaged actively and consistently across the entire Phase 1:

- • 3 (19%) of these were already successfully on the framework and/or successfully accessed grants previously.

- • 13 (81%) were completely unknown to the framework.

    - Of these 13, it is important to note that 4 organisations were fledgling and/or very low-resourced, which automatically excluded them from the possibility to apply to the framework. Nonetheless, they were suited to the alternative financial mechanisms of ISFs and DPs and were supported to increase their knowledge and access to these.

    - The remaining 9 (69%) were accompanied on the process of Pro-Contract registration by the MIW Project Lead during the one-to-one support and accessed knowledge and support throughout the workshops and the peer learning support. As a result, at the end of Phase 1, 8 out of these 9 organisations had successfully registered on the initial platform. In this sense, the first phase of the programme alone already had an 89% successful outcome in increasing the sample's contract-readiness.

All the above is shown in Figure 14.
In addition, the newly registered organisations are now actively bidding for contracts:

**Figure 14**
Framework application analysis and outcomes



| Total no. of fully engaged (16) | 100% |
| Exisiting on framework/grant (3) | 19% |
| Not on framework (13) | 81% |
| Supported and applied to framework (9) | 69% |
| Successful on framework (4) | 44% |
| Awaiting result (3) | 33% |

- • Out of the 16 that actively engaged, with the exclusion of three organisations already successfully on the framework and/or receiving grants and the four which are too small to apply at this stage, the remaining 9 organisations became framework applicants at the end of Phase 1 and in Phase 2.

    - Of the 9 framework applicants, 4 (44%) organisations are successfully on the framework and delivering services across a range of workstreams.

    - If successful, an additional 3 (33%) organisations could be on the framework by the end of March.

    - This gives a potential of 7 (78%) organisations in total across seven frameworks; of which 5 of the organisations could be on multiple frameworks increasing the capacity of services.

Frameworks applied to include Homecare, Community Support Services, Education, Health & Care Plan, High Support Needs, Emergency Accommodation, Family Supported Accommodation and Translation Services. Furthermore, the cohort is actively applying for funding outside of local authority sources, e.g., Community Resilience Fund, Impact Fund, Untld BAME Healthy Ageing and more.

Several notable impacts are seen from the four successful organisations on the framework:

**Service Users Supported across Homecare & Community Support Services**

| Total combined number of service users supported | |
| --- | --- |
| Homecare | 29 |
| Suppported living | 12 |
| Supported accommodation | 1 |
| Support to access the commnity | 7 |
| Carer support | 1 |

**Economic Benefits of Providing Homecare & Community Support Services**

| Total combined turnover of 4 successful framework applicants | |
| --- | --- |
| Pre-MIW programme | £0 |
| On-MIW programme | £377k |

**Employment Outcomes of Providing Homecare & Community Support Services**

| Total combined staff level of 4 successful framework applicants | Full-time | Part-time |
| --- | --- | --- |
| Pre-MIW programme staff level | 0 | 4 |
| On-MIW programme staff level | 10 | 46* |

*PT hours from 5hrs to 20hrs per week

# Impact Highlights

Participants' average satisafction rate

## 4.3
★ ★ ★ ★ ½
out of 5 stars

**75%**
of the actively engaged cohort is currently active on the framework, spanning across 7 different services

## 98%
of participants would strongly recommend the MIW programme to their colleagues

## Over
## 268
hours of support delivered

Spanning from 1-1, peer learning and specialised workshops

**4**
out of 5 stars

The average level of knowledge and understanding of ASC systems reached 4 stars out of 5 by the end of the programme

The total combined turnover of the 4 newly successful framework applicants amounts to £377k

## 89%
successful outcome in increasing contract-readiness

(with 8 organisations out of 9 successfully newly registered on Pro-Contract)

Original engagement target was doubled

10        22

## Strategic Impact

• Inclusion of Black and Minoritised organisations' views in BCC senior managers' decision-making of future commissioning framework.

• Active involvement and contribution of Black and Minoritised organisations into the BCC procurement strategy review via the diverse supplier forum.

• Representation and contribution of a Black and Minoritised communities' member at the BCC procurement and contract management scrutiny panel.

Lastly, the MIW programme has created a general open learning environment that allows mutual sharing with ongoing participation of Black and Minoritised organisations into pilot programmes e.g., care provision/carer services; system testing, introductory agency platform testing and more.

## A few words from the delivery and strategy teams:

## And a few words from the participants:

"We've had impact without a shadow of doubt."

Interview 1 –
Programme Consultant 1

*"Talking about communication and that improvement between the commissioners and the procurement team and the organisations themselves. In that sense the programme has helped, do you think?"*
*"Absolutely, yeah."*

Interview 8 –
Local Authority Representative 3

*"Do you think Make it Work has… worked?"*
*"100% yes, I think it has exceeded my expectations. […] I think it has exceeded my expectations in terms of the quality of analysis and the way in which you communicate stuff back to us. It is really absorbable, but it is in a really non-challenging way, that is the only way I can describe it. It is just very informative and very powerful."*

Interview 11 –
Local Authority Representative 4

*"The beauty of Make It Work for me is that it was organic. It was about listening to organisations involved and finding out what they wanted. I liked the way [Project Lead Name] at the end of each session would do the survey and be asking people to feedback. 'What would help you next?' that kind of thing. […] It felt 100% really organic. Really listening to what people wanted and then trying to give it to them. We changed the programme so often, didn't we? In terms of the content and stuff like that, to fit what people felt they needed, which was great. […] For me, it's been a really positive experience. Genuinely, everybody involved has been positive."*

Interview 9 –
Programme Consultant 2

*"What it has done, it has highlighted areas where there's barriers for small VCSE and BAME providers to be able to access the work. So, what the programme has done is through those workshops, it highlighted those areas where we're focusing on and we're making some changes around our processes, improvements, increased market development, increased visibility."*

Interview 2 –
Local Authority Representative 1

"I hear that it's really developed good capacity and helped organisations, even micro-organisations, to really take a part in that support."

Interview 4 –
Local Authority Representative 2



"It's been useful and especially for the Pro-Contract. I have learnt IT skills too."

Organisation 4 - One-to-one session

*"Thank you so much for your support, you don't know how good it feels to know that I can talk to you. […] I can't tell you how refreshing it is to have access to you and your knowledge, I am very grateful for the time we had with you."*

Organisation 5 - One-to-one session

*"By the end of this month, I should be able to complete the framework. Your sessions have been very informative, grasped knowledge of age difference which is really helpful because I was unsure of the age group. You have been helpful sourcing information from BCC."*

Organisation 9 - One-to-one session

*"It's been a wonderful programme. Having access to advice, commissioners, mentors. It is a very comforting environment, and you have other organisations like BSWN out there, but it's been easy to speak to you and BSWN members."*

Organisation 11 - One-to-one session

"I would have given up without your support."

Organisation 2 - One-to-one session

*"Very good, moving in the right direction. Really excited about this journey. Every time we meet, I learn something new. Also with the workshops, I always learn something new."*
Organisation 1 - One-to-one session

*"Really happy on the clarity on CSS pricing/finance. Also, we have identified two frameworks and you've been able to help us get clarity on which is suited to us and the costings too. Really good going through the questions with you, now we can sit down and answer them."*

Organisation 3 - One-to-one session

*"[Project Lead Name] was really good, really keen. She was doing one-to-one sessions with people. […] she was really good with supporting people one-to-one, getting facilitators in to facilitate and people were able to ask questions. Generally, really good. Really impressive."*
Interview 3 – Participant to the Programme 1

*"The Make it Work programme… It has been very insightful, very informative. I have appreciated it. I think you guys are doing a great thing. Definitely appreciate all of you at BSWN. I think you are obviously propelling us, which is something we need in the community. I am happy, I am very happy that I was this privileged, thank you."*
Interview 10 - Participant to the Programme 6

# Relational Approach

A cross-cutting theme throughout the MIW programme – and this learning & evaluation report - is the implementation of a relational approach to move away from transactional relationships and build a strong, trustworthy, and equitable ASC ecosystem. A relational approach is generally referred to in the context of teaching but can be intended more broadly to describe 'a way of interacting or communicating with others that embodies the core values of respect, inclusiveness, honesty, compassion and cooperation' (Relational Approaches, 2023).

In this context, we can intend it as an effective method of communication between equals that provides space for mutual learning and considers the different starting grounds of individuals and the social value they can personally add to society. For example, whilst it is logical that smaller Black and Minoritised ASC providers might not have capacity to deliver at the same scale of larger organisations, they are more likely to be able to offer person-centred and culturally appropriate care that will be much more valuable to racially minoritised individuals in terms of social value.

*"The organisations were used to a very transactional relationship, but whilst doing this, it was not. It was transformational. People were being listened to, there was a two-way conversation going on as opposed to that distanced engagement."*

**Interview 1 – Programme Consultant 1**

*"I think it's about those ongoing relationships. Visibility and ability to be able to comment and come back to us. You know, 'This isn't fair [Name of Interviewee],' or, 'Why have you done it like this? What's going on here?' That challenge is really good. We need to be open to that."*

**Interview 2 - Local Authority Representative 1**

The relational method implemented in the MIW programme was not simply a two-pronged approach building connectivity between the BCC commissioners and ASC providers, but it also focused heavily on peer-learning and networking within the Black and Minoritised sector itself, which has produced additional successful outcomes (e.g., the formation of a consortium of 6 organisations).

*"What the programme has helped with? Connecting with others. The last session, it was really nice because everyone was really transparent and open about wanting to collaborate and actually work on things together. So, it was nice to hear from other people, and take telephone numbers and email addresses and things, so we can actually communicate post the programme."*

**Interview 6 – Participants to the Programme 4**

# Recommendations

## Where are we and what is next?



The relational approach was implemented throughout the entirety of the programme, and it was the catalyst that allowed MIW to create transformational impact across all the areas and dimensions discussed in this report.

For this reason, it is the key recommendation that this report would like to offer moving forward. At the same time, there are also practical steps that we are able to recommend on the basis of this research findings, particularly around specific interventions to address the systemic inequities within the ASC market:

**1. Investing into capacity-build under-developed organisations to increase their access to the market and build their track-record by:**

• Committing to assisting in the development of social capital organisations locally by playing a full role in networking, communicating and promoting opportunities within appropriate ASC services.

• A framework that prioritises local organisations as 1st Tier.

• Ensure that the provision of culturally appropriate services is embedded within the overarching Specification for the Single Framework and is a minimum expectation of all providers.

• Commissioners and funders across health and care working on a combined framework to shorten the time required to apply. This may be achieved through the Single Framework which ICB will be able to apply to join.

• Having an ISFs lot within the Single Framework to help support local/micro-organisations.

**2. Moving towards the co-production of type-based processes, e.g., there is opportunity for social capital organisations to act as Introductory Agencies and deliver services through micro-org and self-employed.**

*"Small organisations may have limited resources, but they can also deliver parts of a contract. How can we get to work with organisations to deliver the contract together? Building resources and keeping the service local."*
**Participant to the Programme – Feedback to the Framework**

**3. Moving away from transactional and traditional commissioning to a range of relational commissioning processes.**

• Alliance contracting model – how do we best deliver the service?

• Transformational model – groups to focus on what they do best.

• Collaborative model – encourage consortium delivery.

*"Commissioners need to think about committing a level of… We're talking money now, funds, to actually support ring-fencing for social capital organisations, so that they can be capacity-built and ready to be able to access whatever opportunities are in the market. […] They should look at ways in which the local organisations are the first priority, they're the first priorities for opportunities, and not the bigger organisations who are national/international."*
**Interview 1 – Programme Consultant 1**

*"That collaboration was only beginning to brew and appetite growing because there was now understanding, […] 'Okay, I want to work with you. I want to work with you all together. We can come together and have this idea.'"*
**Interview 1 – Programme Consultant 1**

**4. Setting up projects with clear lines into key/ future opportunities e.g., ICSs to ensure equity and sustainability.**

*"What's come out of this project? What are the goods that we've learned from it? How can we use it to influence other sectors? As of December, we're already engaging with CCG, and various platforms such as BNSSG. We're having conversations with them as to how we can adopt this into the system, particularly in light of the Integrated Care Systems."*
**Interview 1 – Programme Consultant 1**

**5. Post contracting (on-going and long-term) relationship and support to ensure service performance, greater outcomes, and sustainability.**

*"I think the positives are around the relationships that have been built and we continue to have that relationship and provide opportunities and sessions for organisations."*
**Interview 2 – Local Authority Representative 1**

## Statement of Intent –
## Bristol City Council,
## Commissioning & Procurement

It is the Bristol City Council's intention to publish Commissioning Intentions, and it has also committed in its Strategy to provide:

• Regular Supplier Engagement Workshops at a local level with a particular focus on diverse suppliers.

• Design and improve our approach to "Go Local" by simplifying procurement quote processes to enable opportunities to be awarded to local community suppliers.

**In summary, we will:**

• Make a particular effort to involve community stakeholders, voluntary and community sector organisations and other interested parties when we consult on what service is needed and how it should be delivered.

• Work with suppliers and representative groups to help local suppliers understand our procurement processes, decide if public sector contracts are right for them, if they are ready to tender and how they can submit the best possible bids.

• Actively seek feedback from suppliers, to understand and reduce barriers that may prevent suppliers from winning contracts with us, as well as seeking their views on changes to our Policies and processes.

• Ensure that local and regional suppliers are given more opportunities to tender for our contracts, particularly focusing on micro small medium enterprises, diverse suppliers and VCSE organisations.

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